

PREA Facility Audit Report: Final

Name of Facility: Maine Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 07/29/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☐
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☐
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☐
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 07/29/2026

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	06/01/2026
End Date of On-Site Audit:	06/03/2026

FACILITY INFORMATION	
Facility name:	Maine Correctional Center
Facility physical address:	17 Mallison Falls Road, Windham, Maine - 04062
Facility mailing address:	

Primary Contact

Name:	Charles Dame
Email Address:	charles.dame@maine.gov
Telephone Number:	207-893-7000

Warden/Jail Administrator/Sheriff/Director	
Name:	Benjamin Beal
Email Address:	Ben.Beal@maine.gov
Telephone Number:	207-893-7000

Facility PREA Compliance Manager	
Name:	Chuck Dame
Email Address:	Charles.Dame@maine.gov
Telephone Number:	207-893-7000
Name:	Justin Ahern
Email Address:	vicki.burbank@maine.gov
Telephone Number:	207-893-7000
Name:	Letha Allen
Email Address:	letha.allen@maine.gov
Telephone Number:	207-893-7000

Facility Health Service Administrator On-site	
Name:	Stephanie Flash
Email Address:	sflash@wellpath.us
Telephone Number:	207-893-7000

Facility Characteristics

Designed facility capacity:	575
Current population of facility:	469
Average daily population for the past 12 months:	474
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	19 -79
Facility security levels/inmate custody levels:	Community, Minimum, Medium & Close Custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	346
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	347
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	395

AGENCY INFORMATION	
Name of agency:	Maine Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	25 Tyson Drive, Augusta, Maine - 04333
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information			
Name:	Vicki Burbank	Email Address:	vicki.burbank@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	115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Number of standards met:	
44	
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:

2026-06-01

2. End date of the onsite portion of the audit:

2026-06-03

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?

☒ Yes

☐ No

a. Identify the community-based organization(s) or victim advocates with whom you communicated:

The Auditor spoke with representatives of the two local hospitals in the Region with SANE/SAFE services. The Auditor conducted research and spoke with individuals from MECASA (the statewide coalition for sexual abuse victim support) and the local rape crisis agencies, MECASA & SARSSM. The Auditor reviewed the corresponding state agencies that certify SANE nurses and the Maine Justice Academy that certifies correctional officers and Law enforcement officers. As part of the preparation, the Auditor reviewed applicable state laws, conducted internet searches for news stories about the facility or litigation notices, and spoke with County Sheriff's staff who act as an outside reporting method. The Auditor also reviewed the American Correctional Association report from its most recent site visit.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:

575

15. Average daily population for the past 12 months:	469
16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	482
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:	25
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:	167
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:	4

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:	5
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:	3
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:	17
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:	0
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:	5
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:	3
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:	0

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):	The number of individuals with cognitive or severe mental health concerns was over identified by the facility. The Auditor requested the PREA Compliance Monitor identify at least 5 individuals whose impairments were so severe they would stand out and be possibly targeted by others as a result. Question 30's population is suspended from use in standards and those individuals identified would be counted in the LGB population.
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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:	346
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:	15
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:	50
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.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	14
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41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor first selected the individuals in the target population that he intended to interview and then selected random individuals from the housing report. The Auditor used a random number for each unit to ensure the population included a variety of living settings. The Auditor also selected individuals who may be ethnic or racial minorities in the population. A few Additional individuals refused to participate in random or targeted interviews.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
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):	Proportionally the Auditor interviewed a slightly larger portion of the female population in the random and targeted interviews.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	17

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".

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:	2
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:	2
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:	1
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:	3
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:	2

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor included this population with the LGB risk population due to the suspension of standard questions related to this population.
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:	3
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:	3
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:	1

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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The Maine Correctional Center does not use administrative housing to ensure safety from sexual abuse. The policy is to move aggressors, not victims of abuse. With recent renovation the facility has moved away from the use of a separate special management unit. The new units in the facility have internal cells that provide physical separation from peers without having to move them from their living units in some cases
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The target population list was provided in advance. The Auditor reviewed it with the Deputy Warden, PREA Monitor, the State PREA Coordinator, and the facility's medical and mental health departments to confirm that the list was inclusive of all individuals in the population. The Auditor used information from the housing report to ensure the individuals chosen were dispersed throughout the facility. The Auditor also spoke with a resident who had mailed me in advance of the Audit. I also met with a second individual who had made a request while on site.

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
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):	The Auditor interviewed individuals from all shifts and those in various roles within the institution who have regular interactions with residents. The Auditor interviewed non-custody positions within the institution. Informal interactions on the tour and during subsequent movement provided further insight to the operational expectations, policy requirements and staff knowledge of the application of training on maintaining a zero-tolerance culture toward sexual abuse or sexual harassment.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	15

63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

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).

The Auditor was able to interact informally with staff and inmates during the tour and at other points outside the formal interview room. The Auditor was able to test the function of critical reporting methods in the housing units, confirm the accuracy of posted materials, and verify the privacy of mail between inmates and professional agencies. Observations throughout the tour and subsequent movement about the facility allowed the auditor to ensure consistent applications of the reported practices. The Auditor also reviewed the unit logbooks to see if supervisory rounds and cross gender announcement are made and documented regularly. The Auditor also reviewed the logs against video surveillance to ensure the tours were in fact happening.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

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?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The Auditor made a selection of the staffing and resident files. The Auditor reviewed records on-site and assessed compliance with the standards and the agency policy. Record reviews for staff included human resources files and training files. The Auditor reviewed sexual assault or sexual harassment cases and went over them with the facility's Detective and SII-trained investigators. The Auditor selected a sample of current and past resident records to review screening, assessments, and documentation of the education each resident receives. The resident files included, where applicable, medical or mental health documentation to support that functions described in policy in fact occur.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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
Inmate-on-inmate sexual abuse	19	5	14	0
Staff-on-inmate sexual abuse	6	0	6	0
Total	25	5	20	0

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
Inmate-on-inmate sexual harassment	32	0	32	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	33	0	33	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
Inmate-on-inmate sexual abuse	1	4	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	4	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	7	7	4
Staff-on-inmate sexual abuse	0	6	0	0
Total	1	13	7	4

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
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	1	6	19	6
Staff-on-inmate sexual harassment	0	1	0	0
Total	1	7	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:

7

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	3
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	5
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The Auditor took a sample of investigations to review over the past year of both Sexual Abuse allegations and Sexual Harassment allegations. The review was done with the Facility Detective, the Deputy Warden and members of the SII team. The files contained comprehensive reports and supporting documentation showing the actions of all staff from the moment of notification. The files provided information on evidence collected/considered, the video surveillance information and the various witness interviews completed. Each file also contained notification letter to the resident on the outcome, the PREA Incident checklist which tracks all staff's steps in the initial process and where appropriate the retaliation monitoring documents. The review process had the staff verbalize the steps including how they assess credibility and the final determination they came to.

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
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Maine Correctional Center MCC Pre-Audit Questionnaire Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) Documentation naming PREA Coordinator (b) Agency Organization Chart showing PREA Coordinator role/authority within the agency Documentation naming who the PREA Monitor is at MCC MCC Organizational chart showing the role/Authority of the PREA Manager PREA Coordinator job description PREA Coordinator attendance at senior leadership meeting

Staff acknowledgement of Policy

Posters and resident handbooks

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with Deputy Warden and the PREA Manager (PM)

Interview with Deputy Director of Corrections Operations for the Commissioner

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

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

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

Any staff, volunteer, or student intern who engages in or threatens to engage in, fails to report or otherwise fails to take appropriate steps in response to sexual misconduct with a resident or community corrections client or sexual harassment of a resident or

community corrections client by any staff, volunteer, or student intern is subject to appropriate action, up to possible criminal prosecution. Any staff, volunteer, or student intern who fails to report or otherwise fails to take appropriate steps in response to sexual misconduct between residents is subject to appropriate action, up to possible criminal prosecution. The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law.”

The Maine DOC 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, allow for detection, and ensure a full legal and medical response to any complaint.

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

6.11.1 provides a description of the data collection analysis for Sexual Assault and Harassment at facility and agency levels. The document sets forth requirements for 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 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.

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

Tolerance Culture. Interviews with staff and residents confirm they understand consequences for staff or residents who engage in sexual abuse or sexual harassment. Resident handbooks inform residents of the consequences for those who violate policy.

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

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

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

i. collaborating with the Department's Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and j. maintaining a memorandum of understanding with the Maine Coalition Against Sexual Assault for the provision of support services to residents.

The Auditor was provided with an agency flow chart showing the relationship between the PREA Coordinator, who works in the Maine Department of Corrections Central Office, DOC upper management, and the facilities' Wardens/Directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations, who oversees conditions of confinement in DOC facilities and the state County Jail system. The PREA Coordinator's predecessors have been involved in agency planning, including determining how the physical plant structure of new facilities affects PREA safety measures. The documentation provided shows contact with the agency's Commissioner and senior leadership. The Director of Operations holds a bi-weekly meeting that includes the PREA Coordinator and, at times, other senior leadership, such as the Assistant Commissioner and Commissioner. In prior discussions with the Director of Operations, examples were given of how the PREA Coordinators, over the years, have made significant changes in the agency's efforts to provide safe environments. Documentation provided confirms the PREA Coordinator's access senior leadership

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

"a. ensuring that all residents are screened for risk of sexual victimization or abusiveness, in accordance with the timeframes set out in departmental policy;

b. ensuring that all residents are provided timely, comprehensive education, through written materials and/or video, regarding their rights to be free from sexual misconduct and sexual harassment and to be free from retaliation for reporting such incidents, as well as departmental policies for reporting and responding to such incidents. This education shall also include prevention, self-protection, and the availability of treatment and counseling;

c. ensuring that key information is continuously and readily available to residents through posters, resident handbooks, or other written materials;

d. reporting or ensuring the reporting of all PREA related complaints and alleged incidents to the PREA Coordinator within twenty-four (24) hours of the complaint or allegation;

e. working with the facility's correctional investigative officer (detective) and other

staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;

f. submitting a detailed report to the PREA Coordinator within three (3) weeks from the date of the complaint or allegation, to include a thorough description of the alleged incident, as well as any investigative steps taken;

g. tracking each complaint or allegation of sexual misconduct on an ongoing basis using the PREA Supervisor and Monitor Checklist (Attachment A);

h. ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring;

i. assisting in review and data collection relating to alleged incidents of sexual misconduct;

j. developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

k. developing a written facility plan to coordinate actions taken in response to an incident of sexual misconduct or sexual harassment among security staff, first responders, medical and mental health staff, the correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations, and facility management; and

l. monitoring compliance with the plans to ensure that they are not deviated from except in emergencies and to ensure that the reasons for any deviations are documented.

The Warden confirms the facility's organizational chart. The Deputy Warden of Operations is the supervises the PREA Monitor and acts as the individual in charge of compliance in the facility. Discussions with and observations of the Deputy Warden and the PREA Monitor support that they are aware of the duties and responsibilities in maintaining a zero-tolerance facility. The Deputy Warden was well-known to residents in the facility, who approached him freely to discuss various matters.

Compliance Determination:

The Maine Department of Corrections has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is divided into seven sub-policies that outline the various aspects of the agency's efforts to create safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency's PREA Coordinator, Maine Correctional Center

	Warden, Deputy Warden and PREA Monitor confirm their roles in maintaining PREA compliance. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Criminal Investigators. The PREA Coordinator, Deputy Warden and PREA Monitor believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Warden and the Manager of Correctional Operations for the Maine Department of Corrections. Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined based on multiple factors, including an extensive policy. Interviews with the agency and facility leadership confirm compliance with all standard expectations, including the roles of the PREA Coordinator and PREA Manager. 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 is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault, which is not a concern. The Auditor believes the agency has exceeded the requirements as evidence by the strong relationship between central office and the facility administration. The close out meeting for the site visit further supports the agency's commitment to the process which included most of the facility and agency senior leadership including the Commissioner of Corrections.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Maine Correctional Center MCC Pre-Audit Questionnaire Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) MOU with Waldo County showing the requirement to be PREA-compliant Documentation of the ongoing monitoring by Maine DOC Waldo County Jail Website PREA report of Waldo County 2021 Individuals interviewed/ observations made. Interview with the Manager of Correctional Operations

Interview with PREA Coordinator

Summary Determination

Indicator (a) The Maine Department of Corrections has one facility with whom it has an agreement for housing residents, The Maine Coastal Regional Reentry Center (MCRRC). The county Sheriff's Office runs the Waldo County facility. The agreement between the Sheriff and the Department of Corrections began in January 2017. The current agreement goes from 2023-2026. A review of the language in the agreement finds on page 2, section 2.3, the state requires that the MCRRC is to 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 May of 2022.

Indicator (b). The Maine Department of Corrections has some statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities. The Maine DOC PREA Coordinator collects data from these facilities and assists as needed. Compliance is based on the documentation supporting the contractor's requirement to provide a PREA-compliant environment. Interviews with the Manager of Correctional Operations confirmed oversight responsibility for the state's county jails' safety. 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.

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

Compliance Determination:

The Maine Department of Correction has one current contract for the confinement of residents with the Waldo County Sheriff's Office. The contract requires compliance with the Prison Rape Elimination Act, including independent audits and ongoing review by the Maine Department of Corrections (DOC). Residents of Leading the Way would not be eligible to transfer to the Waldo County facility. The interview with the Manager of Correctional Operations supports the idea that before considering the subcontracting of beds, the DOC would require specific compliance requirements, including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 9 supports compliance. The policy requires the

	Director of Operations to ensure that any new or renewed contract for housing DOC residents 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 supports the assertion that the Maine DOC will not enter into a subcontracting arrangement for beds without ensuring PREA compliance.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) Policy 3.11 Staffing Requirements MCC Staffing Plan Logbook entry's supporting unannounced rounds Video Surveillance supporting Management Unannounced rounds Documentation of annual review with PREA Coordinator Individuals interviewed/ observations made. Interview with Warden Interview with Deputy Warden Interview with PREA Coordinator Interview with Supervisory Staff Observation on tour of logbooks and Supervisory movement Interview with control officers Interview with Residents Summary Determination

Indicator (a) The Maine DOC has 2 policies related to staffing. Policy 3.11 outlines the staffing requirement and describes an annual review process conducted by Wardens. It states, "Each facility shall use a formula, which takes into consideration holidays, regular days off, annual leave and average sick leave, to determine the number of staff necessary for essential positions. Each Department facility, community corrections region and Central Office shall maintain a comprehensive, ongoing record of all authorized positions, those filled, and those vacant. Bi-weekly, each facility shall forward an updated summary report of all vacancies to the Director of Human Resources in Central Office, identifying the position title, position number, date vacated, and current status. At least annually, each Chief Administrative Officer shall review staffing requirements and make recommendations for staffing changes that may be required to ensure fulfillment of the facility's mission, in coordination with the budget process." The Maine DOC PREA Policy 6.11 outlines the requirements for assessing needs in determining a staffing plan that considers PREA. Page 7 of the policy describes the various factors that should be considered in developing a plan. The policy states, "developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

- 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 residents may be isolated) and availability of video monitoring;
- 4) the composition of the 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."

The interview with the Warden described the development process used in completing the annual staffing assessment. The staffing plan is based on the capacity of 788 residents. The physical plant capacity of the Maine Correctional Center is 575. On the first day of the Audit, the population was 482, which is up from last year's average of 474 residents. The Warden reports that there were no new findings of inadequacies in staffing by judicial, federal, or oversight bodies, but acknowledges that the agency is actively recruiting staff to meet the increased population. The OAS reports that 45 new staff members were hired in the last year, and he was in the process of filling middle supervisor and upper administrative team member positions. The facility has fixed posts and pull posts, which allow for the ability to reassign duties while managing the environment in a safe fashion. During the tour the Auditor

was able to discuss with Deputy Warden and random staff how areas are managed and supervised through direct or electronic supervision. The Auditor observed all housing units, including segregated areas, as well as work and programming spaces, to identify potential blind spots. The Auditor also learned how the addition of video surveillance in one area allowed for the redeployment of staff resources to other, higher-risk positions. Work crew supervisors were able to describe how they monitor residents in their respective areas, the potential concerns they look for, and the expectations they have in place to minimize risk. The Auditor pointed out potential risks, and the administration explained how technology has been used to improve supervision in the facility. The Warden supports the staffing allotment is constant issue reviewed over the past three years as the facility has been undergoing a major renovation. He has also changed the movement of female residents to have greater access to areas of the facility with some additional staffing resources.

Indicator (b). The facility reports there were no instances where the staffing minimums were not met in the last 12 months. The Staffing plan for the Maine Correctional Center allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out ill there is an ability to mandate staff to ensure the overall safety of residents. The Maine Correctional Center has fixed and pull posts that allow supervisory staff to respond to critical incidents, such as those related to PREA, through a structured contingency plan. Unexpected medical transports outside the facility for instance, would require an adjustment to the resources on shift. During these situations, areas such as recreation or education might be impacted through a reduction in the number of residents allowed in the area, resulting in a change in staff deployment. The Shift Commander notifies the Deputy Warden of all critical events, and the modifications are documented in the shift report. The Warden reviews the overtime and the number of posts that were collapsed to ensure safety in other areas. The residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) Documentation supports that the PREA Coordinator has been involved in the review of the facility's staffing plan in March 2026. The Deputy Warden and Warden both confirmed that multiple factors contribute to the safety assessments of the environment, and they emphasized that this is an ongoing process. The Maine DOC routinely tracks critical incident information for trends. In doing so, they can identify the location of all forms of illegal activities, not just PREA incidents, to determine if there is a need for staffing, video, or procedural changes that would reduce incidents in a particular area. The facility has closed spaces and reopened other since the past audit site visit. The administration confirmed they evaluate space to determine if the camera and staff allotment is sufficient for its use and time, which may vary from the previous use of the space. Documentation was provided to support the statement by the PREA Coordinator of his involvement in the annual review of the staffing plan. The facility has offices in high-traffic areas, allowing unit managers and

	other staff to aid in the supervision of residents in common areas outside the living units. Indicator (d) The Auditor was provided with documentation to support routine unannounced rounds made by supervisory staff. This is required by the agency's PREA policy and in documented logbooks. "Ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring." The Auditor was able to review logbooks during the tours of each housing unit. The Auditor also confirmed, with the line officers working the units and the control areas, that these tours do occur and that it is prohibited to notify staff of the tour. To further confirm the compliance the Auditor requested video evidence and corresponding log entries for additional dates. The Auditor picked multiple dates across three months. The facility's Captains and Sergeants also confirmed that they routinely make rounds and respond to situations, which further supports compliance. Residents support the line supervisors; Captains and Deputy Wardens are frequently present at the facility and are approachable. Compliance Determinations: The Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct - (General) sets forth requirements of the staffing plan, the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Maine Correctional Center has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not currently under any judgment for inadequacy. The plan was reviewed in March with in-house administration and the PREA Coordinator. The Warden has put in place a process for regular review. During the tour, the Auditor asked staff, especially those in work areas, how they manage blind spots in the facility. The facility utilizes cameras in addition to the active supervision of residents. The facility also employs an inmate badge system that alerts staff if victims and aggressors with prior conflicts are present. In addition to the custody staff, the medical, mental health, education, trade, and vocational staff provide an additional resource of information, supervision, and observation of resident behaviors during the day. The standard is determined to be in compliance based on policy, interviews, observations made throughout the onsite audit, and documentation provided, which is consistent with the standard.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard

	Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Maine Statutes related to Juveniles DOC Website information on Long Creek Youth Development Center (Juvenile) Population report for MCC Individuals interviewed/ observations made. Interview with the PREA Coordinator Interview with Warden Observation on tour Summary Determination Indicator (a) There are no sight or sound separation concerns at the Maine Correctional Center, as the residents are all over 18 years of age. Indicator (b) There are no sight or sound separation concerns at the Maine Correctional Center, as the residents are all over 18 years of age. Indicator (c) Since there are no youthful residents housed at MCC, there is no concern about their access to programming, recreation, or being housed in isolation. The Maine Department of Corrections does not hold youthful residents in the Maine Correctional Center. All individuals under 18 charged with adult offenses would be housed at Long Creek Youth Development Center in southern Maine. Youthful residents (Juveniles) are not allowed to have any contact with the adult population and are provided sight and sound separation. The Auditor reviewed state laws on juvenile housing of pretrial and sentenced youth. The Standard is compliant based on the provided policy, observations from the tour, population reports, and interviews.
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115.15	Limits to cross-gender viewing and searches
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	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 14.14 Search Procedures PREA policy 6.11.2 Sexual Misconduct (Prevention Planning) Log books showing announcements Programming schedules for males and female Training on search Staff training records Individuals interviewed/ observations made. Interview with the PREA Coordinator Interview with Warden Interview with random Staff Interview with random residents Observation on tour Logbook reviews 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 the requirement of documentation of the emergent situation that caused the need for such a search to occur. "Searches of Prisoners and Residents and Protection of Privacy 1. Facility staff shall not conduct an opposite gender anal or genital body cavity search under any circumstances and all staff observing an anal or genital body cavity
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search shall be of the same gender as the prisoner or resident.

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

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

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

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

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

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

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

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

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

11. Facility security staff of the same gender as the prisoner or resident shall be used

to conduct a constant watch during showers or other times when there is a greater likelihood that genitalia can be exposed. The 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.” There were no individuals who had a cross gender strip search or body cavity search.

Indicator (b) Maine Correctional Center Houses both male and female residents and is the entry point for most individuals entering into state custody. Maine DOC policy is consistent with the standard that prohibits cross-gender strip or pat searches of female residents, except in exigent circumstances. The interviews with residents and staff confirm there are not cross gender pat searches of female residents. The Auditor observed an ample complement of female officers throughout the campus supporting further the likelihood of an exigent circumstance of a cross gender pat search would be minimal

Indicator (c) As noted in indicator (a), both policies require documentation of cross gender strip searches of both male and female residents, including the emergent reason for the search. Staff interviews support a understanding that exigent circumstance must be documented.

Indicator (d) Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states “The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.”. The Auditor was able to observe announcements being made on the tour by either the female staff entering the unit or by the male staff when a female staff member arrived. In the Women's Reentry Center there is a bell with a light that can be used by male staff entering the housing areas. Staff and residents were aware of the purpose of the bell, but resident were not being specifically told at admission to the program about the bell. The Auditor spoke the Deputy Warden and PREA Compliance Manager to ensure a modification to new resident admission process included notification about the bell system. Residents support the notion that they are never required to be unclothed in front of staff of the opposite gender. At MCC, the toilets are in the individual cells in the male units. Most of the female units have bathrooms with showers on each walk of the pod. All showers in the facility are single

	showers. When an individual is in the shower on the traditional correctional units, 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. The Auditor looked at these showers from various angles to ensure there was no violation of the standard's required privacy conditions. The facility provided documentation the cross-gender announcements are made and logged. Female residents support male staff do not enter bathrooms without knocking. The auditor reviewed the logs on the tour and also confirmed with residents that this occurs routinely. Indicator (e) This Indicator has been suspended from consideration in the Auditor's determination of compliance. Indicator (f) This Indicator has been suspended from consideration in the Auditor's determination of compliance. Compliance Determination: The Maine Department of Corrections has several policies to address the various elements in this standard, including 6.11.2 Sexual Misconduct Prevention, and 14.14 Search Procedures. 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 for this standard included training outlines and PowerPoints for completing searches. The file included information confirming that no exigent circumstances of cross-gender searches have occurred at MCC. Interviews with staff and both male and female residents were consistent with standard and policy expectations. There is no cross-gender searches, and residents can change and perform hygiene without being observed by the opposite gender. Residents report, and the Auditor could see during the tour, that opposite-gender staff do announce their presence, or the officer on the housing unit announces the staff's arrival. Compliance is based on policy, documentation provided observation on tour and interviews with staff and residents and the facility's plan to resolve the Women's Reentry Centers immediate education on the bell system to residents upon transfer to the unit
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115.16	Inmates with disabilities and inmates who are limited English proficient
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	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs Policy 1.10 Staff Communication with persons of Limited English Proficiency Resident Handbooks- in English and Spanish and in large Print Intake notices in English and Spanish Agency PREA Video in English Spanish, Somali, and ASL Agency contracts for interpretive services Individuals interviewed/ observations made. Interview with Depu Director of Operations for the agency head Interview with random Residents who are LEP or have Disabilities Interview with Random Staff Interview with Intake Staff Interview with Facility PREA Coordinator PREA Signage in English and Spanish Summary Determination Indicator (a) The Maine Correctional Center takes 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 long-term correctional center, the facility must be able to provide services to individuals with a wide variety of medical disabilities, including vision and hearing impairments along with a host of physical ailments that may make the individuals a target of sexual aggressors. MCC must also provide informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. Policy 18.12 sets forth the requirement to ensure equitable services
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for those with special needs. "It is the policy of the Department to ensure that any prisoner with a special need is given the opportunity to receive health care services addressing the special need. The Department shall also ensure that no prisoner with a disability is denied the opportunity to receive services or participate in programs on the basis of the prisoner's disability. The Department shall make reasonable accommodations for a prisoner with a disability, unless such accommodations impose an undue burden on the operation of

the facility or pose a threat to safety or security" PREA Policy 6.11.2 further states, "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."

The Auditor spoke with residents through the use of the interpretive services. Residents with language barriers and disabilities supported that there were staff they could approach if they had difficulty with understanding their rights related to PREA. There was signage throughout the facility about PREA safety and residents were aware of information in the handbook if needed. The Auditor did remind supervisors that because someone can speak English does not always mean they can read it. The Intake officers described how they tried to ensure all residents get materials in their preferred language. The Maine Department of Corrections has a ADA Coordinator who can aid in ensuring that the facility can provide reasonable access to equipment to aid in the education of and continued access to information about the facilities zero tolerance stance on sexual abuse or harassment of residents. The resident tablets provide access to features that include closed caption for the PREA Video and the ability to magnify documents. Though there was no individual using American Sign Language the Auditor was able to see the contract in use at another DOC facility.

Indicator (b) The Maine Department of Correction has limited population of individuals with whom English is not the primary language. The DOC has contracted with agencies to provide interpretive identify what is services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. The Auditor did use the interpretive service for interviews with residents. The intake officer and Supervisors were aware of the interpretive service contract. The facility has a limited number of bilingual staff. The Auditor requested one resident be reeducated on PREA after discussing in the interview supported, he attended an orientation with primarily English-speaking residents. The individual reported not getting educational materials in their primary language at intake but was aware of information posted in their preferred language in the facility and available on the tablets. The facility also had the ISS Supervisor who is bilingual and the formed PREA Monitor meet with the resident to ensure a clear understanding of the resources to protect individual from sexual abuse. The Auditor also reviewed the existence of a contract for interpretive services and used the service in the completion of the audit

process. The Auditor was able to see documentation posted about the facility in English, Spanish and Somali, the three most common languages currently in the department. The Auditor was also able to see documentation of intake materials translated into mandarin for a intake in the past year. LEP and Bilingual resident were aware of the posting and the availability of interpretive services.

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

Compliance Determination:

PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those residents who have a disability or who have limited English proficiency. The Auditor was able to speak with multiple residents with disabilities. The disabilities included those with physical limitations and those with emotional, cognitive delays and LEP individuals. The Auditor confirmed aspect of the standard through conversations with residents and staff on tours, in random and targeted interviews. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

MCC provides all residents with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign language the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses, allows for information about languages issues, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and residents and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The Auditor also considered the speed in which the agency acted to resolve the one LEP individual who had not received an appropriate education.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 3.24 Pre-Employment Background Checks Policy 3.3 Personnel Selection and Retention Policy 3.05 Code of Conduct Department of Administrative and Financial Service -Protocol Wellpath (contracted Medical MH service provider) policy on background checks HR documentation for 27 DOC staff, 3 Wellpath, 3 volunteers Individuals interviewed/ observations made. Interview with Agency PREA Coordinator Interview with Warden Interview with HR staff Summary Determination Indicator (a). Policy 3.24 Pre-Employment Background Checks page 2 addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting the services of individuals who have engaged in, have been convicted of engaging in or attempting to engage in, or administratively been adjudicated for sexual assault. It states, "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has: a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution; b. been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c. been civilly or administratively adjudicated to have engaged in an activity as outlined above.”

Interviews with HR staff supports the process of screening all applicants for employment at Maine Correctional Center including employees of the Health Care provider Wellpath. Wellpath are records are run by security staff. Any approved volunteer undergoes a similar screening process and the same acknowledgement form. The process includes the employees and contractors confirming that they have not engaged in any form of the sexual misconduct described in indicator (a) including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent.

Indicator (b). The Maine Department of Corrections subcontracts it’s medical and Mental health services through Wellpath. Wellpath is the long-time service provider for the Department of Corrections. Both Wellpath and the DOC policy prohibits the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC does perform the criminal background checks on these individuals. Employees at the Maine Correctional Center undergo an interstate criminal background check, finger printing, motor vehicle check, and prior employment checks. The facility has a lengthy application that the background investigation is used to verify the employees appropriateness for the job.

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Of the random employee’s information requested 1 had prior institutional employment. Random sampling allowed for confirmation of the practice.

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

Indicator (e). MCC provided the Auditor with information of 17 random employees

who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through review of files onsite.

Indicator (f). The requirements of this indicator are covered in policy 3.05 Code of Conduct (page 5) including in the policy is a continues responsibility to self report any misconduct. As noted in Indicator (a) all MCC employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Auditor did find individual hired prior to PREA who did not have a signed form in the file. The facility initiated a search of files to ensure all current employees have signed documentation confirming they had not engaged in the behaviors described in indicator (a). The Policy addresses the requirements in stating, "The PREA Questionnaire for Applicants/ Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file."

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

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

Compliance Determination:

	The Maine Department of Corrections has policy in place to address the requirements of the standard including the completion of background check, and pre-employment screening that supports the agency's efforts to screen out predatory candidates from employment. The auditor interviewed the Human Resources staff at the MCC who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to oversee the hiring. The agency has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The Human Resource Manager reports she works closely with facility management to ensure line of communication is maintained. As an example, she reports that she would bring criminal background checks that have prior convictions directly to the Warden's attention. The auditor reviewed files of new employees, contractors, individual employed over 5 years and those who have been promoted since the last audit. The agency has several policies including Human Resource policies and Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the Maine Correctional Center undergo prior institutional employer checks, pre-employment criminal background checks and subsequent checks every 5 years. Compliance for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with the Human Resource Manager and the Warden.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11 Sexual Misconduct Individuals interviewed/ observations made. Interview with the Deputy Director of Correctional Operations Interview with the Warden Interview with Deputy Warden and PREA Monitor Interview with the PREA Coordinator Interview with the Industry Program Supervisor

Observation on tour

Random Staff spoken with on tours

Summary Determination

Indicator (a) The Maine Correctional Center was completing a major construction project three years ago during the last site visit. During the tour, the Assistant Warden highlighted how the facility has modified the use of certain areas in including having female residents in areas of the facility previously prohibited. The Warden confirmed that the facility regularly assesses lines of sight and determines if staffing or surveillance is needed as spaces are repurposed. The DOC policy 6.11 addresses this indicator as it requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of residents from sexual misconduct and harassment.” The PREA Coordinator role requires they and their supervisor are involved in the opening of new facilities and the renovation of another. The Warden reviewed areas of the facility on the tour they are considering doing additional improvements.

Indicator (b) The Maine Correctional Center has added new cameras and upgraded other aspects of the monitoring system. Discussion with the facility and the central office administration supports the fact that processes are in place to continually reassess technology needs. The PREA Coordinator also confirms how their role could further support this process. As noted above, the duties of the PREA Coordinator include considering how monitoring technology can aid in resident safety. The Auditor did make recommendations on an area of the Women's Reentry Center where camera coverage could be improved.

Compliance Determination:

The Maine Correctional Center is a well-designed facility with excellent lines of sight throughout. The Auditor did point out on the tour areas where additional camera coverage may be beneficial. The facility, as noted in indicator (a) underwent a major complex redevelopment three years ago. The Department has a practice of involving PREA in discussions when designing new facilities. The Maine DOC routinely reviews all incidents with an eye toward understanding how they can be improved.

Compliance is based on formal and informal interviews that support a consistent understanding of the need to limit blind spots and use active supervision skills when residents are in such spaces. The interviews support that the Maine DOC is committed to regular review of its physical plant needs and electronic surveillance to enhance resident safety.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 7.1 Investigations by a Correctional Investigator Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating. Policy 14.6 Preservation of Evidence Policy 18.8 Forensic Information or Evidence Policy 18.3 Access to Healthcare Services Maine Statutes 34A Chapter 3 Article 1 Maine Sexual Assault Forensic Exams and the Care of Sexual Assault Patients Individuals interviewed/ observations made. Interview with Wellpath Medical Staff Interview with DOC Investigators Interview with SARSSM representative Interview with Hospital staff about SAFE/SANE access and services Interview with Department of Health and Human Services staff on SAFE training Summary Determination Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The facility employs a Detective who is a trained law enforcement staff member with full powers of a police officer, as do the staff members of the Special Investigations and Intelligence unit (SII). The state of Maine has a protocol for sexual abuse cases that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol and the Maine DOC investigative policies ensure uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would complete the

forensic exam. The resident victim instead would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region with SANE-trained individuals. In addition to the facility-based investigative staff, criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by an Investigator from the Maine Equal Employment Opportunity Office. Agency Policy 6.11.3 confirms the responsibility to investigate sexual abuse crimes. "If the allegation is 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." The Investigation policy 7.11 further defines the specific steps to ensure investigations occur. "It is the policy of the Department of Corrections to conduct criminal investigations of allegations of criminal and juvenile criminal offenses relating to the security or orderly management of departmental facilities and of other criminal offenses related to the Department to determine whether or not the allegations have a basis in fact. These investigations shall be conducted in a thorough, fair, and timely manner. The process shall be consistent with collective bargaining agreements, state personnel policy, state and federal law, as applicable." All certified law enforcement staff in Maine are trained by the state's Justice Academy. The detective is aware of the state protocol for working with victims of sexual abuse.

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

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 Maine Correctional Center will offer victims of sexual assault the ability to have a

forensic exam without cost, regardless of if they cooperate in the investigation. This is confirmed in the DOC policy, interviews with investigators, and discussions with local hospital staff. Agency policy addresses this in policy 11.6.5. "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." It is also addressed in the Attorney General's Protocol on page 14, where it explains that the state's Victims Compensation funds cover medical costs for treatment. The Residents are also provided with information in the handbook, notifying them that a forensic examination will be conducted in a hospital by a medical professional at no cost. Discussions with nursing staff confirm that even if the alleged abuse occurred more than 72 hours prior the practitioner on-site or on call will determine if it is still appropriate to send the victim out for an exam. There was one allegation of sexual assault that was sent out for a forensic exam in the past 12 months.

Indicator (d) MCC has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Sexual Assault Response Services of Southern Maine (SARSSM) is part of the state coalition against sexual assault (MECASA). Discussions with the SARSSM representative support the ability to provide support to victims during forensic exams and police interviews. There have been no instances where SARSSM has been required to offer accompaniment services to forensic exams or police interviews related to an allegation at MCC. The Department of Corrections Director of Victim Services has also reportedly been trained in providing forensic support services. In the one case sent out for an exam the resident did not want a victim advocate to accompany them during the exam.

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

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

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

	Indicator (h) NA- The Department of Corrections has entered into an agreement with MECASA to provide rape crisis support staff through SARSSM if needed. If a support advocate is unavailable for any reason, the DOC has a trained individual on staff as noted in indicator (d). Compliance Determination: The Maine Department of Corrections has two policies that address concerns related to this standard: 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA - Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The department has appropriately trained individuals to collect evidence and complete criminal investigations into sexual abuse. Residents who are victims of sexual assault can be taken to Mercy Hospital (approximately 30 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). The facility can also refer victims to Mercy Hospital, located approximately 10 miles away, where SANE-certified nurses are available. Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Mercy Hospital. Hospital staff confirmed that this service would be provided free of charge, and if a SANE is not on duty, one could be called in. It is also reported that the hospital would call a Rape Crisis Agency in addition to the protocol set up by DOC to offer supportive services. Sexual Assault Response Services of Southern Maine (SARSSM) is the regional rape crisis agency who the Auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. Compliance is determined based on the availability of resources to investigate, secure and process evidence effectively. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews on how to preserve evidence, including instructions to the residents involved.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

MCC Pre-Audit Questionnaire

Maine Statutes related to Correctional Law Enforcement Powers

Policy 6.11.3 Sexual Misconduct

Policy 07.01 Criminal Investigations

Documentation of Hotline calls referred for investigation

Investigative files

Maine Justice Academy website

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with Warden

Interview with Investigative Staff

Summary Determination

Indicator (a) The Maine Department of Corrections has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Maine Correctional Center has a Criminal Investigator (Detective) and a Special Investigation and Security (SII) staff. Review of investigative files supports that all investigations occur immediately upon receipt of a report of an incident. DOC Policy 11.6.3 sets forth the expectation for immediate investigations. "The Chief Administrative Officer, or designee, shall forward a copy of any report containing an allegation of sexual misconduct or sexual harassment to an investigator to make a determination if the allegation meets the definition of sexual misconduct or sexual harassment under Department Policy 6.11, Sexual Misconduct (PREA and Maine Statutes), General. The investigator must have received special training in sexual misconduct and sexual harassment investigations." The Auditor confirmed that if a trained individual is not working a shift, the Detective for the facility, who is also trained, would be called. In the 12 months prior to the OAS documentation being completed, the Maine Correctional Center reports having received 77 allegations of potential sexual abuse or sexual harassment. The cases included incidents that occurred elsewhere and were reported at the prison. The facility investigated the allegations both Administratively (56 cases), where warranted, and criminally (3 cases). Twenty-one (21) of the allegations were determined not to be related to sexual abuse or sexual harassment allegations. The Auditor reviewed the records provided in the OAS and

additional files on-site. These records included cases that were referred for possible prosecution by the district attorney's office.

Indicator (b) The Maine Department of Corrections has multiple policies that address the requirements of this standard. The policies also comply with Maine State Statutes, which govern law enforcement duties. The agency policies related to PREA incidents and the completion of criminal and administrative investigations are available on the agency website. The agency directives support the training received by these law enforcement staff and ensure that all other staff understand how to protect evidence and share information about a potential crime only with those who have a need-to-know basis. The Detective and SII staff hold law enforcement designations based on their required training and experience through the Maine Justice Academy. Recertification standards for individuals working in these roles are reportedly the same as individuals working the community as full and part time police officers or deputy sheriffs in the state. Policy 7.1 Investigations provides a list of duties and responsibilities of those completing criminal investigations at Maine DOC facilities. The Policy also sets forth the requirement of certification through the justice academy as law enforcement officers. "Special Investigations and Intelligence (SII) Officers are employees of the Department certified by the Board of Trustees of the Maine Criminal Justice Academy as part-time law enforcement officers and authorized by the Commissioner to exercise law enforcement powers with respect to crimes or juvenile crimes relating to the security or orderly management of a departmental facility."

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

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

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

Compliance Determination:

The Maine Department of Corrections has policies 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. Incidents involving staff members are investigated by a centralized unit, the Office of Professional Review, or by the state's Equal Employment Opportunity division. By using a different investigator than the facility's Detective or trained SII staff, it ensures that an impartial investigation occurs.

	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 consensual. Compliance was determined based on the published policy, investigative information provided by the investigative staff, and interviews with the Department of Corrections' Deputy Director of Correctional Operations. Compliance is determined using the above-stated information, which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance, as the agency takes seriously all allegations. Additionally, the files indicate that investigations are initiated promptly after the facility becomes aware of an allegation.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention 14.07 Same and Opposite Gender Supervision MCC staff training records (new and annual) State-approved training materials, PowerPoint program outline Maine Justice Academy outline Maine Coalition Against Sexual Assault videos PREA education cards Individuals interviewed/ observations made. Interview with MCC PREA Monitor Interviews with random staff Summary Determination Indicator (a) The Maine Correctional Center 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. Some staff members were able to describe in the interviews how their day-to-day job keeps 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 how to avoid inappropriate situations with residents, the criminal liability for failing to report a PREA incident. The Auditor reviewed the training materials to confirm that the elements were addressed. The training material includes videos developed in conjunction with the state Rape Crisis agencies county jail staff and Maine DOC staff. The Agency PREA Policy 6.11.2 outlines requirements 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.” Staff in the Maine DOC are provided information about working with juveniles, as they operate one current facility.

Indicator (b) The Maine Correctional Center services both male and female residents in the 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 MCC. There were no staff at MCC who transferred from a all-male facility to the state prison who required a refresher on working with males. In Maine, the Maine Correctional Center and its juvenile holds both male and female residents, so all staff are cross-trained. The agency has a policy that stressed requirements of cross gender supervision in Policy 14.07.

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 Learning Management System platform. Staff records and their knowledge of the training information indicators indicate that they receive training frequently. Staff reports that they receive full PREA-specific training annually and will receive updates to policies regularly. The staff also remarked that they have additional training updates and discussions with their supervisor at shift briefings that aid in understanding the policy and how it is put into practice 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 knowledge of the content. The Auditor was provided with a report showing the training dates for 300 staff and contractors who received PREA training in the past year. The Auditor was provided documentation of the training for new and existing staff files that were reviewed on-site. New employees get the course at the Maine Justice Academy as part of mandatory certification coursework. The agency also provided training on other related topics, including code of Conduct, which staff can use to further support a PREA safe environment.

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 through LMS or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). New employees

	are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard, including the required areas of education outlined in indicator (a), the frequency of training, and a gender-specific understanding of sexual victimization that is important for staff. All employees (including the contracted Medical and Mental Health staff) have had an on-site training and understand the facility's Sexual Assault Response plan. This Auditor reviewed a copy of the PowerPoint portion of the general PREA training. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed that they were aware of the different aspects of the training presentations and were able to provide examples of the information provided. Staff also reported that the ability to refresh PREA issues through online information is available through the LMS. Training records and staff interviews support that PREA-related education of staff occurs regularly, and electronic signatures confirm that they understood the training. The Auditor confirmed the training dates of the staff members, including initial PREA training and the most recent PREA education. MCC also provided training documentation for new employees hired this year. Compliance determination was based on training records, the material used in presentations, and the random staff's ability to share examples of the content they had learned as part of PREA training, consistent with standard requirements.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire 6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention 26.1 Volunteer Programs Volunteer List Contracted Staff List Training materials for volunteers and sign-off on training Wellpath training materials Contractor Sign-in – (PREA acknowledgment of Brochure for 1 time or infrequent visitors)

Individuals interviewed/ observations made.

Interview with MCC PREA Monitor

Interview with Contractor

Interview with a Volunteer

Observation on tour

Summary Determination

Indicator (a) All Contractors providing direct service to residents at the Maine Correctional Center 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. All other contractors and volunteers with routine access to the facility and contact with residents must undergo an on-site education program to understand their responsibilities and procedures for maintaining a safe environment. As part of that program, individuals are trained on PREA, consistent with agency policy (6.11.2, Page 2), which outlines training expectations to inform them on how to support a zero-tolerance culture and know when and how to report concerns. At MCC, contracted healthcare staff receive full DOC PREA training, which all employees undergo. All approved volunteers who are granted regular access receive training. In the 54-slide orientation program, the auditor found PREA-specific information for volunteers on what the law is, the residents' rights to be free from sexual abuse or harassment, and how to report concerns. The presentation also had a separate section on professional boundaries and how to maintain them. One-time visitors and contractors who do not have planned contact with residents are provided with a PREA brochure that outlines aspects of the overall training and informs them on how to report. There is a sign in log that these individuals arrive at the security station in the facility lobby. The Auditor was offered this information when I arrived on day one, and I signed into the facility on a log that again acknowledges that I was aware of PREA and the resident's rights. Large deliveries of food and dry goods go to a warehouse outside the secure perimeter. The Agency policy 26.1 further defines the requirements of volunteer education including information about sexual abuse of residents and appropriate interaction expectations. "Once a person is approved to be a volunteer and prior to being placed into a volunteer assignment, the Volunteer Officer, or other designated staff, shall arrange for training and register the person as an approved volunteer. The Volunteer Officer, or other designated staff, shall be responsible for providing the following mandatory training for all volunteers:

a. volunteer rules

b. requirements for maintaining confidentiality of information acquired as a volunteer;

- c. responsibilities regarding sexual abuse, sexual harassment, prevention, detection, and response;
- d. process for positive identification and use of the volunteer identification card, if applicable;
- e. maintaining professional boundaries;
- f. prohibitions on giving items to and receiving items from residents, prohibitions on communicating with residents, and items not allowed to be brought into the facility;
- g. what constitutes a disciplinary violation; and h. requirements for reporting threats to safety or security, e.g., a suicide threat, threat of assault, escape attempt, etc."

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, canteen vendors, etc.) receive an abbreviated educational program. Individuals providing direct service, such as Wellpath staff, receive routine PREA training, in addition to the specialized training required in 115.34 for medical and mental health staff. The Auditor was able to confirm directly with contractors and volunteers on the level and frequency of training received. The volunteer list supports a tracking of the training of the approved volunteers. They sign forms acknowledging they understood the training they received. The number of contractors is higher than normal as the facility has had ongoing construction/ renovations which added to the number of individuals entering the facility. Contractor doing construction/ renovations in fenced off areas from the general poluation. Healthcare staff are the contractors with routine resident interactions

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (pages 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. Those one-time volunteers sign in and receive a PREA Brochure upon entrance to the MCC. The Auditor was able to see documentation on-site showing this process in use. The Auditor was also provided with documentation to show that individuals who receive more formal training are required to sign PREA acknowledgment forms, similar to the ones signed by DOC employees at the time of hire. A sampling of volunteers' files in human resources confirmed they had signed off on the form. The Auditor was also able to speak to a volunteer and a contractor as part of the audit process. The volunteer confirmed they have been educated about PREA and understand how to report a concern. They were able to discuss who they would report a concern to if they saw something or a

	resident said something that concerned them. The individuals knew it is important to report all concerns of sexual abuse that comes from their interactions with residents or observations of the interactions of others. They were able to name individuals in the facility they would bring such information to. Compliance Determination: The Maine Correctional Center is compliant with the standard expectations. MCC ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment. Training records and formal interviews support that these individuals have received comprehensive training equivalent to their level of contact with the residents. Training records and interactions with contractors support an understanding of the agency's zero tolerance for PREA-related issues. Nursing and Mental Health staff confirm that Wellpath staff receive the required DOC training, in addition to medical and mental health-specific training. Infrequent and one-time service contractors, who provide services under the supervision of DOC staff, are given notice of PREA upon arrival at the facility, including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility as part of the registration. Compliance was determined through supporting training documents and interviews with the contracted staff persons and the volunteer, who were able to identify training elements. They were all able to explain how they could report a PREA concern at the facility if it arose.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Maine DOC Website (PREA Education Videos) 6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention Resident handbook Resident files showing they have received PREA educational materials Memo on Resident Education Resident education and screening tracking report

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Unit case managers

Interview with residents

Observation on tour of PREA Signage in two languages

Summary Determination

Indicator (a) All residents are provided information about PREA upon admission to MCC. The clients have most often been in Maine County Jail sites prior and report getting information in those sites as well. 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. The Auditor was walked through the admission process by intake staff, including the information that the intake officer routinely reviews related to PREA. The only reason an individual should not have received education immediately upon admission is if their transfer was for an emergent medical or mental health issue. In these cases, the education would be completed as soon as they were medically stable. All residents are informed about what PREA is and that there are multiple ways to report a concern. They are provided with a PREA Pamphlet and a Resident Handbook, which contain information about PREA. The Auditor asked the intake staff and LEP residents on how education is provided. The PREA Video is available in multiple languages, and they have bilingual staff. The staff were asked how to check with bilingual residents to ensure that written materials are provided in their preferred language. The facility has prepared documents in alternative languages most common to the facility (Spanish, Somali). The facility provided documentation of how the provided written information to a resident speaking Mandarin. The Auditor was able to utilize the interpretive services to speak with a resident, and the intake person was aware of the service to facilitate the intake of a Limited English Proficient resident. The Auditor was able to interview residents admitted in the past year, who confirmed that there was basic education about PREA on the day of admission. Residents interviewed noted that the information and reporting options were the same at other Maine DOC facilities. The Auditor did recommend an intake list of information to further ensure consistent information is reviewed. The facility created a 2-page document to review the zero-tolerance expectation, how to report a concern, provide an opportunity to ask questions about the PREA Video shown at admission, and their avenues to for further information and access to the posted information. As noted in 115.15 the Auditor asked that the intake education for the Southern Maine Women's Reentry Center to add information on the bell used in the units to announce male staff presence.

Indicator (b) All individuals are provided comprehensive information about PREA including the agency videos upon admission. The Intake staff review information about the zero-tolerance stance toward sexual misconduct and various way to report a concern. Residents are notified about internal and external was to make confidential reports and the access to services for those who have been victims. All residents at MCC are provided with a review of the facility-specific PREA information with their caseworker in the first few days in the facility. It is at these meeting the resident again has an opportunity to review and question they have from the intake, The OAS pre-audit information indicates that 600 admissions were for individuals who had been here for at least 30 days. The case worker's 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. DOC PREA Policy 6.11.3 outlines the requirement for resident education regarding PREA. "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 (Attachments C and D)." Residents also reported that there is information on the tablets about PREA. The facility reports 99.9% of the residents educated on the facilities Zero-tolerance stance toward sexual abuse and sexual harassment. Residents sign at admission an acknowledgement form and it is recorded electronically in the case management system The electronic case management system ensures credit for the education. The facilities stop light compliance report provides the PREA Compliance Manager with monitoring educational compliance. While on-site, the Auditor also reviewed the files of active residents and those discharged within the past 6 months. In these files, the Auditor could see the actual resident education acknowledgement form and compare it to admission dates to determine the timeliness of education. Resident interviews confirmed that most were aware of PREA from their stays in county jails. Residents confirm there is a video at intake, that the officer goes over information about PREA, and that their case managers also provide information. Residents on the tour were able to show where on the tablets PREA information was available.

Indicator (c) All residents at the Maine Correctional Center have received education into PREA and how to report any concerns. Resident education is documented, and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison or jail. All residents were trained on the agency's zero tolerance stance including individuals who were incarcerated before 2015. The facility provides continual access to PREA Information throughout the facility including electronic messaging boards. The residents, some of whom had been in the facility since it opened over 20 years ago, had a solid understanding of the resources available to victims and how to report a concern. Many pointed to signage in the units that educate residents about PREA; others mentioned the resident handbook or the DOC video, and all were able to tell me where an individual could report a concern. All residents are assigned a case manager who works with them in their assigned unit. At

Maine DOC new admissions for male and female resident in most cases start in a particular unit while all classifications screenings are completed. These individuals will also continue to provide additional PREA Education. Once on the Housing Units the residents have access to tablets which provide access to all postings and videos used in the facility zero tolerance education program education process. The tablets provide information in English, Spanish, Somali, and American Sign Language.

Indicator (d) Education is available in multiple languages, ranging from written to video formats and large print documents. One of the videos features American Sign Language (ASL) and the videos can also be watched with closed captions. Residents support the idea that they can go to staff if they need assistance with comprehending written or oral PREA education. Staff report that assistance is available to any individual who needs it, including those with physical disabilities, cognitive limitations, or those who are visually impaired or have difficulty reading. Many residents stated that PREA wasn't a concern, but they acknowledged that the information was available and mentioned that some individuals could provide assistance, including line officers, case managers, clinicians, and unit managers. The Auditor used translation services to communicate with LEP and deaf and hard-of-hearing individuals.

Indicator (e) The Auditor requested a random sample of resident files for review. The Auditor uses a number sequence to select files for each unit and ensure a diverse selection. The case files had documentation of each individual's PREA education, including those who were educated years prior. Interviews with residents support an understanding on how to report a concern. Resident knew there were internal and external reporting methods and those who did not know specific information knew information is posted throughout the units

Indicator (f): Observations throughout the tour support the fact that materials are available to residents on a continuous basis. The information viewed included handbooks, posters, and other signage about PREA, as well as resources such as the local rape crisis agency (SARSSM). The Auditor was able to view video and other materials with the assistance of residents.

Compliance Determination:

PREA is a term most residents are familiar with from their experiences in county jails in Maine or from prior stays at the Maine Correctional Center. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention 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 MCC

	confirm that they are educated on PREA and the zero-tolerance expectations as soon as they arrive at the facility. PREA information is reviewed with the resident by the Intake Officer, and they are provided a resident handbook that contains PREA information. PREA Information is in the resident handbooks. The resident signs the reviewed information and places it in their case record. The facility offers PREA educational materials to residents in various formats, including brochures, tablets, and posters. The orientation process also includes viewing the Maine Department of Corrections' PREA video. This video is available in multiple languages, including American Sign Language (ASL). The Video is also posted on the Maine DOC Website. Residents have access to handbooks that can be translated into multiple languages. The document informs residents about the consequences for sexual misconduct. The handbook tells residents about PREA and the importance of reporting and seeking help. Information also includes phone numbers to the state PREA Coordinator and the local rape crisis agency. The facility implemented a script for intake staff to ensure more consistent information available to the residents at the time of admission. During the tour, the Auditor saw posters informing residents on how to report PREA events or access advocate services. Residents report that they are provided with facility-specific PREA information within one day of admission. Residents sign an acknowledgement at admission stating their understanding of PREA education. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be a witness to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact the administration or outside individuals if they did not feel comfortable speaking with the line staff. Many of the residents stated that PREA was not a concern at the MCC. They also reported they believed any complaint would be taken seriously and investigated. Residents with disabilities confirm that if they had a need, staff would assist in understanding materials. The compliance determination took into account the policy and supporting educational documents, the residents' responses regarding education, and their understanding of facility-specific procedures for reporting concerns. Further supporting compliance is the Auditor's review of client records, which showed their education, the materials viewed during the tours, and the videos from the state website. Finally, the Auditor considered the tracking resources built by the department to ensure compliance expectation matched the resident education was being completed.
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115.34 Specialized training: Investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Maine DOC training on completing a sexual Assault Investigation

NIC training for Investigation of Sexual Assault in a Correctional environment

Training rosters

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with trained Investigators

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Corrections employs its own investigative body. Agency Policy requires specialized training before they can investigate sexual abuse or harassment allegations. “The Department PREA Coordinator shall ensure that all facility correctional investigative officers and Inner Perimeter Security team members, as well as other staff likely to conduct sexual misconduct and sexual harassment investigation, receive additional training in conducting investigations of sexual misconduct and sexual harassment, especially in facility settings. This training shall include, at a minimum, techniques for interviewing victims of sexual misconduct and sexual harassment, including techniques specific to juvenile and female victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action and/or referral for criminal prosecution.” The Department of Corrections' Special Investigations and Intelligence (SII) unit and the Detective are all law enforcement officers in the state of Maine. The Unit working out of MCC 5 trained SII and the Detective. 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 across the agency “The Maine Department of Corrections PREA Investigative Training.” The Maine Course is presented in a 8 modular course over a two day period Senior Staff in the agency has completed training with the Moss Group previously. In addition to the trained staff at MCC the agency has similar groups of individuals trained at other facilities that can be brought in to assist in investigation including another Detective. The agency has also ensured that it’s internal affairs (Office of Professional Responsibility) staff have also completed the required training.

	Indicator (b) The material from the DOC training and the Auditor's review of the NIC course on investigating sexual assaults supports that the required topics were addressed. The training materials and the interview with a trained investigator confirmed the training covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The Auditor discussed with the Detective and SII members on when Garrity and Miranda are used. We also discussed interview techniques, credibility assessments, and how they contribute to determining the case finding. As noted in indicator (a) the agency policy mirror topics consistent with standard expectation Indicator (c) Training records were provided for onsite staff who complete investigations. Compliance Determination: The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. Currently, there are 6 individuals approved by the Maine Department of Corrections to complete criminal investigations into sexual abuse allegations at MCC. The agency can also bring in other investigators from the Office of Professional Review or from other facilities if a perceived conflict of interest arises. Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Maine has established that if allegations are made against staff, the agency's Office of Professional Review will be brought in to investigate and ensure an impartial process. Given the number of DOC-trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility compliant. Samples of investigations completed and the supporting training documents also supported the Auditor's findings.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire 6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Wellpath PREA training materials

Documentation of staff training

Individuals interviewed/ observations made.

Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) The Maine Correctional Center employs the services of Wellpath, a private Correctional Medical and Mental Health Services Provider. The agency trains staff on PREA-specific considerations from the perspective of medical and mental health providers. Included in the training materials and the staff interviews was information on how to address signs and symptoms of abuse, communicate with a victim, report an allegation, and preserve evidence. Nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical and Mental Health staff confirmed that a significant amount of support work would be required upon the resident's return from the hospital.

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

Indicator (c): Documentation was provided to the Auditor for the Wellpath staff, confirming that the specialized training was completed. The Auditor reviewed the training records for the 72 medical and mental health professionals currently servicing the residents of the Maine Correctional Center. The records show that all medical staff have been refreshed on the topic in the past 18 months in addition to the normal DOC training on PREA. The Auditor also was provided verification of the newest healthcare staff having completed the required training . The Auditor also interviewed healthcare staff on site who confirmed they have receive training specifically for them on PREA and how their roles are part of the facility's response to sexual abuse allegation.

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

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 their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess, and preserve evidence of a sexual assault. The training materials and interviewed staff support that they were trained in responding appropriately to sexual assault victims. The Auditor met formally with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain that the reporting would be up their agency chain of command while also notifying the chain of command of the prison. Medical and mental health staff were also instructed to report any concerns to the Detective, the SII staff or the PREA Monitor. The contracted staff reported that they attended PREA classes with state employees from the Maine DOC. Wellpath staff will not conduct forensic medical examinations, 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. The Auditor also reviewed policy 6.11.2 to determine compliance, along with interviews. A review of the Wellpath training program materials for Medical and mental health staff, as well as training records for Wellpath staff, contributed to the compliance assessment. The Wellpath staff work under one supervisory structure at the Maine Correctional Center including the services at the Women's Reentry Center.
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115.41 Screening for risk of victimization and abusiveness	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention 18.4 Health Screening and Assessment Population report for MCC Initial and follow up assessments for residents Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Warden

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. The policy states it is the responsibility of the PREA Monitor to ensure screenings are completed. “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;”

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports supports this practice standard is met with the understandable exception of individuals who were brought in due to significant mental or physical health concerns that prevent immediate completion of intake. The number of admissions listed in the OAS was not accurate and a memo from the Manager of Correctional Operations provided clarification. The Corrected calculation supported a 99.7% compliance with screening timeliness. Screening occur before the resident is transferred to the initial housing assignment and occur with in the first 24 hours. The Auditor reviewed client files and the compliance tracking report to verify compliance.

Indicator (c) The tool developed for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident’s

criminal records, information from other correctional setting, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective.

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

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

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 Auditor found the review of screening occurred that the reassessments are occurring in compliance with the agency policy which is greater than the standard expectation of 30 days. The reassessment of residents is required to occur between 5 and 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 stoplight CORIS report and resident files to assess overall compliance with the standard's requirements. .

Indicator (g) Policy language in PREA policy 6.11.2 states, "ensuring that a prisoner's or resident's risk level is reassessed by the unit team using the relevant PREA assessment instrument when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's or resident's risk of sexual vulnerability or sexual violence." The Auditor was able to ask staff case management and healthcare staff in formal interviews, discussions on the tour and review documentation to support PREA reassessments occur for several reasons. The resident would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules, if additional information becomes known that would affect the scoring. Discussions with case management staff report that new information that could impact scoring may be brought up not only in investigations, but also information communicated in the multidisciplinary unit team meetings. These meeting regularly occur to assess residence performance in the environment.

Indicator (h) The Auditor confirmed that residents are not disciplined for refusing to

answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment and the random sampling of residents. Policy language in 6.11.2 addresses the requirements stating the PREA Monitor role includes, “ensuring that prisoners or residents are not disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening or assessment for risk of sexual vulnerability or sexual violence;”

Indicator (i) The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the clients more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Wellpath has separate records from medical and mental health services where information that could be exploited against a resident is protected from unnecessary disclosure to those without the need to know about past abuse situations.

Compliance Determination:

The Maine 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. The Agency has a compliance report (CORIS stoplight report) that the Auditor reviewed for accuracy of the timing of screening to further assess compliance. The Auditor reviewed the record of individuals they had interviewed on site and the records of individual discharged in the months prior to the site visit.

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.
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct – Prevention) DOC Memo from Deputy Warden on screening tool use. Individuals interviewed/ observations made. Interview with Facility PREA Monitor Interview with Intake Officer Interview with Case manager Interview with Unit Manager Interview with Random Staff Interview with random residents Interview with transgender residents Population report Observation on tour Summary Determination Indicator (a) The PREA screen used at MCC 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 cell as an individual with a known victim history. If residents have a sexual offense history they

may be required to undergo treatment as part of their program. Individuals with victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency SARSSM. Unit staff determine through a multi discipline team when an resident is ready to transition to either work or educational programming. During these team meetings potential conflict would be identified between the known individuals on each side.

Indicator (b) Safety of the residents is considered throughout the residents stay. Unit management allows for residents to be grouped in smaller subsets where the teams can focus on the residents needs and learn their behavioral norms. Staff find this important in being able to identify when the behaviors change. The random residents interviewed supported that staff are approachable, would take any threat seriously and they confront negative behaviors including any form of sexual harassment. The Deputy Warden provided a memo describing how information from the screening tool is used by the unit team to determine the appropriateness of housing, work, education and programming assignments. The memo describes how scoring can be accessed and how supervisors must approve all cell movement including the use of the screening information.

Indicator (c) This indicator is suspended from the Auditor's consideration of compliance with this standard.

Indicator (d) This indicator is suspended from the Auditor's consideration of compliance with this standard.

Indicator (e) This indicator is suspended from the Auditor's consideration of compliance with this standard.

Indicator (f) This indicator is suspended from the Auditor's consideration of compliance with this standard.

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 MCC are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. Through the Unit Management process other areas of the

	resident's life are given regular reviews to ensure potential victims and potential perpetrators are monitored closely. Work and education staff know that they need to closely observe residents when in their environment and report any concerning behaviors. The Auditor discussed with several of these staff members during the tour, how they take steps to manage residents on the job site. Line custody staff also understand the need to protect potential victims from potential aggressors and discussed during the informal and formal interviews, how they get to know the residents and observe and address any behaviors The standard is determined to be compliant based on policy, supporting document and interviews with residents and staff. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Maine Correctional Center MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct -PREA and Maine Statutes) - Prevention Individuals interviewed/ observations made. Interview with Agency PREA Coordinator Interview with Warden Interview with Staff Interview with residents who filed sexual abuse or sexual harassment complaints Interview with the PREA Monitor Observation on tour Summary Determination Indicator (a) The Maine Correctional Center refrains from placing residents at high risk for sexual victimization in involuntary segregated housing. Policy (6.11.2) allows, consistent with the standard for protective custody housing, for a period of 24 hours, while the situation is assessed. "Prisoners or residents screened or assessed as high

risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators.”

Reportedly at no time in the past year has the Maine Correctional Center had to place an individual in involuntary segregation as a means of protecting an individual from likely abusers. The facility has multiple units for both male and female residents to allow separation of inmates at risk from targeted behaviors of other. Interview with administration confirms they do not by practice use involuntary protective custody for those at risk of sexual abuse. The Maine Correctional Center has closed its larger traditional special management units in the past three years. Some Housing units have cells which are visible from the unit but have a small vestibule providing separation. These spaces can be used for disciplinary, mental health or protective custody concerns without moving the individual to a separate unit.

Indicator (b) Through it is not the practice of the Maine Correctional Center to place individuals in an involuntary segregation as a means of providing protection the agency has policy language to address the requirements of this indicator.

“2 If such a determination cannot be made immediately, the prisoner or resident may be housed in a special management housing unit or protective custody housing unit for no more than twenty-four (24) hours, pending the determination.

3. If a determination has been made that there is no available alternative means of separation from likely perpetrators, the initial placement in a special management housing unit or protective custody housing unit shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed thirty (30) days.

4. The placement must be reviewed at least every thirty (30) days to verify whether it is necessary to retain the prisoner in a special management housing unit or protective custody housing unit.”

The policy also goes on to address how individuals involuntarily placed in segregation or protective custody should retain normal privileges. “Any prisoners or residents placed in a special management housing unit or protective custody housing unit due to this risk shall have access to programs, privileges, education, and work opportunities similar to prisoners or residents in the general population, except to the extent that they must be limited consistent with reasonable precautions designed to protect prisoner or resident safety, security and orderly management of the facility and shall otherwise receive treatment in accordance with departmental policies and procedures. Any restrictions shall be documented in accordance with departmental policies.”

	Indicator (c) The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MCC not to house the victims or those at risk in segregation as a manner of protection unless there is no other means and that the situation is reassessed every 30 days. The Auditor did interview residents who had unit changes but discussions revealed they were not placed in the area described in indicator (a) and they report coming out with other residents on the unit. Indicator (d) Since MCC has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct, there is no documentation to review. Indicator (e) The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MCC not to house the victims or those at risk in segregation as a manner of protection unless there is no other means and the situation is reassessed every 30 days. Discussions with staff on tour support people are not placed in the cells in the vestibule for being at risk of sexual abuse. Compliance Determinations: Interviews with the Warden, Deputy Warden and the facility’s PREA Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation on that unit or another. An interview with a resident victim confirmed that they were not held in administrative segregation as a protective condition. Investigative reports support there is no practice of segregation of victims and is consistent with the Warden’s interview. In addition to discussions with the residents, staff, and administration during the tour, the segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews and the policy and practice of the Maine Correctional Center.
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Maine Correctional Center Pre-Audit Questionnaire

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

Sexual Assault Brochure

Resident handbook

PREA Posters

Staff training records

PREA Coordinator Memo

Resident Tablets

Corrected signage

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Contracted staff

Interview with residents

Observation on tour

Summary Determination

Indicator (a) Policy 6.11.3 Sexual Misconduct - Reporting and Investigations states "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." Random resident interviews confirmed that residents are aware of multiple ways to report concerns within the facility or to the Department of Corrections Central Office. Residents were aware of the postings and information in the resident handbook, which describes options for reporting concerns, including directly to a trusted staff member, to any case manager or medical or mental health staff, by writing to the Warden, or by calling the DOC PREA hotline (agency PREA Coordinator). The Auditor observed the postings on the walls. He discussed with residents their access to supervisory staff and their ability to

communicate with individuals, both internally and externally, through the mail system. The residents also confirm they can place notes in the in-house mail to any staff and administration or use the tablets messaging feature to send information to staff. The facility has multiple levels of signage the informs resident about reporting options The following language is found on one of them:

"HOW TO REPORT * POSTAGE & RETURN ADDRESS IS NOT REQUIRED *

The Maine Department of Corrections offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously.

- Call the Maine Department of Corrections PREA hotline on a resident phone at *85527
- Write to the MDOC PREA Coordinator @ 25 Tyson Drive 111 State House August, Maine 04333-0111 or Cumberland County Jail, 50 County Way, Portland, Maine 04102 or email PREA.DOC@MAINE.GOV
- Report to any staff, Wellpath contract medical or behavioral health staff, or any volunteer.
- Submit report in a written request, grievance or sick call slip.
- Report to MCC PREA Compliance Manager or MCC PREA Compliance Monitor.
- Tell a family member, friend, or anyone outside the facility. They can report on your behalf by calling the PREA hotline at 1-855-279-4763
- You can report on another's behalf, or another resident can report on your behalf, using any of the methods listed above. "

Indicator (b) The Maine Department of Corrections has set up ways in which residents can report a PREA concern to individuals outside the facility. The PREA also includes the address of the PREA Coordinator for the Cumberland County Jail, in case individuals do not feel comfortable reporting to DOC staff. Residents confirm access to materials to make a report and that mail going to/from outside agencies such as Cumberland County Jail would be considered protected communication. The Cumberland County Jail serves as an outside reporting option for residents. A representative of the Cumberland County Jail confirms the MOU and states that residents have sent mail in the past to the county jail, but not in the past year. The posters and handbook also provide the phone and mailing addresses of the state PREA Coordinator. Residents were aware of these options and stated they could call attorneys or family members to report a concern. The residents were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. The Maine Correctional Center does not house residents for immigration violations. The Auditor confirmed access to the PREA Hotline by testing the system on the unit phones. Most residents were unsure about who was on the other end, but they felt it was an option for them to report a concern. The Auditor

called the Hotline, and the state PREA Coordinator confirmed that he received a voicemail within minutes. The auditor also tested the access to the posted rape crisis center, the MECASA 24-hour manned line for emotional support Residents were spoken with informally as the auditor moved about during the tour and again when he returned to areas during the site visits. Residents confirmed that information is readily available, and if you wish to speak to someone outside, you can do so by phone or mail. Mail is available free of charge weekly for those who cannot afford stamps. A memo from the PREA Coordinator can be found posted in the facility and in the resident handbook. This document covers how to report incidents of sexual abuse or harassment and how to seek emotional support. The Auditor was able to receive confidential information from residents prior to the site visit from the posting up in the unit.

Indicator (c) Interviews confirm consistent with agency policy (6.11.3 Sexual Misconduct -page 2) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or to the facility investigator. "The Chief Administrative Officer, or designee, shall provide multiple internal means for residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer, or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." Random 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 after giving notice to a supervisor, they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault.

Indicator (d) The Maine Department of Corrections provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if staff have a concern about the supervisor or another staff member being involved with a client they report to, they can make a report using either the posted phone numbers to the Maine DOC PREA Coordinator, to Human Resources, the county jail or sheriff or the county prosecutor. 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 Sexual Assault Brochure, the Resident Handbook, and posters throughout the facility all give direction on the importance and methods of reporting sexual assault and sexual harassment. The Auditor interacted with residents and staff on the tour asking informal questions to learn where PREA reporting information is located and a brief assessment of knowledge retention. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether done verbally, in writing, anonymously or by a third party (indicator (c). Residents interviewed were aware of multiple ways in which they could report including telling staff, calling the hotline to one of two numbers, mail administration or the local county jail, complete grievance form or call or write the local rape crisis agency. Posters are displayed on all housing units during the tour, directing residents to contact the DOC PREA Coordinator or write to the local county Jail if they do not wish to speak with DOC personnel (indicator (d). The rape crisis information is also available in the resident handbook, on posters, and on tablets. Residents spoken to formally and on tour reported feeling comfortable speaking with staff, including unit staff, if they had concerns. Custody staff reported knowing how to report PREA concerns to administration privately and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions, based on the policy, documentation provided and viewed during the tour, and the interview findings of randomly selected staff and residents, as well as interview information from the PREA Monitor and PREA Coordinator.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. Maine Correctional Center MCC Pre-Audit Questionnaire 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances MCC Grievance Log Individuals interviewed/ observations made. Interview with the Deputy Warden Interview with Prison Administrative Coordinator Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) The Maine Correctional Center is not exempt from the standard; residents have the ability to file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. The Prison Administrative Coordinator (PAC) reports that the facility receives about 100 grievances or requests per month. Of the over 1000 filed documents in the 12 months prior, only 16 made some comment about misconduct potentially related to PREA. Only 2 of these 16 were determined to require investigation as sexual abuse or harassment. 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." If the grievance officer has any questions on if the grievance should be investigated they will forward it to the SII investigator and the PREA Compliance Manager.

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

Indicator (c) The facility has a designated grievance officer to whom residents can send sealed mail. If the grievance officer is the subject of the complaint, the residents are allowed to send the grievance directly to the facility administrator.

Indicator (d) Policy 6.11.4 Sexual Misconduct (PREA AND MAINE STATUTES)

Administrative Sanctions and Grievances sets forth the requirements for response and appeal consistent with the standard. A review of the policy shows that initial grievance response must be made within 30 days. The policy allows for a ten-day extension but requires written notification, including the reason for the delay. Each level of the appeal process requires similar notifications if the inmate does not respond within the required timeframes. The total time, excluding appeals preparation, is expected to be 90 days by the resident, as per the policy. The Grievance Officer confirms that once a grievance is received, it is immediately referred for investigation. Once the investigator takes the case the resident receives notice of that the case is under investigation and the grievance is closed. Disposition of the case will be made by the investigator who will have the PREA Monitor provide notice of the outcome.

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 were also aware 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 but all allegations of sexual assault are handled immediately. Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This standard applies to all PREA complaints, regardless of whether they are filed through the grievance process. Agency policy addresses the expectation consistent with the indicator. “No resident or other person using this grievance process in good faith shall be subjected to retaliation in the form of an adverse action or the threat of an adverse action for using this grievance process. However, a resident may have his or her access to this grievance process suspended and/or may be subjected to disciplinary action for abuse of this grievance process.” Compliance Determination: The Maine Correctional Center is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. Grievance Logs reviewed support that residents can use this process to resolve concerns in the institution. Residents knew they could file a PREA-related concern through the grievance process, but acknowledged that it would not be as quick to resolve as reporting it directly to a staff person. Residents report they can get assistance from other residents in completing forms if needed. Residents in the random interviews reported no history of filing a grievance related to a PREA concern. Residents reported feeling comfortable in telling staff directly about their concerns, and if they felt it wasn’t addressed, they would send a request to the Warden or a Criminal Investigator to discuss their concerns. The Maine DOC uses grievances as a confidential option for reporting a concern. Once a grievance about a potential sexual abuse incident is received they treat them as emergency grievance and immediately refer the case for investigations. The Auditor spoke to a resident who had filed a grievance and reviewed the listed grievances against the investigation list. The auditor found that these cases were investigated. The compliance determination relied on the policy and interviews with the Grievance Officer, the Deputy Warden, and the residents who were aware of the grievance process as a possible avenue to report a sexual misconduct concern.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

MCC Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct – Prevention) DOC

Policy 21.04 Prisoner Visitation

Policy 21.03 Prisoner Telephone

SARSSM communication

MECASA MOU

PREA Posters

Prisoner Safety memo

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with Warden

Observation on tour

Summary Determination

Indicator (a) The Maine Correctional Center provides access to the local rape crisis agency. The Agency Policy requires the residents to have access to outside support services. “The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.” The Sexual Assault Response Services of Southern Maine (SARSSM) is the local rape crisis agency. The Agency’s employees are considered professional visitors, which allows for confidential communication. Maine DOC policies 21.03 and 21.04 provide information on confidential communication. The Maine Correctional Center does not house individuals for civil immigration violations. The Auditor was able to see how mail is processed for internal or external distribution. Residents other than those in segregation have direct access to mail receptacles. The Auditor was also able to observe and, with the assistance of residents, test phone systems. Residents confirmed access to SARSSM, including individuals with hearing impairments.

Indicator (b) All residents are informed at the inception of services that confidentiality

is limited when an individual has been victimized within the institution. All MCC residents sign acknowledgement 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." The Director of Security confirmed was able to run a report showing calls to the MECASA hotline are not recorded by the department's phone system. Mail can be properly marked as privileged communication. SARSSM staff confirmed access to meetings with residents. The Auditor tested the ability to reach out to the advocate through the phone system with the assistance of an inmate on the tour. The posted PREA Coordinator memo also informs residents about confidential communications. Interview with staff and residents showed a inconsistent understanding of the support verse reporting role. The Auditor required additional language to the inmate training on PREA and a staff refresher on the role of the rape crisis agency and the information on the walls of the unit. During the post Audit Period the facility ran refresher trainings for all staff on the role of the rape crisis agency in various points in the resident's stay including being an emotional resource to events that occur in this facility on in prior point in their lives.

Indicator (c) The Department of Corrections has a Memorandum of Understanding with MECASA (Maine Coalition Against Sexual Assault). SARSSM is a signatory to the document, which covers the Maine Correctional Center. The agreement is renewable for two-year periods. The DOC agreement was last signed in May of this year. The representative of SARSSM confirmed the MOU and the relationship with the DOC PREA Office. The Auditor spoke with the facility leadership and the SARSSM representative on continuing to improve relationships and communication between agencies.

Compliance Determination:

Resident victims at MCC can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Sexual Assault Response Services of Southern Maine (SARSSM) to provide support to victims (Indicator (c)). Sexual Assault Response Services of Southern Maine is part of the Maine Coalition Against Sexual Assault (MECASA). The Commissioner has signed the MOU. As part of the audit process, the Auditor spoke by phone to a SARSSM representative, who confirmed their ability to provide service at DOC facilities. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook informs residents that they can call or write to SARSSM, who 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 facility's Mental Health services or through SARSSM. 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 SARSSM. 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 SARSSM representative. The Auditor considered the interview with a SARSSM representative, who confirmed that they can provide services to clients at MCC and confirmed their ability to conduct hospital escorts and police interviews with victims. Finally, the Auditor also considered the steps taken by the facility to ensure residents and all staff are aware of the emotional support element of the local rape crisis service and the purpose of the posted contact information.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes Policy 21.03 Prisoner Telephone Maine DOC Website PREA Posters on Housing Units Logs of the PREA report Hotline Information from Knox County Jail on reports made. Individuals interviewed/ observations made. Interview with the PREA Coordinator Observation on tour Summary Determination Indicator (a) The Maine Department of Corrections has developed a mechanism for individuals who want to report PREA concerns as a third party, whether they are fellow residents, family, or friends. Information can be provided in person, by phone,

	by email, by US mail, or by contacting the agency's PREA Coordinator through the agency's website at Maine.Gov. Information is available to residents in the PREA brochure, the PREA poster, the resident handbook, and on the website noted above. Residents are provided with information on how to submit complaints to the local county jail. Staff were aware that they must take all reported concerns about potential PREA violations, including those from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on communication (21.03) and PREA policy 6.11 address the requirements of this standard. "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteers, or student interns who neglect or violate 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. Compliance Determination: The Maine Department of Corrections has established multiple resources for residents and families to report PREA-related concerns. The PREA Coordinator shared the log of calls and emails from the local jail, where outside reporting may occur, to demonstrate that systems are in place and functioning. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail. Compliance was based on policy and the systems the Maine DOC has put in place to support residents, ensuring that residents were aware they could make a complaint on behalf of another resident. The Auditor took into consideration the systematic logs of information on all calls to the PREA Line that the DOC maintains. Compliance also included policy and investigation files that support the agency's practice of conducting investigations once information is obtained.
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

MCC Pre-Audit Questionnaire

Policy 6.11.5 Sexual Misconduct – responding

Policy 6.11.3 Sexual Misconduct – Reporting and Investigating

MCC Sexual Assault Response Plan

DOC PREA Hotline logs

Investigation files

Email communication documentation

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with Warden

Interview with random staff

Interview with the facility Investigators

Interviews with Medical and Mental Health staff

Summary Determination

Indicator (a) In several parts of the Agency’s PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes), staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. The policy requires, “It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation.” Staff understood, as evident in random staff questioning, that the expectation included that when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff, through actions or inaction that led to abuse, must be reported. A review of investigation file show there is timely notification to command staff once an allegation is made. Most staff stated the report should be made verbally immediately with a written report before the end of the shift.

Indicator (b) Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Supervisor on duty and appropriate medical or Mental Health staff who may respond. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy. “If a staff person, volunteer or student intern observes, receives a report of, or otherwise

discovers what appears to be sexual misconduct or sexual harassment between prisoners or between residents or sexual misconduct or sexual harassment by a staff person, volunteer or student intern against a prisoner or resident, that person shall immediately verbally report the incident to the facility Chief Administrative Officer, or designee, and as soon as possible, to the facility PREA Monitor, who shall then immediately report it to the Department's PREA Coordinator." Staff interviewed understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation.

Indicator (c) As noted in previous standards, the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report that residents sign a document acknowledging they understand the limits of confidentiality regarding medical and mental health information upon initiation of services. 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. Healthcare staff report given the long-term nature of the facility that residents are routinely reminded that they must report any information that puts that resident or other at risk of sexual abuse. The Auditor reviewed state law and the website of the Department of Human Services which provides information on mandated reporting requirements, including those who are working in a professional capacity with individual with disabilities or who are of diminished capacity.

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

Indicator (e) All staff are clearly aware that the Detective or the SII team must be called as part of the response plan. Documentation reviewed in the investigative files and documents loaded into the OAS support that staff refer all information on potential sexual offenses in a timely fashion and that the investigative teams are put into action immediately. Staff understood that outside parties including families could file a complaint, as could other residents beside the victim. Both security and non-custodial staff understood that all allegations, no matter the source, must be reported.

Compliance Determination:

There are policies that direct the MCC staff on how to handle reports of sexual assault or sexual harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment. They knew this included third-party and anonymous complaints

	and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions led to a sexual assault. Staff were aware of the importance of timely reporting and the need to maintain confidentiality 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 and security of others. The facility's medical and Mental Health clinicians were aware of the concerns regarding timely reporting to Wellpath and the MCC Administration. Medical and Mental Health staff have all residents sign a form understanding the limits of their confidentiality prior to service. All staff, including contractors, were aware of the mandated reporting requirements and their legal responsibility to report. The above-stated facts support compliance and demonstrate that the Maine Correctional Center staff clearly understands their responsibility to report concerns related to PREA.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) Investigation files Administrative Status Reports Individuals interviewed/ observations made. Interview with the Director of Operations Interview with the PREA Coordinator Interview with Warden Interviews with random residents Summary Determination Indicator (a) The Maine DOC has policy in place to address concerns of this indicator,

"If any volunteer or student intern learns that a prisoner or resident is at a substantial risk of being a victim of imminent sexual misconduct, the volunteer or student intern shall immediately notify security staff. 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. 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." The Maine Correctional Center will evaluate all allegations through the shift command to determine the immediate safety of the resident, including if there is believed to be an imminent risk of sexual abuse. The Deputy Director of Operations for Maine's Department of Corrections and the Warden of MCC acknowledged that the agency's response would be immediate. Efforts would include housing modifications, investigations, and other facility-based measures, or, if necessary, the relocation of residents to enhance safety. The agency's PREA Coordinator, who reports to the Manager of Operations, would also be notified of these events. If the agency believes a resident might be at risk the facility can place them on Administrative Status, which ensures extra interactions and observation. This is a temporary limitation of movement and allows them to be housed in a unit with single cells. This allows facility investigators time to determine the validity of and level of risk to the resident. MCC reports there were no imminent risk situations in the past year. The auditor was able to see in investigation files example of the steps taken to protect different residents who reported unwanted advances by another resident. Documentation supported the parties' separation. The Maine DOC has a form that the supervisor completes, which documents whether the Administrative Status move was for the individual's own protection or if the individual being moved poses a danger to others or the facility's operations.

Compliance Determinations:

The Maine Correctional Center is committed to resident safety. The administration supports that they have several housing options to protect residents from potential abuse, rather than placing them involuntarily in administrative segregation. In extreme cases, one resident may be transferred to another institution. Interviews with the facility and agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse.

Random staff members interviewed identified the actions to take in situations of imminent risk, including immediate separation of parties, increased contact with residents, support for residents, notification up the chain of command, and documentation of the incident. Compliance was determined based on the interviews with the Administration and line staff. The Auditor also took into consideration the information in Policy 6.11.2, Sexual Misconduct Prevention Procedure, D, Substantial Risk of Imminent Sexual Misconduct and information in investigation files.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire 6.11.3 Sexual Misconduct- PREA Reporting and Investigations Documentation supporting notification to other facilities Documentation of Information received about former MCC client. Individuals interviewed/ observations made. Interview with PREA Coordinator Interview with Warden Interview with Deputy Warden Interview with the Detective 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 were 43 cases of sexual abuse allegations that were provided to another facility. As the state's intake facility they get reports of sexual misconduct that occurred at count jail and out of state prisons and jails. Once the facility receives and document a report of abuse at a outside facility the PREA Monitor is notified who will call and email the location of the alleged abuse. Examples of such notifications have been provided. The Deputy Warden is also made aware of PREA allegations that occurred at other facility. He provided the

	data the number of cases they had to report to other facilities and the number that MCC received about a former resident. Indicator (b) The PREA Monitor, Deputy Warden and the Warden were all aware, as stated in their formal interviews, that notifications to outside facilities should be made as soon as possible, but no later than 72 hours. The documentation reviewed supported the notifications made within the time frame, As noted in indicator (a) the policy language is in place for this requirement. Indicator (c) A copy of an emails sent as backup documentation was provided to prove that the other facility was informed. Indicator (d). In the past year, the Maine Correctional Center reportedly received one allegation of past sexual abuse that was reported at another institution. Documentation was provided of an allegation of sexual harassment of a former resident of MCC. The facility was made aware of allegations of sexual harassment that a former resident made during his current incarceration at another facility. The incident was referred to for investigation and the investigation is ongoing. Interviews with the Detective confirms they will investigate the allegation of past abuse at MCC no matter how long ago the allegation occurred. Compliance Determination: The 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 confirmed that he was aware of his responsibilities, including the documentation of notifications. The Warden discussed the expected response if another site notices, including ordering an investigation and notifying the facility's PREA Monitor. The documentation provided showed the initial steps to support an investigative process, including coordination with the other facility. Compliance is based on policy, interviews, and the documentation provided.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

MCC Pre-Audit Questionnaire

Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Investigation/ medical chart.

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with investigative staff

Summary Determination

Indicator (a) Policy 6.11.5 Sexual Misconduct Responding covers the requirements of the first responder's duties. It states,

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

2. The first staff person discovering an incident of sexual misconduct involving asexual 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 asexual 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. “

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. 1) separating the 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) ensuring the alleged abuser also does not take actions to destroy evidence.

There were 10 allegations of sexual assault in which the staff responded to ensure the victims was separated from the aggressors. PREA Incident checklist track each individuals actions with time and date of all notification Most of the assault involved unwanted sexual touching. Only one incident involved potential sexual penetration, In that case the individual was sent out for a Sexual Assault Nurse Examiner (SANE) examination. Investigation reports support written statement are collected and video evidence.

Indicator (b) The Department of Corrections has trained staff on how to protect evidence in the event of a sexual assault. The staff interviewed recognized the importance of closing off the crime scene, separating individuals, and instructing 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. In the one case in which the staff suspected abuse, they had the resident seen immediately by health care staff. The resident denied abuse, but he was sent out to the hospital, where he asked for a forensic exam to prove that he was not assaulted, but was suffering from another medical concern. The SANE nurse confirmed no evidence of sexual assault.

Compliance Determination:

The Maine DOC trains all employees in the duties of a first responder. The Maine DOC has developed a coordinated response plan that provides first responders with directions and information to support them throughout the crisis. Compliance determination relied on the interviews with staff who could identify steps 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at MCC are prepared to respond, as evident in their answers that support compliance. The staff have separated individuals while investigative teams complete investigations. One case involved an incident where the individual needed to go out for a forensic exam. Compliance is based on policies, interviews, and the investigative files that support the immediate separation of individuals.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding MCC Sexual Assault Response Plan 2025-26 Documentation of staff distribution Documentation of location of hard copy version of the plan is maintained Individuals interviewed/ observations made. Interview with Facility and Agency PREA Coordinator Interview with Warden Interview with Investigators Interview with Medical Staff Interview with Unit Manager Interview with the Hospital with SAFE/SANE staff Interview with local Rape Crisis Agencies Summary Determination Indicator (a) The Maine Department of Corrections updated its facility preparedness plan in 2025 for sexual assault incidents. The revised plan directs staff in their duties, ensuring a coordinated response is completed consistently each time. The ten-page plan is individualized at the facility level to increase staff response time and accuracy of information needed, including local rape crisis agency contact information. In policy 6.11. The described duties of the PREA Monitor outline the responsibility for developing an institutional response plan to address how individuals in various roles within the facility will ensure that the appropriate tasks are taken in the event of a sexual assault or sexual harassment case. Policy 6.11.5 ensures understanding by requiring the Warden (CAO) to ensure that staff understand the expectations. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all

	facility staff are familiar with their facility's PREA Response Incident Plan." As noted previously the facility has completed both physical plant and operational changes in the past three years so the team assessed if any of those actions required modification of information in the plan. The facility updated the plan in 2025 and forwarded it to all staff through Power DMS in which they had to confirm they have received and understand their duties. The facility also provided a list of the locations of the plan in the institution including the areas associated with individual responsibility such as operations, administration, the PREA Monitors, office, healthcare and the investigations unit. Staff confirm that all policies or procedural changes are also reviewed repeatedly in shift briefings. Compliance Determination: The Maine Correctional Center is compliant because of has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct Response addresses the steps to coordinate efforts in response to a sexual assault. The facility plan outlines the responsibilities of first responders, supervisory staff, investigative staff, and medical and mental health personnel. The document includes information on how to contact the local hospital to ensure that a SANE staff member is available, as well as details 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 Warden, PREA Manager, Unit Managers, Captain, and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan provided, available community resources, and staff knowledge of the plan.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 3.16 Administrative leave AFSCME and MESA Union Contracts Memo from the Deputy Warden Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with Warden

Interview with Deputy Director of Correctional Operations

Summary Determination

Indicator (a): The Maine Department of Corrections has union employees, but the contracts consistent with policy do not prohibit the agency from placing a staff person on administrative leave. The Warden confirmed the ability to put people on administrative leave during an investigation into sexual assault. He also confirmed the ability to halt access to the facility of contractors or volunteers who are the subject of allegations of sexual misconduct. The Deputy Director describes the process the facility would use if the allegation were against a staff person, contractor, or volunteer. Through the investigative process, they will ensure the safety of the residents. In a staff-involved incident, the Office of Professional Review may also be involved to ensure an impartial review of all staff actions. The Deputy Director confirmed that the state's actions would be immediate. DOC Policy 3.16 confirms the ability to keep a staff aggressor away from a potential victim. The policy states, "1. 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, or

b. there is a concern that the employee is suffering an emotional, physical, or other problem impairing or likely to impair the performance of their duties

2. The need for placement on administrative leave and the length of such leave shall be determined by the Chief Administrative Officer, Regional Correctional Administrator, or Commissioner of Corrections. Any placement by the Chief Administrative Officer or Regional Correctional Administrator is subject to review by the Commissioner.'

A memo from the Deputy Warden confirmed that staff will be placed on no contact post during the investigation if there is not an immediate need for removal of the staff. The Warden confirms his ability to prevent access to the facility of anyone who is the subject of a criminal investigation. He confirms the contract language does not prevent individuals being placed out on administrative leave.

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

	Compliance Determination: 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 of the contracts has a subsection on the Prison Rape Elimination Act. In this section, the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. The Deputy Director of Correctional Operations for Maine DOC and the Warden reported the ability to remove staff if needed from contact with residents. Finally, compliance was also considered in terms of policy language confirming the standards' expectations.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating Policy 6.11. 2 Sexual Misconduct (PREA and the Maine Statutes) Responding Investigative file tracking form Retaliation monitoring forms Investigation files with retaliation monitoring forms Individuals interviewed/ observations made. Interview with the Manager of Correctional Operations Interview with the PREA Coordinator Interview with PREA Monitor Interview with Warden Interview with an Investigative Staff Interview with random staff

Summary Determination

Indicator (a) The Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4 includes the following:” Procedure C: Monitoring Reporting Parties and Alleged Victims.

1. The Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary

reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored.

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

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

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

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

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

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

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

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

10. For each staff person, volunteer, or student intern being monitored, the monitoring staff shall report the results of the monitoring to the facility PREA Monitor

and the Department's PREA Coordinator at the end of the monitoring period.

The agency has a monitoring tool in use at its facilities, which provides for consistent documentation of individuals who report or cooperate in investigations within the facility. According to the Warden, Deputy Wardens, Unit Managers, and Investigators, they have the responsibility to track potential retaliation. The Auditor was able to see in the investigative files that the documentation was being done. Discussions with staff and residents also support the monitoring process occurs. The Auditor was provided with 2 examples in the OAS and found others in investigative file reviews. The Auditor requested additional examples to be uploaded including unsubstantiated cases.

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Indicator (b) The Warden supports that the facility is large enough with sufficient housing units to ensure that individuals who have been separated after a PREA Incident can be safely managed to prevent retaliation. Residents would routinely be offered counseling services and case workers would provide routine check-ins to ensure the client is feeling safe. The Maine DOC will also create a 'keep-separate' status in CORIS for individuals, ensuring they are not placed in areas of regular contact with other inmates. The facility also has resident identification cards that are used to scan residents in buildings where populations may mix. The Id will alert the staff supervising the area of the conflict.

Indicator (c) As noted in Indicator (a), the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the elements of this indicator. The individual completing the form must document whether they reviewed discipline, if housing moves occurred or were requested, programmatic or job performance changes, face-to-face communication, or if mental health follow-up was requested due to any monitoring concerns. Policy 6.11.2 also states, "If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct."

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team's notes. The Auditor suggests that a training be held on the form to ensure that direct resident contacts are documented.

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 there is any suitable housing available in another DOC facility. Indicator (f) The Auditor is not required to review this indicator Compliance Determination: The Maine Department of Corrections has a policy in place to address the elements of this standard. The facility did not have a staff member who required monitoring this year. The Human Resources staff are aware of the standard, and the Warden would also utilize his administrative staff to further monitor the staff. The Warden and the Deputy Director of Correctional Operations for Maine DOC both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults. They outlined expectations, including relocating the resident or adjusting staff duties, preventing contact between the accused and the victim, and monitoring reports about the resident or staff for any changes in behavior. Unit management notes would also document the resident's progress or struggles after a sexual abuse incident. The facility also has an administrative report available to supervisory staff for residents who require separation in the institution. The Deputy Warden and Warden knew that protection monitoring should be done with all individuals cooperating with the investigation. The standard is compliant based on information provided, interviews, policy, and documentation of resident monitoring.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) -Prevention Individuals interviewed/ observations made. Interview with Warden Interview with Deputy Warden Interview with housing officers

	Interviews with residents who reported sexual abuse or sexual harassment allegations Observations on tour. Summary Determination Indicator (a) The Maine Department of Corrections Policy states that segregated housing for victims should only be used in rare instances for short periods until other safe housing can be determined. Policy 6.11.2 states, "Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators." The MCC Pre-Audit Questionnaire reported there were no such cases in the past year. As noted in 115.43, MCC has eliminated large special management units for small numbers of cells on each unit. Staff working the unit confirm that individuals are not placed in these cells for being a potential victim of sexual abuse or sexual harassment. Inmates may be placed on different units as a result of an allegation, as a mechanism to separate individuals. The cells inside the vestibule area could serve as protective custody but they have not been used for protective custody for potential victim's of sexual abuse or sexual harassment. Compliance Determination: In the interview with the MCC Warden, the Auditor confirmed documentation from the audit file stating they have not used segregation of any victims of a sexual assault in the past year. The Warden stated that, given the facility's size and the various housing options, they would have more options for the victim than the accused aggressor, who would be placed in segregated housing. The Warden confirmed that the practice is designed to ensure a limited impact on the victim. Residents who filed reports confirm they are not housed in the cells on the unit away from other residents in the population. The standard is deemed compliant based on policy, the documentation provided, and the interviews completed.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire

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

Policy 7.1 Investigations

Sexual Assault Response Plan

Investigative file tracking form

Retaliation monitoring forms

Investigation files

Individuals interviewed/ observations made.

Interview with the PREA Coordinator

Interview with Deputy Warden

Interview with Warden

Interview with an Investigative Staff

Interview with residents

Summary Determination

Indicator (a) The Maine Department of Corrections, in policies 6.11.3 and 7.1, outlines the responsibilities of the investigative team, including the need for a prompt and thorough investigation of the facts and a comprehensive report detailing the processes undertaken and the reasoning behind the findings. The Policy statement of 7.1 provides direction consistent with the standard. "It is the policy of the Department of Corrections to conduct criminal investigations of allegations of criminal and juvenile criminal offenses relating to the security or orderly management of departmental facilities and of other criminal offenses related to the Department to determine whether or not the allegations have a basis in fact. These investigations shall be conducted in a thorough, fair, and timely manner. The process shall be consistent with collective bargaining agreements, state personnel policy, state and federal law, as applicable." The policy and the SAR define duties, and agency policy requires the 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. The Department of Corrections further supports the objective investigatory process through its Office of Professional Review. This office will conduct an investigation of any staff-related complaints, rather than having the investigative team associated with the facility lead the investigation.

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Indicator (b) As noted in 115.34, the Maine DOC has several staff members who have completed a course on Investigations of Sexual Assaults in a Correctional Institution. The training included three members of the current MCC investigative team. The agency also has a complement of staff at other facilities and in the OPR office who can investigate a situation if a perceived conflict of interest arises. As noted, the Detectives and SII team members are certified law enforcement officers in the state of Maine, holding arrest authority. According to the Detective the state statues further define who can complete criminal investigations of sexual abuse. The Auditors interview with both custody staff and contractors further supported the entire facilities understanding on the importance of evidence collection and the need to have trained individuals collecting the materials.

Indicator (c) Investigative staff interviewed, residents who were part of an investigation confirmed, and investigative files reviewed supported the requirements of this indicator. The Investigators for MCC know how to collect evidence from a crime scene to ensure the preservation of evidence, including DNA. As noted in 115.21, a forensic examination of the victim would not occur at the MCC, but rather at a local hospital with SANE-trained nurses. The Auditor completed file reviews with the members of the MCC Investigative team. In discussion they described how they gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. They also describe how they use available electronic monitoring data in the course of the investigation. We also discussed the process for interviews of alleged victims, alleged perpetrators, witnesses; and other historical information they may use in assessing credibility.

Indicator (d) The investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 6.11.3 describes the expected interactions with the prosecutorial authorities (page 5). "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." The Detective reports he had not having had to complete compelled interviews in the past year, He has worked on several cases, including 4 cases of sexual abusive contact where there is an interface with the prosecutor's office. The Auditor did speak with residents who were part of investigations to confirmed they were asked to be interviewed but not forced to participate

Indicator (e) The investigators interviewed confirmed that there is no requirement for

a victim to undergo any polygraph or other truth-telling process to proceed with an investigation. Policy 7.1 addresses the use of polygraphs in DOC investigations and includes information that they are not required of a victim to move forward on an investigation. The policy states, "A criminal investigator may request, but not require, that any other person submits to a polygraph examination." The Investigators also confirmed in discussions with the Auditor what policy requires (6.11.3, page 4). "The Investigating Officer will assess the credibility of each individual involved in the case without bias toward their position as a staff or resident."

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Review if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions related to sexual misconduct can result in discipline that may include, but is not limited to, termination. The Maine Correctional Center did discipline an employee in the past year reportedly for failing to report information. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the Compliance Determinations reached. The Auditor did review administrative investigations of sexual harassment and allegations which were determined to not meet the definition of sexual abuse or sexual harassment, and the investigation determines these to be non-PREA. The department reportedly proceeds on all allegations no matter the source. The Auditor reviewed allegation including ones which were determined to be "not PREA". These cases are tracked in the facility investigation log for PREA allegations. 14 of the 72 tracked cases of sexual abuse or sexual harassment were, after initial investigatory assessment, were determined to not meet the definition of sexual abuse or sexual harassment.

Indicator (g). All criminal investigations completed by the MCC investigative teams will result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained. The format for reports are contained in the Investigation Policy 7.1. The general policy language contains the following: "The criminal investigator shall regularly verbally report on the progress of the investigation to the person(s) who approved it being initiated or assigned it. When the criminal investigator has completed a criminal investigation, the officer shall prepare a report of the investigation using the Report of Investigation form (Attachment D). The investigator shall include, with the report a copy of all the evidence, including photographs of any physical evidence. The criminal investigator shall forward the report of the criminal investigation to the Department's Director of Security, or designee. The Department's Director of Security, or designee, shall review the report of the criminal investigation and either return it to the criminal investigator for additional

investigation or information or rewrite of the report or approve it. Once approved, the Department's Director of Security, or designee, shall forward the report to the Commissioner."

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3). "1. The facility Chief Administrative Officer, or designee, shall immediately forward a copy of a written report of alleged sexual misconduct against a resident rising to the level of a criminal offense or juvenile criminal offense to the Commissioner, or designee.

2. If the allegation is of sexual misconduct by a staff person, volunteer or student intern against a resident rising to the level of a criminal offense or juvenile criminal offense, it shall be assigned by the Commissioner, or designee, to a facility correctional investigative officer (detective) for a criminal investigation. The investigator assigned must have received special training in sexual misconduct investigations.

3. If the allegation is 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.

4. The investigating officer shall, as applicable, secure the place where the incident occurred (if not already secured); secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; interview the alleged victim, alleged perpetrator, and witnesses; and review prior complaints and reports of sexual misconduct involving the alleged victim and alleged perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a resident, staff, volunteer, student intern, or otherwise.

5. The investigation of a report of sexual misconduct against a resident rising to the level of a criminal offense or juvenile criminal offense shall be conducted in accordance with Department Policy 7.1, Criminal Investigations.

The Detective and SII staff described the steps taken in their investigations, The reports reviewed on site and uploaded to the website confirm a written report describing the information provided in the review. The Detective also described the process in which he has communication with the county prosecutor as the case is developing.

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 investigators interview. The Investigative

staff have access to a secure network where all investigative materials are stored and separate from the general staff's access.

Indicator (j) Agency policy and the Investigators interviewed confirmed that individual's departure from the institution would not result in the case being closed. The Criminal Investigator for MCC is a trained law enforcement officer, 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 6.11.3 states, 'An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a resident, an investigation shall not be terminated due to that person's release from custody. If the alleged perpetrator is a staff person, volunteer or student intern, an investigation shall not be terminated due to that person's leaving their position.'" In our interview the Detective was able to describe how he has had to pursue interviews of individuals as part of cases where one or both of the parties have left custody.

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

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

Compliance Determination:

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 notification to staff. This Policy, along with Section 7.1, Criminal Investigations, allows for prompt investigations of sexual misconduct and sexual harassment in Maine's DOC facilities. In determining compliance, the Auditor took into consideration many factors. The MCC facility 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 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 that issues are handled impartially, if the incident involves a staff member, the DOC central office's Office of Professional Review would lead the investigation.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative

	reports will be completed on all administrative and criminal investigations. The agency has implemented forms that direct the consistent formation of a report, including its content. As part of the audit process, the Auditor reviewed 15 correctional investigative files from incidents at MCC or reported to MCC within the 12 months preceding the site visit. The reports reviewed included criminal and administrative investigation including where the allegations were against staff as well as other residents. The Auditor found consistent reports, including physical, testimonial, and documentary evidence, used in determining the outcome. In determining compliance, the Auditor considered the stated information found in policies and actual investigative files, as well as interviews with investigative staff and residents who had been involved in the investigations.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.4 Sexual Misconduct Individuals interviewed/ observations made. Interview with an Investigative Staff Summary Determination Indicator (a) The Maine DOC Policy 6.11.4 (Page 4) states, “The burden of proof for determining whether there is a substantiated allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a department employee is the preponderance of the evidence.” Interview with trained investigative staff reveals that there is no higher level used in determining whether to substantiate a case or not. A review of several investigative files discusses physical and electronic evidence, interviews, and credibility assessments as factors they consider in the process. As noted in the previous standard, the investigation policy 7.1 has a format that is used for all SII investigations. Interviews with the staff about the random selected investigation supported there understanding that the determination to substantiate a case cannot be greater than the preponderance of evidence.

	Compliance Determination: The Department of Corrections has multiple staff members trained in the investigation of sexual assaults at Maine DOC facilities, as noted in 115.34. The investigative staff throughout the Maine Correctional System consistently report no standard higher than a preponderance of evidence in making determinations on cases. The Detective and the SII-trained investigators reviewed PREA case files with the Auditor, which further supported the standard used. Compliance was based on the policy, as well as the interview with the Investigative staff and their explanation of the case files.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations MCC Allegation tracker investigation files documentation of notifications Individuals interviewed/ observations made. Interview with an Investigative Staff Interview with PREA Coordinator Interview with PREA Monitor Summary Determination Indicator (a) Maine DOC provides notification to all 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 requested additional documentation to be added to the file to support compliance. Initially there were no examples of the documentation provided. During the post site visit period the facility added 8 examples Interviews with resident's support investigation are occurring and that they are provided a notice of the investigation's findings. The Auditor believes there were about 20 criminal and or administrative investigations of resident sexual abuse allegations.

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

Indicator (c) The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor, or volunteer, if the individual has been removed from areas where they would come into contact, or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody, as noted in indicator (a). The Auditor was provided with examples of notifications, including when staff or volunteers are no longer employed at the facility.

Indicator (d) The Policy language covered in indicator (c) requires notification in all cases and does not differentiate between the perpetrator being a staff person, contractor, volunteer, or another resident. The policy requires notification on all indictments and convictions. There were no convictions of resident-on-resident sexual abuse in the past 12 months. There are several cases pending in the court system.

	Compliance Determination: The Maine Department of Corrections has provided notification to residents based on investigative files reviewed over the last year. Initially the OAS lacked supporting documentation which was added in the post audit period. The Auditor considered policy, documentation found in the OAS and in investigation files, and interviews with staff and residents in determining compliance.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances Policy 3.15 Disciplinary Sanction Documentation of actions taken by the agency. Memo on missing PAQ data Individuals interviewed/ observations made. Interview with an Investigative Staff Interview with Human Resources representative Interview with Warden Summary Determination Indicator (a) The Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary policy (3.15) the DOC states that the use of sanctions are to “enforces high standards of professional conduct, and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The PREA policy 6.11.4 also states, “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.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration.

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 encourages the reporting of any violation and acknowledges the rights of adult and juveniles in their custody 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.” The facility provided documentation of zero (0) criminal cases where the individual of a staff person in the past year..

Indicator (c) Policy 6.11.4 addresses the discipline other than termination when it states, “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 Maine Department of Corrections policy allows for other sanctions to occur beside termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments or language. In these cases, the DOC would review the individual’s history and make suitable sanctions consistent with laws and their bargaining unit agreement. The facility had no formal staff discipline in the past year for an event that was not a terminable offence.

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.’ From the investigative materials reviewed, the Maine DOC, as an investigatory body, has referred cases against employees for prosecution. The Office of Professional Review documents also show that notice was made to the Maine Justice Academy, which certifies correctional professionals in the

	state. Compliance Determination: The Maine Department of Corrections policy 6.11. Sexual Misconduct (page 2) and Section 3.15 of the Employee Discipline policy state that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. Compliance is based on policy, interviews, and the documentation supporting the Maine Department of Corrections ensures that staff who act unprofessionally and abuse their power will be terminated and referred for prosecution.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances Memo from Deputy Warden Individuals interviewed/ observations made. Interview with an Investigative Officer Human Resources representatives Interviews with Contracted staff and Volunteers Interview with Warden Interview with PREA Coordinator

Summary Determination

Indicator (a) The Maine Department of Corrections provides notification to all contractors and volunteers about the agency's zero tolerance for sexual misconduct with residents. Any violation of agency policies may result in the 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 are at risk for criminal and or civil litigation for engaging in sexual misconduct. Agency PREA Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances States, "If the violation is that such a person engaged in, attempted, threatened, or requested an act constituting sexual misconduct, barring that person from Department property and from contact with residents and, if possible, community corrections clients shall be the presumptive action."

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 confirmed that he would use the information from the investigation to determine whether it was appropriate to allow continued access.

Compliance Determination:

The Maine Correctional Center requires contractors and volunteers to sign an acknowledgement 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 MCC 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. The auditor reviewed documentation related to the removal of a volunteer and investigations into the interactions between residents and contractors. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The Auditor was able to speak to volunteers and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation, interviews, and the review of the allegation tracker.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances Policy 20.1 Resident Discipline Resident Handbook Disciplinary hearing documents Staff Individuals interviewed/ observations made. Interview with an Investigative Officer Interview with Residents Interview with Warden Interview with PREA Coordinator Summary Determination
	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. Resident-on-resident sexual abuse is a class A offense, and resident aggressors can receive a period of restricted housing, loss of good time, and privileges. Residents are also educated about sanctions upon admission and have continued access to information in the resident handbook. The Auditor reviewed the handbook to confirm that the information was clear. Residents spoken to understood that any sexual contact with another resident could result in formal disciplinary proceedings. Indicator (b) Two policy's address this indicator, Policy 6.11.4 states on page 4, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a

resident shall be commensurate with the nature and circumstances of the resident's act, the resident's disciplinary history, and the sanctions imposed for comparable violations by other residents with similar histories, in accordance with the applicable Department disciplinary policy." Agency policy also states that residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also states that the hearing officer should review resident records to determine if prior disciplinary history, cognitive abilities, or other mental health issues should be considered in the process. Residents 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." The Auditor was provided documentation to support discipline for contact between residents had led to criminal and facility disciplinary actions Even if a resident did not want criminal charges unacceptable contact can still, resulting in the formal discipline if the investigation substantiates the investigation.

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 guilt in the case, it is forwarded to the Warden, who takes into consideration the resident's mental health. Policy states, "After consultation with appropriate medical or mental health staff, the Chief Administrative Officer, or designee, may at any time suspend some or all disciplinary segregation time or disciplinary restriction time that a prisoner has accumulated to the extent necessary to address medical or mental health needs. After consultation with appropriate medical or mental health staff, the suspension may be revoked in whole or in part by the Chief Administrative Officer, or designee, if the prisoner's medical or mental health condition allows." Discussions with Warden and Mental Health confirm that this is the actual process. In each PREA allegation both the victim and the aggressor are offered mental health services to determine ongoing treatment needs in the facility.

Indicator (e) The investigative staff and facility PREA Compliance Monitor confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. Policy states, "A resident may not be disciplined for sexual activity with a staff person, volunteer, or student intern, except upon a finding that the other person did not consent to such activity." In the files reviewed, where allegations were a resident and staff had engages in sexual contact as part of undue familiarity situation.

Indicator (f) Page four of Policy 6.11.4 states that a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative team must conclude this then the resident would be subject to a Class A violation for Deception. Class A events can result in disciplinary restrictions, loss of privileges, and loss of good time. The policy supports a requirement of proof of intentional deceit. "A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct, sexual harassment, or another violation of a

	departmental sexual misconduct policy or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement.” Even through there were several unfounded allegation of staff voyeurism or improper searches no residents were referred for disciplinary action for false report. Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive similar sanctions to those for Class A behavioral offenses, but for shorter periods. Compliance Determination: Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general), and 6.11.4 Sexual Misconduct (administrative sanctions) address the requirements of this standard. Policy 20.1 addresses the requirements of indicators (a) through (d) relating to the disciplinary hearing, the consideration of the resident's mental health in determining consequences, the requirement of ongoing treatment, and that sanctions in the facility will be proportional to the offense. Though many residents denied that sexual assault is a concern at the Maine Correctional Center, they were well aware of both criminal and institutional consequences for those who are aggressive or engage in sexual acts with another resident. The Maine Department of Corrections prohibits consensual relationships between residents and between residents and staff, which is also stated in the resident handbook. Residents who engage in sexual misconduct with staff can be disciplined unless it is determined that the staff consented to the act. Residents can be disciplined for making an intentionally false report related to PREA. Compliance was based on policy, interviews, and documentation provided, including hearing information.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) Prevention Policy 18.3 Access to Health Care Services Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Deputy Warden Memo

Wellpath Memo on Record system protections for confidential information

Wellpath confidentiality notice for residents' sign

Resident intakes showing referral to Mental Health

Resident records

Individuals interviewed/ observations made.

Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with Residents

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) Residents who identified through the screening process or who admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or to the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and Mental health and case management staff. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents and Mental health and case management staff. DOC Policy 18.04 Health Screening and Assessment (pages 3-4) sets forth the requirement to refer all individuals who are admitted with past histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Sample cases reviewed supported follow-up occurring as fast as within 24 hours. The Deputy Warden provided documentation supporting 100% of those who disclose past abuse are offered mental health follow-up

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Some individuals may be placed in specific programming for sexual offenders. The Maine Department of Corrections offers various therapeutic communities to support

individuals with such needs.

Indicator (c) PREA policy 6.11.2, page 4, requires that residents with a prior victimization history be seen by the appropriate medical or mental health provider to ensure the unit team has sufficient information to plan for the client's needs within the first 14 days. Policy 18.06 states that all new admissions are assessed by mental health services. "A licensed clinician shall complete a mental health appraisal on every resident within fourteen (14) days of admission into the reception facility." It goes on to require this information to be considered. "Review of history of sexual or physical abuse victimization and predatory behavior and/or problem sexual behavior;" The DOC requires the PREA reassessment be completed by this date. The PREA Compliance Manager reports that by this point past court records and information from other institutions may be obtained. The Auditor's review of the client record supports mental health, which includes reviewing resident information from the assessment. The Auditor made suggestions on providing clarifying information if the resident wanted to pursue the issue in treatment or if the clinician reminded him about services and the outside support of the local rape crisis agency.

Indicator (d) The Auditor confirmed through interviews with intake staff, case management staff, medical staff, Mental health Staff, Unit Management, and the PREA Coordinator that sensitive information is protected. Custody staff do not have access to information in the medical or Mental Health records of Wellpath. The Auditor was provided a memo on the various level of security for Wellpath records.

Information obtained and documented in CORIS is also limited in access to those individuals who need to know. Through the unit management process line staff are provided only the specific information about who may be a potential or known victim or perpetrator. Residents interviewed supported that information given to counseling staff is kept confidential.

Indicator (e) All residents sign with Wellpath staff an understanding on the limits of confidentiality as it relates to criminal behaviors. Residents interviewed confirmed both they had signed acknowledgement forms and they verbally understood the reasons why a medical or mental health staff have to disclose actual sexual abuse or imminent risk situations. The Auditor requested sample of the signed document to be uploaded to the OAS. Interviews with providers confirmed the residents are notified about limits of confidentiality upon admission and periodically they receive verbal reminders.

Compliance Determination:

All residents are screened when they arrive at the Maine Correctional Center. Residents are seen by medical and mental health staff and the screening process is

	reviewed in a Unit Management team meeting within 14 days of admission. Residents with sexual assault histories and sexual victimization histories are offered treatment. Residents who are admitted to MCC are seen by Wellpath Medical and Mental Health staff. Wellpath staff have several intake questions that are PREA related, this allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Resident Medical and Mental Health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Compliance was based on policy, documentation provided showing referrals for treatment follow up, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding Policy 18.4 Health Screening and Assessment Policy 18.5 Healthcare Policy 18.6 Mental Health Services Website of the Maine Attorney General Website of Wellpath Memo from HSA Resident records Resident screenings Individuals interviewed/ observations made. Interviews with Medical Staff

Interviews with Mental Health Staff

Interview with Residents

Interview with PREA Coordinator

Observation of the medical unit

Summary Determination

Indicator (a) The Maine Correctional Center has a full-service medical clinic that operates around the clock. The state works with a contracted medical and mental health provider, Wellpath of Nashville Tennessee. Wellpath's website reports they work in 135 state and federal prisons and an additional 350 jails and community institutional settings. The contract provides Registered Nurses are always available and there is after-hours availability of on call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident has to go out of the building for emergency services to facilitate that trip. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. SANE Services are available approximately 15 miles away from the facility. Residents were able to describe the process to request to be seen by medical or mental health staff. They support the requests are met in a timely fashion. Documentation was provided of the one case that was sent out to have a forensic exam completed.

Indicator (b) Medical services are available 24 hours per day at the Maine Correctional Center. Random staff knew as part of their first responder duties, that immediate notification to medical was required. This is also stated in the facility Sexual Assault Response plan. The Auditor confirmed with the Health Service Administrator that in addition to the Nursing staff on site 24 hours per day that there is on call resources of both medical and mental health practitioners available.

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

Medical staff confirmed they would educate the resident on the importance of such medications for continued health. Female resident victims will also be offered pregnancy testing at the hospital and can have the same testing at the facility.

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

	financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident.” The Auditor also confirmed that victims of sexual assault are provided initial and follow up services at a local hospital through funding from the state. The Maine Attorney General's website confirms that the state covers the cost of sexual assault exams no matter if the victim wants to pursue a criminal case. This is done to encourage all victims to come forward for help. The clinic at MCC would function in the same way by providing follow-up care. A memo from Wellpath also confirms there is no follow-up cost associated to a potential victim of sexual abuse. Compliance Determination: MCC has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical provider. Wellpath and Maine DOC will follow the requirements as outlined in Policy 6.11.5 Sexual Misconduct. The State of Maine has a list of several facilities with SAFE or SANE capabilities. The residents at MCC B would be referred to the Mercy Hospital in Portland ME. As part of the audit process the Auditor spoke to a hospital representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any resident in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. Compliance determination took into consideration the access to services, Wellpath, policies of the DOC, information from the State of Maine on Forensic exam requirements and interviews completed and client file information. The Auditor also considered in the chart of the one individual who was sent out for a forensic exam.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding

Policy 18.4 Health Screening and Assessment

Policy 18.5 Healthcare

Policy 18.6 Mental Health Services

Maine Attorney General's website

Individuals interviewed/ observations made.

Interview with Medical Staff

Interview with Resident

Interview with SARSSM

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 SARSSM to provide the appropriate level of counseling. Policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that the alleged victim of sexual misconduct is referred to the facility mental health care staff for assessment, counseling, and/or treatment, as appropriate. Facility mental health care staff shall ensure that a prisoner or resident is informed of the option of referral to a community sexual assault response services agency and shall ensure that a prisoner or resident who requests it is referred to a community sexual assault response services agency for the provision of services in the facility or after release."

Indicator (b) Residents who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as Medical services. If the assault occurred in the community or county jail, the resident is referred to Wellpath for follow-up services once identified. If the resident prefers, they can be referred to SARSSM for support services post an incident of sexual

misconduct. The Wellpath Medical and Mental Health staff, as well as the SARSSM representative, confirmed that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. As noted in indicator (a), there is an expectation of ensuring continuity of care when residents are discharged. Agency Policy 18.05, Healthcare and Policy 27.1, Release and Reentry Planning, each addresses healthcare staff and unit case managers, ensuring continuity of care upon release or when transferring between facilities.

Indicator (c) As noted in indicator (a) the medical clinic at the Maine Correctional Center is equivalent to an urban community Medical clinic. The facility offers a comprehensive range of medical and mental health services, including dental and vision care. The infirmary addresses the needs of illnesses associated with the wide age range at MCC. Mental Health services include counseling, medication management and the extra support of the mental health unit or direct observation room in the clinic space when needed. Specialty care can also be arranged for residents with health needs.

Indicator (d) As noted in 115.82 female resident victims can be offered pregnancy testing.

Indicator (e) The medical staff at the hospital and at the facility confirmed that female victims will be provided information on their rights related to a pregnancy that is the result of a sexual abuse.

Indicator (g) Treatment services are provided at no cost to the resident, including when the resident must go out for a forensic exam. PREA policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual is conduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." The Attorney General's website also confirmed that all sexual abuse victims in the state can have forensic exams covered by state funding.

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

Compliance Determination

The Maine Department of Corrections ensures residents have ongoing access to services. The DOC has several policies that address residents' healthcare needs, including services available to victims of sexual abuse. The Auditor reviewed the

	policies and found several references that address standard indicators, along with information from the PREA policies. Wellpath, the DOC health services provider, would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow-up treatment were provided after an initial referral to Mercy Hospital 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. Compliance is based on the resources available on-site and community-based services, as well as interviews with medical and mental health staff and representatives of SARSSM.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Incident review form MCC Allegation tracker Individuals interviewed/ observations made. Interview with an Investigative Officer Interview with Residents Interview with Warden Interview with PREA Coordinator Summary Determination Indicator (a) Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered. “The facility PREA Monitor, or designee, shall ensure that a sexual misconduct

incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated, unless the allegation has been determined to be unfounded.

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

The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. In the cases reviewed, the hearings were completed in a timely fashion with all indicators taken into consideration. The OAS pre-audit questionnaire did not provide information on the numbers of cases reviewed. During the post audit period the facility provided data and copies of the review that were completed in the past year. The investigation files support the critical review steps were taken in these cases

Indicator (b) The policy states that the review should occur within 30 days of the conclusion of the investigation. The sample provided in the electronic file supports this time frame. The review of the reports supported that the review panel was convened within 30 days from the date of the investigation's conclusion. Policy 6.11.1 sets forth the requirement as noted in indicator (a). The Auditor reviewed the files in the OAS, and it was discovered that a review was missed, and the facility went back to ensure that no other cases were not completed in a timely fashion. The Auditor asked for additional examples to be added to support the changes made this past winter, which have been corrected. The PREA Coordinator will also be tracking these meetings to ensure they are completed and forwarded to the PREA Office.

Indicator (c) As noted in indicator (a), the policy language addresses the multi-disciplinary nature of the team. Upon reviewing the documentation provided and interviewing various staff members, the multi-disciplinary nature of the team was confirmed. Different member support participation amongst custody, unit management, facility management, health services, and the state PREA Coordinator. The form collects the individuals' names and positions at each hearing and improves the ability to document this indicator.

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

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

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

	3) Examine the area in the facility where the incident allegedly occurred to determine whether physical layout or barriers in the area might enable misconduct; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief Administrative Officer and the Department's PREA Coordinator." The agency form used to document the review panels considerations includes the required information. The form asks if the policy needs to be reviewed, examining the underlying motivation of the incident, including whether the victim was targeted due to their perceived membership in a particular group. It goes on to examine staffing, physical plant issues, and surveillance needs. The Auditor was able to identify where recommendations from past reviews have resulted in changes moving forward. Indicator (e) The form documents the findings of the various questions and provides the reader with information on whether the team has determined any recommended actions to take. In the form, the Auditor was able to see a recommendation on staffing in a particular housing unit. PREA Policy 6.11.1 addresses the requirement of this indicator. "The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so." The interview with the Warden confirmed that he takes the team's recommendations seriously in ensuring the overall safety of the environment. Compliance Determination The Maine DOC PREA 6.11.1 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy specifies what information needs to be included in the incident review. The language comes directly from the standard. As evidence to support the standard, the facility provided documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. The review team included a multidisciplinary team of management, custody, and medical and Mental Health Services. Compliance was determined based on the policy language, documentation provided, and the staff's understanding of the requirements.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Institutional data tracking Agency annual report Memo on Federal request SSV report filed with US DOJ Individuals interviewed/ observations made. Interview with Deputy Director of Correctional Operations Interview with PREA Coordinator Summary Determination Indicator (a) The agency collects data consistent with the policy definitions that were developed to align with the standard. PREA Policy 6.11.1 defines the data collection responsibilities of the PREA Coordinator and the facility PREA Compliance Manager. "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities. a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. b. The Department's PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews. c. The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years. d. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. e. At least annually, all aggregated sexual misconduct data shall be made readily available to the public through the Department's website; after all personal identifiers have been removed." In addition to the policy the facility provided the annual report document on the

agency's efforts toward creation of a zero tolerance climate for sexual abuse or harassment. The 14 page document provides narrative and data on each facility.

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

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

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

Indicator (e) The Department of Corrections has provided the Auditor with the Data from the county jail with which they subcontract. There were no reported incidents at the facility in the past year. The Auditor did find information about PREA on the contracted agency's website, which confirmed that no allegations occurred in the past three years. The agency provided documentation of the most recent PREA audit and the state DOC audit which is overseen by the DOC PREA Coordinator's supervisor.

Indicator (f) The Department of Justice in 2025 requested PREA-related information from the Maine DOC in the past year. A cumulative report was provided, which coincided with the data reviewed in the annual report.

Compliance Determination:

The Auditor has determined that the standard is compliant with the PREA standards for Adult Prisons and Jails. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2025 Maine Department of Corrections Prison Rape Elimination Act report outlines the efforts, including data for each of Maine DOC's adult and juvenile facilities. Agency policy 6.11.1, page 3, commits the agency to comply with the standard data collection requirement. The policy states, "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The agency has provided the appropriate data to the US Department of Justice for the Survey of Sexual Violence. Interviews with the PREA

	Coordinator confirm that all data is provided to him from which the annual report is made. Because the PREA Coordinator's supervisor has Jail oversight, there is confidence in the data received from the contracted provider. The Auditor also reviewed the contractor's website to confirm the information provided.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.1 Sexual Misconduct Maine DOC Annual Report Individuals interviewed/ observations made. Interview with the PREA Coordinator Interview with the Warden Interview with the Deputy Director of Operations Summary Determination Indicator (a) The Agency policy 6.11.1 defines the agency's expectation to use data and critical review to improve the safety of its facilities. "The Department's PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole. a. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual misconduct. b. The report shall be approved by the Commissioner, or designee, and made readily available to the public through the Department's website.

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

The Maine Department of Corrections utilizes data related to PREA incidents and other critical safety incidents to determine program improvements. The department’s central office staff and the facility’s administrative teams review critical incidents with a focus on improving safety. Interviews with the MCC Warden and the Deputy Director of Operations support critical analysis, which occurs not only at the facility level but also at a system-wide level. In discussions with these individuals, examples of how improvements have been implemented across the system based on these exercises. The MCC Warden also confirmed that his team seeks to identify trends to further inform policy and procedural practices, as well as resource allocation. Agency policy supports the expectations of this standard.

Indicator (b) The Maine Department of Corrections completes an annual report that provides a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility’s data compares the current year to the prior year’s data. The report shows whether the accused was a staff or a resident and determines the outcome. The Commissioner approved the 2025 report.

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

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

Compliance Determination:

Maine Department of Corrections meets the requirements of this standard. As noted in Indicator (a), Policy 6.11.1 includes language that is consistent with the standard. The agency's PREA Coordinator must review the data elements to ensure consistency in the data. The Warden and the Deputy Director of Operations supported the state’s utilization of data to inform decisions on programmatic and policy needs. This is consistent with the standard expectation of critically reviewing data to identify problem areas and implementing corrective actions. Since the PREA Coordinator works in the Operational Oversight Unit of the Maine Department of Corrections, trends can be reviewed and changes supported at either the facility level, such as advocating for additional staff or electronic surveillance equipment, or at a central administrative level, such as policy or procedural modifications. Compliance is based on interviews, policies, and the presentation of data and reports that affirm how information is used to continually assess the effectiveness of policies, procedures, and training.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard Auditor Discussion Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Policy 6.11.1 Sexual Misconduct (PREA and Maine Statutes) Policy 5.3 Information Technology Security. Memo on IT security by permissions Maine Statute (Title 5 pg. 65) Individuals interviewed/ observations made. Interview with the PREA Coordinator Intake staff persons Medical and Mental health staff File security Summary Determination Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. In policy 5.3 Information Technology Security the Maine DOC defines how information is to be safe guarded. This included a system that controls access by the individual's duties. The information access is also broken down custodial information which is kept separate from the Wellpath Healthcare information. Discussions with the PREA Coordinator, the Individual who completes screenings, and medical and mental health staff describe a layer of controls in place to ensure no unnecessary disclosure. The Auditor also reviewed with facility staff how residents' custody and healthcare are protected. Indicator (b) The Maine Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. Indicator (c) The annual report located on the state's website does not include any identifiers

	Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agency’s PREA Coordinator, including the responsibility for collecting all incidents. Maine 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. Compliance Determination: The Standard is compliant, Maine State Statute (Title 5) and Department of Corrections policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system, policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available on an annual basis. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” DOC PREA Coordinator confirmed compliance with this standard’s expectations.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Maine Department of Corrections website Individuals interviewed/ observations made. Interview with the PREA Coordinator Discussions with residents Observations on tour Summary Determination Indicator (a) The Maine Department of Corrections website indicates that all its current and former facilities have been audited for PREA compliance since 2014. The website confirms that audits are conducted every three years, starting from the initial audits. The State has one current contracted facility for beds, which underwent its initial PREA audit in 2022 and most recent audit in 2025 The Maine DOC has added two programs in the last cycle, which were also audited. One new program which open one year ago will be audited for the first time this fall.

Indicator (b) The Maine DOC has no less than one-third of its facilities audited in a year.

Indicator (h) The Auditor had open access to all parts of the facility. The Auditor was able to move freely about the housing units during the tour, speaking informally with residents to ensure they were aware of the Audit, the agency's efforts to educate residents, and how to seek assistance if needed. The Auditor was able to test critical functions such as phone systems and video surveillance, as well as observe the electronic case management systems. Residents spoke freely and acknowledged access to supervisory staff and the facility's upper administration.

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

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

Indicator (n): The Auditor's information was posted, and the facility's PREA manager was informed that the posting should remain up until the final report is issued.

Compliance Determinations:

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 areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the Audit notice; it was visible during the tour, and residents were aware of both the posting and the audit. The posting resulted in correspondence from current and past residents who were communicated with. Compliance is based on the above-mentioned facts, which support a culture in which PREA is monitored daily, and if concerns arise, they are investigated.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed. MCC Pre-Audit Questionnaire Maine Department of Corrections website Individuals interviewed/ observations made. Interview with the 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. Compliance Determinations: The Maine Department of Corrections website posts all previous facility PREA audits under its PREA information link. The Auditors' prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the agency's PREA Coordinator was also aware of the timing requirement for the posting of the audit.

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have	yes

	contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes

	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	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	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	

	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes

	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	

	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental	yes

	health care practitioners who work regularly in its facilities.)	
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of	yes

	being sexually abusive, to inform: Education Assignments?	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	Use of screening information	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c) Protective Custody		
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation	yes

	can be arranged?	
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	

	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision,	yes

	does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	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?	yes

	(N/A if agency is exempt from this standard.)	
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of	yes

	confidentiality, at the initiation of services?	
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report	yes

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

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

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

	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has	yes

	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?	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who	yes

	have engaged in sexual abuse?	
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	

	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	

	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph §	yes

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

	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports,	yes

	investigation files, and sexual abuse incident reviews?	
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted	yes

	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?	
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	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.)	
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes