

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 6/24/17

Auditor Information			
Auditor name: Jack Fitzgerald			
Address: 87 Sharon Drive Wallingford CT			
Email: JFFitzgerald@snet.net			
Telephone number: 203-694-4241			
Date of facility visit: May 22-24			
Facility Information			
Facility name: Maine Correctional Center			
Facility physical address: 17 Maallison Falls Road Windham ME 04062			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 207-893-7000			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Scott Landry - Warden			
Number of staff assigned to the facility in the last 12 months: 278			
Designed facility capacity: 713			
Current population of facility: 872			
Facility security levels/inmate custody levels: Medium/Minimum			
Age range of the population: 20-77			
Name of PREA Compliance Manager: Matt Kirksey		Title: Correctional Compliance Program Specialist	
Email address: matthew.kirksey@maine.gov		Telephone number: 207-893-7000	
Agency Information			
Name of agency: Maine Department of Correction			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 25 Tyson Drive 3 rd flr State House Station 111 Augusta ME			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 207-287-2711			
Agency Chief Executive Officer			
Name: Dr Joseph Fitzpatrick		Title: Commisioner	
Email address: joseph.fitzpatrick@maine.gov		Telephone number: 207-287-4360	
Agency-Wide PREA Coordinator			
Name: Kathleen Mahoney		Title: PREA Coordinator	
Email address: Kathleen.mahoney@maine.gov		Telephone number: 207-465-6705	

AUDIT FINDINGS

NARRATIVE

The Maine Correctional Center is one of 6 adult correctional facilities run by the Department of Corrections. Maine Correctional Center (MCC) serves as the entry point for newly sentenced individuals and it serves as the facility that houses Maine's female inmates. Female inmates are housed in specific units in the full secure environment or at the adjoining Women's Reentry Center. The facility is located in a rural landscape approximately 14 miles from Portland ME and 60 miles from the Department of Corrections Offices in Augusta ME.

The Maine Department of Corrections has contracted with Jack Fitzgerald of Fitzgerald Correctional Consulting to provide an audit of the facility's compliance with the Prison Rape Elimination Act (PREA). This audit was the facility's second PREA audit (initial 2014), but first audit by Fitzgerald Correctional Consulting. Upon initiation of the contract in February, the Auditor sent audit notification documents to be put up at the facility to inform inmates of the audit. These documents were seen posted during the audit tour and resulted in two inmate letters being sent to the auditor. During the pre-audit phase, the auditor was given access to the Maine DOC Power DMS site which allows for electronic review of standard files including policies and supporting documentation. Included in this documentation is the pre-audit questionnaire which serves as a self-assessment of preparations. The auditor was also able to review the prior PREA Audit and the most recent reaccreditation visit report completed by the American Correctional Association.

During the pre-audit phase, the auditor worked with the state DOC PREA Coordinator Kathleen Mahoney to clarify documentation provided or when needed get more examples of information provided to support compliance. During the pre-audit phase, the Auditor spoke with a representative of the local rape crisis organization Sexual Assault Response Services of Southern Maine (SARSSM) to see if there were any noted cases or concerns about sexual violence at the correctional center. The representative could speak to the agency's ability to provide support services to victims during forensic exams or provide services to inmates directly at MCC. The Auditor also spoke with Cumberland County Jail official, the jail is an option for inmates to report PREA concerns if they are not comfortable with telling DOC staff. Finally, the Auditor also spoke with a representative of the Maine Medical Center in Portland ME to confirm the access to SAFE or SANE examinations for victims of sexual assault.

The Auditor traveled to South Central Maine on Sunday May 21, 2017 in preparation for a three-day Audit of the Correctional Center. The Auditor was on site for a total of 34 hours in three days (May 22nd-24th). During this time, the auditor was able to see staff who work all shifts in the facility. The Auditor was met at the facility on the morning of May 22nd by State PREA Coordinator Kathleen Mahoney and Facility PREA Monitor Matthew Kirksey. After an initial meeting, the auditor was invited to speak by Warden Scott Landry to the management team about the audit process and what to expect. After the meeting, a tour of the expansive complex was done including all areas in which inmates would have access. The auditor was able to interact with over 60 staff and 130 residents on the tour. This allowed the auditor to ensure the inmates were aware of the audit as well as ask inmates about topics including PREA education, access to services for victims, and PREA postings. The auditor was able to ask staff situational questions to help understand how they have been trained, their awareness on blind or higher risk spots and observe logs and camera positioning. After completing the tour, the auditor began random interviews of residents using that day's housing reports. Day two and Day three included further interviews of random inmates as well as interviews with random and specialized staff. Resident interviews included inmates from each housing unit, inmates who identify as LGBTI, inmates who had reported a PREA concern and disabled residents. There were no residents in the facility who did not speak English. In total, the auditor had formal discussions with 23 residents. The auditor was able to speak with a wide variety of staff in the facility from custody staff, vocational, trade and educational staff as well as medical and mental health staff persons. The Auditor interviewed 10 random staff and 10 staff to answer the specialized staff questions.

At the conclusion of day three the auditor met with Warden Scott Landry and Larry Austin, Director of Security for Maine DOC, representing the Commissioner of Corrections Joseph Fitzpatrick. An exit meeting was held with representatives of various positions in the facility. The Auditor expressed his appreciation to the facility staff for their cooperation in the PREA Audit process. The staff was provided an explanation of what the auditor would

use to determine if the facility was in compliance with the various standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Maine Correctional Center is a Medium/Minimum correctional environment on 26 acres in Windham ME. The facility's physical plant is diverse in design with an older portion of the facility dating back to the early part of the last century. The older portion, with narrow cells and hallways, creates more supervision issues than in the newer portion of the facility as it relates to PREA. The newest portion of the facility is in the Women's Reentry Center which is out of the perimeter fencing of the main prison. This state of the art facility has an open floor plan allowing for maximum supervision by staff. Maine DOC has successfully made adjustments to address PREA and other major incident concerns. This is done through a unit management process and by a process which they chart the location of every incident. This gives the facility leadership and the Department of Corrections the ability to make expenditures where needed. The facility has added cameras, improved lighting and added body cameras all which enhance PREA safety. Warden Landry points to an informed decision process as a way of ensuring inmate and staff safety. The agency charts the location of all incidents and a daily incident summary is available to the management team. PREA related incidents would be reported in real time to the Warden or Deputy Warden on-call. He also noted that DOC is hoping to continue to modernize the institution through a replacement and renovation of the older portions of the facility as noted in a 2014 feasibility study.

Inside the perimeter fence of MCC is 14 building which house the inmates, provide for educational, medical services, mental health services, food services, recreation, prison industry and administration. Outside the perimeter is a maintenance building, the industry store and Women's Reentry Center. The Maine Correctional Center, similar to other DOC programs, prepares inmates for returning to the community by offering real work environments. Inmates can work in a variety of shops in the program including a wood shop, a garment shop and shops where embroidery and re-upholstering is done. Inmates at the Women's Reentry Center can be eligible for off grounds employment. Educational opportunities including college credits are available to inmates as well as trade education in areas such as culinary arts. Educational, vocational and trade instructors and supervisors are very aware of PREA and manage individual's behaviors in their respective areas and are cognizant of crew members who may be at greater risk for abuse or harassment.

Maine DOC utilizes a Unit Management structure to subdivide the management of inmates into smaller groups. Each Unit has a Manger who works with Correction Care and Treatment Workers, Correctional Officers, Medical and Mental Health staff and a classification officer to regularly meet to discuss the progress of each inmate. This process allows for more consistent communication about each inmate's needs and achievements. Since most rooms in the facility are double bunked the information from the PREA Screening tool is valuable in housing placement. CORIS, the Maine DOC electronic case management system, prevents inmates who are known or potential offenders to be housed with known or potential victims. The facility has the capacity to single house inmates when needed. The units have the capacity to provide single showers when needed. Decisions on the housing and work placements of transgender inmates involve both the Unit Management Team and the facility administration. In addition to the unit management the facility also has two treatment programs one for substance abuse and the other for inmates with sexual offense histories. Inmates in each program describe the programs as therapeutic environments where there is group support and accountability. The facility also fosters dogs and it was not uncommon to see dogs in various units as the tour occurred. "Paws in Stripes" is a program that has inmates working with the Animal Welfare Society to foster puppies for 6 week periods. The program website says, "These puppies are deeply loved and cared for by their handlers and staff. It's a win-win for the dogs and for the people involved."

SUMMARY OF AUDIT FINDINGS

The PREA audit was conducted over several months including the pre-audit period in which the facility provided documentation to support policies the agency has put in place. The auditor reviewed documents uploaded to the agency's Power DMS site that showed the efforts of the Maine Correctional Center to provide a safe environment to its inmates. The Auditor also worked with Maine DOC's Operational Unit and its PREA Coordinator for clarifications as needed. When the auditor requested additional documentation it was provided. The onsite time allowed the auditor to have open and private communication with staff and inmates. The informal communications that occurred during the tour were consistent with the formal interview process. During this process the auditor was able to get not only information about PREA compliance but also the culture of MCC. The auditor was able to interview administration and specialized staff in addition to the random inmates and staff required. The auditor also spent time with the CCS Mental Health staff to discuss treatment planning and coordination with custody staff of the transgender population at MCC. The agency has documented the ongoing work to meet the inmates needs and the interview confirmed this collaborative effort. The facility made available as many staff and residents as the auditor requested. The post audit period allowed for research and further communication with outside agencies including the local rape crisis agency and the local hospital network for SANE services. The post audit period allowed for additional documentation to be provided where the auditor had questions on documentation.

Two standards were determined to be not applicable as the Maine DOC does not subcontract for the supervision of inmates and does not house youth under 18 at the Maine Correctional Center. Two other standards were determined by the auditor to have exceeded the standard requirements due to exceptional work toward developing a zero tolerance culture and when needed the thorough investigation of sexual misconduct. Inmates and staff alike support that the facility is a safe place sexually and staff do a good job addressing sexualized behaviors.

Number of standards exceeded: 2 115.11 Zero Tolerance of Sexual Abuse and Sexual harassment; 115.71 Criminal Investigations

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 2 115.12 Contracting with other entities for the confinement of Inmates 115.14 Youthful Inmates

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Corrections has several policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub policies that directs the different aspects of the agency's efforts to provide safe environments. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. The policy sets forth requirements of agency administrators in addition to the facility administrators to ensure PREA compliance. The Policy 6.11 defines the roles of PREA Coordinator and at the facility level PREA Monitor in pages 5 to 7. Interviews with the Agency PREA Coordinator, Kathleen Mahoney and Maine Correctional Center PREA Monitor, Matt Kirksey confirm their roles to ensure PREA Compliance is maintained. Kathleen Mahoney has been the state PREA Coordinator for two and a half years and Matt Kirksey has been the PREA Monitor at MCC for less than one year. Previously the PREA Monitor was one of the facility investigative officers but Warden Landry felt the monitoring and investigative aspects should be separated. Inmates in the facility knew these individuals and could speak to receiving support from one or both of them. They both believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support inmate safety. During the tour inmates regularly approached and spoke to Matt Kirksey with questions or thanks for his assistance with an issue. Matt, in addition to his role as PREA Monitor, oversees the facility's efforts toward ACA compliance. The Maine Department of Corrections has been responsive to the needs of the facilities as it relates to PREA. They have pursued grants, purchased body cameras and utilized it's data system to improve the agencies efforts to provide PREA safe correctional settings. Discussions with county jail staff in preparation for this audit support that the Department of Corrections is committed to supporting these community facilities in their own PREA efforts. The Maine Department of Corrections does not run these county facilities, but has some statutory responsibility to monitor conditions. The supporting documentation, the policies reviewed, and interviews with the Director of Security for Maine Department of Corrections Larry Austin and Warden Scott Landry support compliance with all standard expectations. The auditor has determined that the standard has been exceeded through observation and commentary of inmates who acknowledge the support of the PREA Monitor and PREA Coordinator as well as the DOC support to other systems in Maine. Inmates in formal interviews and during the tour confirmed that sexual misconduct is addressed and they have resources available if a concern arises.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

This standard is not applicable at this time. The Maine Department of Corrections has previously contracted with some counties to handle a small portion of the state sentenced population. With declining population in the system and a new female facility the needs have diminished for outside contracted beds. The counties that previously were contracted with did not meet the Federal deadline for PREA compliance by having an audit. The Commissioner of the Department of Corrections sent notice to terminate the contracts in the fall of 2016. The Department of Corrections still provides PREA support to county facilities throughout the state.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center has two policies that address the requirements of all 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 PowerPoint format that utilizes narratives. Diagrams and photos support a narrative that discusses the safety efforts of the facility as it relates to indicator (a). The facility, according to Warden Landry, is not under any current judgement for inadequacy. He reports the facility is old and they have had to balance the use of staffing and video monitoring to limit blind spots. The staffing need plan has been adjusted since the initial PREA audit. The document shows changes as early as 2015 to limit possible PREA and safety concerns. Reassignment of posts in the facility increased visual presence and response capacity to areas of concern. The most significant changes occurred earlier this year with the movement of the Women's Reentry Center to the Windham grounds. The plan increased staffing to accommodate the additional population capacity. The agency has also invested in technology to support supervision and limit related PREA complaints.

During the tour, the Auditor asked staff how they manage blind spots in the facility. The facility utilizes _____ cameras in addition to the daily staff complement to supervise residents. In addition to custody staff the medical, mental health, education, trade and vocational staff provide an additional resource of information and observation of inmate behaviors during the day. The facility supervisory staff regularly tour the facility.

Documentation of this was provided in advance and was confirmed in log book entries during the tour. Staff in the control area and random staff/supervisors confirmed unannounced rounds during the tour. Warden Landry confirmed that in the year prior there were no instances in which the required staffing level minimums were not achieved. A master scheduler ensures all vacancies are accounted for and mandates are documented. The standard is determined to be in compliance based on interviews and documentation provided consistent with standard.

Standard 115.14 Youthful inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

This Standard is not applicable. The Maine Department of Corrections does not hold youthful inmates in the Maine Correctional Center.

Standard 115.15 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Corrections Sexual Misconduct Policy supports this standard. The agency uses other policies to further document compliance in policy. In 6.11.2 Sexual Misconduct Prevention elements B,C,D and E are addressed on pages 6 ,7 and 8. These policy elements direct staff consistent with the standards on pat search, strip searches, inmates right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex residents. Maine DOC has two other policies that support the elements including 14.7 Same and Opposite Gender Supervision and 23.8 Management of Transgender and Intersex Prisoners and Residents.

Supporting documentation for this standard included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches. The facility was also able to provide a list of five Transgendered residents admitted in the last year and their preferences for which gender they be searched by. The agency was also able to produce documentation of each of the five reviews of these requests and the final determination. The documents reviewed supported the multi discipline review of housing and search decisions. Documents also showed the support of the centralized classification unit in providing background information on inmates stays at an out of state correctional center. Interviews with staff and inmates including female and transgendered, were consistent with standard and policy expectations. There are no cross-gender searches and residents can change and perform hygiene without opposite gender observation. Inmates report, and the auditor could see during the tour, opposite gender staff do announce their presence. Compliance is based on observations, interviews, and supporting documentation provided.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Corrections has, in addition to PREA policy 6.11.2 Prevention, has language in two other policies that address the equal access of services for those inmates who have a disability or who have limited English proficiency. Policies 18.12 Accommodations for Prisoners with Disabilities or Special needs and Policy 1.10 Staff Communication with Persons with Limited English Proficiency assert that inmates will be provided equal access to services. The Auditor was able to speak with an inmate with a disability and an inmate whose native language was not English. There were no residents at MCC at the time of the audit that required translations services. The inmates reported knowing their rights, how to report PREA concerns, and if they had difficulty in understanding information how to get help. The Facility 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, physical and mental health barriers 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 inmates and administration as well as the hard materials (posters, handbooks, video) and policies that supports equal access to all services.

Standard 115.17 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Correction 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 Maine Correctional Center who oversee the hiring. The agency has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The agency's pre-employment process includes forms that gather standard required information on reporting of prior sexual misconduct as describe in the indicators (a) and (c) as well as a continued obligation to report misconduct. The material omissions in a employment application are grounds for termination. As part of the audit process the auditor was able to obtain information supporting documentation on 17 of the more than 275 staff, contractor and volunteers.

The Maine DOC has directed human resources staff, at the facility level, on the process for requesting information on sexual misconduct from an employment candidate's prior institutional employer, as well as giving direction on when they receive request about former Maine DOC employees who may have had a substantiated sexual abuse or sexual harassment investigation. Human Resources officer was able to produce several examples of employees hired this year who had this form completed. The provided documentation showed institutional checks completed on staff who had worked other institutional settings in other states. The facility has not received any request for former employees of MCC being employed in other correctional centers. The agency has several policies including Human Resource policies (5.8, 8.06), Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. Compliance was determined by information provided through interviews with the Human Resources staff and the state PREA Coordinator. 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 5 years or longer had a second record check completed in the last year. Compliance is based on Policy, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with Human Resource staff.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center, as noted, has buildings of various ages. The administration and the central office staff of the Maine Department of Corrections work hand and hand in trying to meet the physical plant needs as it relates to improvements including those that promote a safer environment for inmates and staff. Since the initial PREA audit the original high secure portion of the facility has had lighting upgrades and has added or upgraded cameras. The state PREA Coordinator pursued grant money to purchase camera equipment upgrades. The most significant change since the last PREA audit is the addition of the Women's Reentry Unit at the Maine Correctional Center. Previously the facility was at a separate location approximately a half hour away. The prior facility's distance and small compartmentalized structure made it vulnerable to PREA concerns. During the development of the center the Maine Department of Corrections tasked Ryan Anderson, Manager of Correctional Operations, to provide critical analysis of the plan as it relates to providing a PREA safe environment. Mr. Anderson is the former state PREA Coordinator and reports he took into consideration lines of sight, camera and staffing positioning in completing his review. He also reports that MCC administration also considered the balance of privacy and security needs in the design of the bedrooms, bathrooms and common areas. The standard is determined to be in compliance based on interviews that were completed with administrative staff at the facility and Maine DOC along with supporting documentation.

Standard 115.21 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Department of Corrections is responsible for the investigation of all sexual assaults at the Maine Correctional Center. The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Lieutenant of Inner Perimeter Security (IPS) who investigates crimes at MCC. If either Investigator is not on site at the time of the incident the Inner Perimeter Security (IPS) team would ensure all physical evidence is maintained until one can respond. The IPS team and the Criminal Investigator are trained as law enforcement officers. Inmates who are victims of sexual assault are taken to a Maine Medical Center in Portland (approximately 14 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). SANE staff are trained and protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the 2013 National Protocol for Sexual Assault Forensic Exams. The Maine

Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Maine Medical Center. She reports this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a Rape Crisis Agency would be called by the hospital in addition to the protocol set up by DOC to offer supportive services. Sexual Assault 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. The Department of Correction also has on staff a trained staff member in rape crisis counseling if for any reason a local provider was not available. MCC has taken prisoners out for forensic exam only to have the inmates refuse the exam. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the inmate involved. Investigative files document the steps to preserve evidence and that in each case the inmates involved were referred to MH services even if they denied any assault.

Standard 115.22 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. Incidents involving staff members are also investigated and a centralized unit (Office of Professional Review) is involved to ensure an impartial investigation occurs. Maine Department of Corrections and Maine Correctional Center have two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating both of which are on the state website. The Maine Correctional Center had 68 incidents investigated in the year prior to the audit including potential sexual assaults and sexual harassment. The majority were staff initiated incidents of possible sexual contact. Consensual sexual acts are prohibited in the facility and though may not meet PREA definitions or result in a criminal charge the inmates can be subjected to discipline. 49 of these incidents were determined to not be PREA sexual abuse or sexual harassment cases.

The Maine Department of Corrections investigates all incidents of sexual contact by inmates as a potential criminal investigation. This is done to ensure all evidence is collected even if the residents claim initially the contact was consensual. This process has yielded actual criminal charges after inmates are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by Lieutenant Coffin and interviews with the Department of Corrections Director of Security and the Auditor's prior discussions with a representative of the department's Office of Professional Review. Compliance is determined utilizing the above stated information which meets the

requirements of Indicators (a) and (b). Indicator (c) for standard 115.22 is not applicable because Maine DOC is the criminal investigative body. Indicator (D) which is not required, is also met through the DOC Policy on Investigations which governs the process of investigations.

Standard 115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

All staff as part of training sign off initially confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS. The Maine Department of Correction 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. All staff persons hired before PREA were trained in the requirements in a classroom setting and get refresher training on the subject provided through direct instruction and on-line refreshers. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education found in indicator (a), the frequency of training, and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted Medical and Mental Health staff) have had an on-site training and understand the response plan.

A copy of the PowerPoint portion of the general PREA training was reviewed by this Auditor. Since MCC is a co-correctional environment the facility provides gender specific training for staff. 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 give examples of information provided. Staff also reported the ability to refresh PREA issues through an on-line course in Power DMS. Training records support staff interviews that PREA related education of staff happens regularly and electronic signature support they understood the training. The auditor could confirm with both new staff and veteran staff that PREA training occurs. Compliance determination also considered the staff ability to share examples of the content they had learned as part of PREA training.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center ensures all contractors and volunteers receive training in the agency efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour and formal interviews support that they have received comprehensive training equivalent to their level of contact with the residents. As contractor employed by Correct Care Solutions (CCS) they also receive specialized trainings required in 115.35. Training records and interaction with contractors as part of the tour clearly support an understanding of the agency Zero Tolerance to PREA related issues. Nursing staff confirm that the Correct Care Solutions staff receive required facility PREA training in addition to Medical/Mental Health specific training. Infrequent and one-time service contractors who would provide services under the supervision of DOC staff are given notice of PREA when they arrive at the facility including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility and was required to sign for the information before entering the site. This process is done for all delivery persons including those who may have contact with inmates at the Women’s Reentry Center. These visitors document through signature that they receive this information. Compliance was determined through supporting documents and interview with the contracted staff person who was able to identify training elements and who at MCC to talk with about PREA concerns if they arise.

Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center (MCC) serves as the entry point for most inmates in Maine DOC. PREA is a term most inmates are familiar with from county jails. Inmates at MCC report education into the facility’s Zero Tolerance regarding PREA begins as soon they get to the facility. PREA information is reviewed with the inmate by the Intake Officer and they are provided an inmate handbook that contains PREA information. PREA Information is in the last section of both the male and female handbooks. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials available to residents in the form of brochures and poster in addition to the handbook. The orientation process also includes the viewing of the Maine

Department of Corrections PREA video. This video is available in multiple languages including sign language. The Video is also posted on the Maine DOC Website. Inmates have access to their handbook that can be translated into multiple languages as needed (samples were viewed by the auditor). Both the Male and Female MCC Inmate Handbook inform residents about consequences for negative behavior including sexual misconduct. The handbook tells inmates about PREA and the importance of reporting and seeking help. Information includes phone numbers to state PREA Coordinator and the local rape crisis agency. The facility has posters up that inform residents on how to report PREA events or how to access advocate services. Inmates report they are given facility specific PREA information within one day of admission. Inmates sign at admission acknowledging their PREA education. Interview with inmates confirm that they know how to report incidents if they were to occur. Inmates reported comfort in telling staff if they were to experience or be witness to an incident of sexual abuse or harassment. Inmates knew of several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. Many of the inmates on the tour knew the facility PREA Monitor by name and reported that they could speak to him if they had a concern. Compliance determination considered the supporting educational documents, the inmates' answers about training and their knowledge about facility specific steps for reporting a concern. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of inmate education, manners in which education is delivered and the requirement for materials for LEP and disabled inmate education. Further supporting compliance is the auditor's interviews with inmates at other Maine DOC facilities who consistently confirmed they were shown the DOC PREA video for the first time upon admission to MCC.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Correctional Investigator David Verrier is the on-site Investigator at the Maine Correctional Center. Investigator Verrier works in conjunction with Maine State Prison Inner Perimeter Security (IPS) Lieutenant Chris Coffin in all investigations at MCC. The IPS team members supervised by Lt. Coffin underwent the NIC Training for Criminal Investigation of PREA. In addition to the general Maine DOC PREA training, Investigators and IPS team members complete training certification by the Criminal Justice Academy of the Maine Department of Public Safety. This designation gives them the authority of a law enforcement officer and all rights including arrest. Correctional Investigator Verrier, Lt. Coffin and Women's Unit Manager Jennifer Needham attended a two-and-a-half-day on-site PREA investigator training provided by the Moss Group on behalf of National PREA Resource Center. The Department of Corrections, according to the record provided, sent 21 staff to the training. In addition to the Moss Group staff, the training brought in local experts on forensic exams and prosecutorial process to further educate the participants in Maine laws related to investigations of sexual assault. The training reportedly covered the Miranda and Garrity warnings in the section on Interviewing Techniques. Documents and interviews support that

the facility's investigator is trained in the requirements of a PREA related investigation. Maine has set up that if allegations are against staff the agency's Office of Professional Review would be brought in to investigate to ensure an impartial process. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff, the interview with the facility Criminal Investigator, samples of investigations completed and the supporting documents of the trainings, the auditor finds the facility in compliance with all indicators in this standard.

Standard 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

At the Maine Correctional Center Medical and Mental Health Staff are employed by Correct Care Solutions (CCS). CCS provides PREA training with a medical and mental health focus for all their employees. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The auditor met formally with three different CCS staff and was able to question another seven CCS staff on the tour. Medical and Mental health staff were able to discuss how and to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the Maine State Prison. Medical and Mental Health Staff knew to also report any concerns to the IPS team or PREA Monitor Matt Kirksey. The contracted staff has regularly attended PREA classes from Maine DOC with the state employees. CCS staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the auditor to determine compliance along with interviews, a review of the CCS training program materials for Medical and Mental Health Staff and training records for the CCS staff at the Maine Correctional Center.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center ensures that all inmates are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all inmates are screened initially within 24 hours and reassessed within 14 days by the facility classification team. The Agency also requires periodic rescreening by using PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the inmate moves between facilities. The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all nine factors required in indicators (D) and (e). They have also implemented a system to ensure that after the initial screening the inmates are asked about sexuality, victimization history and perceived safety. The screening officer confirmed inmates cannot be punished for refusing to answer questions about sexuality, prior victimization and vulnerability. It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of inmate screening and the importance of using the information. The Auditor was able see the women's unit management team in action utilizing an interdisciplinary approach to care. 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

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

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining Indicators are covered in 23.8 management of Transgender and Intersex Inmates. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or known-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. The auditor reviewed several reports on the decision process used by MCC with their transgendered population. The reports describe various options and how request from the inmate were handled supporting the process is individualized. The reports reviewed show that the reviews are scheduled every six months but the reality is the cases can be discussed through the Unit Management process on a more frequent basis. The reports and inmate interviews with transgendered inmates support their ability to shower separately, have a say in their care and safety. Documentation supports that LGBTI residents are not all housed together or denied programming or work. Correctional Trade Instructors and Correctional Trade Shop Supervisors were aware of who in their program is at risk for victimization and how they take steps to manage them on the job site. The standard is determined to be compliant based on policy, supporting document, and interviews with inmates and staff.

Standard 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Department of Correction and the Maine Correctional Center have a policy that addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. Policy 6.11.2 Sexual Misconduct – Prevention requires the victims or those at risk are not housed in segregation as a manner of protection unless there is no other means and that the situation is reassessed every 30 days at a minimum. Policy allows, consistent with the standard for protective custody housing for a period of 24 hours while the situation is assessed. Interviews with the Warden and the facility PREA Monitor confirms that the facility has not had to use these measures to ensure safety of any victims of sexual assault as such indicator E is not applicable. Interview with an inmate victim confirms that he was not held in administrative segregation as a protection condition. Inmates who have had histories of consensual acts in the facility may be designated not to have room mates. In addition to discussions with the inmates, staff and administration, the tour of the Segregation Unit revealed that no individual was housed there 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. .

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

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

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center is not exempt from the exhaustion of administrative remedies. No complaint relating to PREA has been filed at the facility in the past 12 months. An interview with Warden Landry confirmed the use of policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for inmates to file a PREA complaint. Section D of this Policy addresses requirements such as, there is no time limit to submit an allegation (pg. 5- indicator (b)), or requirements to use of informal grievance process, including having to speak with the alleged staff member who is the subject of the grievance (pg. 5 indicator (c)). The Policy also goes into depth on the agency response and appeal process which is compliant with indicator (d). Indicators (e), (f) and (g) are also covered in the policy on pages 6 and 7 which address third party filings, emergency grievances and grievances filed knowingly in bad faith.

Grievance Officer Sargent Peter Turner reports outcomes are generally determined within 15-30 days. Sgt. Turner has not received any grievance related to PREA and he reports policy does not prohibit other inmates from assisting with the filing of grievances. Sgt. Turner described how he would proceed if he has a PREA related Grievance including informing investigative staff. Inmates report they can get assistance from other inmates in completing forms if needed. Inmates were aware of the grievance process and its potential use for reporting a complaint of Sexual Abuse. Inmates in the random interviews reported no history of filing a grievance on a PREA related concern. Inmates reported comfort in telling staff directly about concerns and if they felt it wasn't addressed they would go to the Unit Managers to discuss concerns or send a letter to the Warden or Deputy Wardens. Without a PREA Grievance to review compliance determination relied on the policy and the Warden's and grievance officer's knowledge of the standard's expectations and well as the resident knowledge of this option to report a concern.

Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The inmates of Maine Correctional Center can access victim advocates for emotional support. The agency has entered into a MOU with the (SARSSM) Sexual Assault Response Services of Southern Maine. As part of the audit process the Auditor spoke by phone to an agency representative that confirms their ability to provide service at DOC facilities. The MCC PREA Brochure has a toll-free number for residents to access from the pay phone in the facility, or with their case manager. The handbook tells residents they can call or write SARSSM who could come to the facility to provide services. Requirements of this standard are covered by agency policy 6.11 Sexual Misconduct, residents whose sexual assault history was not a PREA related event may pursue treatment options through the facility Mental Health services or through SARSSM. Inmates could identify how confidentially the communication is within the facility including mail and telephone contacts. Inmates knew that outside counseling staff could be spoken to in a professional visiting setting. The auditor could see on the tour posters for MECASA (Maine Coalition Against Sexual Assault) the umbrella organization for Sexual Assault Services (which includes SARSSM and 6 other regional service providers) so inmates who are discharging will have knowledge of services in their home communities. An Inmate reported the ability to receive outside support services through this agency as part of the random interviews. All three indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through inmate interviews and conversations with the representative of SARSSM

Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow residents, family or friends. Information can be done in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook and on the website noted above. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for inmates to dial out the advocates, local county jail PREA Coordinator or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication mail and visiting 16.3 and Sexual Misconduct policy 6.11 and 6.11.5 address the requirements of this standard. As part of the audit process the PREA Auditor spoke with the PREA Coordinator of the local jail to confirm the Memorandum of Understanding that MCC inmates could make complaints. One phone complaint resulted in an investigation of a staff member who resigned. Compliance determined based on policy, and the systems Maine DOC has put in place to support the inmates and that inmates were aware that they could make a complaint on behalf of another inmate.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center has several policies that address issues in this standard including its Sexual Misconduct Policy (pg. 2-3), Investigation Policy (pg2-3), Confidentiality Policy, and the Records Policy. Staff interviews confirm that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment including third party and anonymous complaints. Staff in the interviews with the Auditor were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility’s Medical and Mental Health clinicians were

aware of the timely reporting concerns to CCS and the MCC Administration. Both the CCS and MCC staff interviewed were aware of both the Correctional Investigator and the PREA Monitor at MCC. Medical and mental Health staff have all inmates sign a form understanding the limit of their confidentiality prior to service. All Staff including the contractors were aware of mandated reporting and their legal responsibility. Indicator 115.261 (d) does not apply as the facility does not service inmates under 18 years old. Indicator (e) requiring the investigation of all complaints was confirmed by both the Warden and the Lieutenant in charge IPS team. In the year prior to the audit the investigative team reviewed 68 cases for potential PREA concerns of which almost half didn't meet sexual abuse or sexual harassment standard definitions. Maine DOC investigates consensual sexual conduct and one-time comments as potential PREA even if there is no complaint by the inmates which accounts for the higher numbers. Compliance determination by the Auditor was based on the policy and staff knowledge of importance of reporting, legal implication of not reporting and the importance of limiting information about abuse to those with a need to know as well as file reviews of investigations completed. These responses support compliance with policy and indicators (a) (b) and (c).

Standard 115.62 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center has not had to protect an inmate in imminent risk of sexual abuse in the past year. Random staff interviewed identified what to do in these situations including: immediate separation of parties, increasing contact, support to the residents, notify up the chain of command. The Director of Security for Maine's Department of Correction, and Warden of MCC acknowledge that the agency response would be immediate. Efforts would include both housing changes and other facility based changes as needed to increase safety. The agency PREA Coordinator Kathleen Mahoney would also be notified of these events. Compliance was determined based on the interviews and took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct.

Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center 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 is done in writing (Indicator c) and within 72 hours (indicator B). Warden Landry was aware of responsibilities including the documentation of notification if he had to notify another facility of the accusation. The Warden discussed how he would respond if he received notice from another site. There was no incident in the past year of notifications from another institution. MCC notified 2 other institutions about potential PREA cases that were alleged to have occurred. Documentation provided show the initial steps to support an investigative process including coordination with the other facility’s Investigator and PREA Manager. Documentation showed Coordination up the chain of command to the Warden and coordination with the State PREA Coordinator and the DOC’s Office of Professional Review. Compliance with this standard was based on the agency policy, the Warden’s knowledge, and the documentation provided.

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

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

MCC trains all staff as potential first responders. The auditor questioned random staff members including non-security staff about expectations. All random staff interviewed were aware of the requirements of the first responder. MCC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. The Auditor spoke to a first responder from the last year and reviewed investigative files which support the steps taken to preserve evidence and get the victim to treatment.

Compliance determination relied on the interviews with staff who were able to identify step 1-4 in Indicator A and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence (Indicator B). In addition to the first responder and random staff interviews the auditor considered the documentation in the investigative files that supported steps were taken to protect evidence, closing off the crime scene, separate the individuals involved into dry cells until supervisor arrives and take residents out for forensic exam if appropriate.

Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center has a coordinated response plan that directs staff in their duties. Policy 6.11.5 Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility has an eight-page plan that describes the duties of first responders, supervisory staff, investigative staff and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. Interviews with the Warden, PREA Monitor and Medical staff all confirm knowledge of the plan. Documentation of PREA incident investigations, interviews with the afore mentioned staff, the written plan and the corresponding policy statement were all considered in making the compliance determination.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center has contract with the AFSCME bargaining unit. A review of the contract by the auditor, which was signed in 2016, did not find any language which would limit the Department of Correction from removing an alleged Staff Sexual Abuser from having contact with the reported victim. The Contract in article 40 acknowledges that the Department of Corrections and its staff must comply with the Prison Rape Elimination Act. Director of Security for Maine DOC and the Warden reported the ability to remove staff if needed from contact with inmates. The agency has used administrative suspensions to separate staff from inmates during an investigation. This standard is compliant based on the information provided

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center policy 6.11 Sexual Misconduct General (page 2) covers the requirements of this standard. Most of the investigation reviewed by the auditor were staff initiated incidents into potential sexual acts in the facility. The incidents reviewed were rarely inmate based complaints. The Director of Security for Maine DOC, who was interviewed on behalf of the Commissioner, and the Warden described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim, monitoring reports about the inmate or staff to see if there is any change in behaviors. Unit management notes support this practice. Notes provided showed a list of individuals being watched because of investigations. The notes showed knowledge of inmate’s behaviors and if they had voiced any concerns. In none of the cases was there a noted change in behavior or a complaint of fear or retaliation. The facility also has an administrative report available to supervisory staff on inmates that need to be kept separate. The PREA Monitor and Warden both were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The PREA Coordinator has been working to improve consistent documentation of the monitoring process. The standard is compliant based on information provided, interview statements and the policy.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center Policy 6.11.2 Sexual Misconduct– Prevention (pg5): states that segregated housing can only be used for victims in rare instances for short periods of time when no other manner of safety can be provided. The MCC has not used segregation on any victims of a sexual assault in the past year. Segregation units are used for aggressors not victims by practice, this was confirmed on the audit tour by the officer on duty in the unit. The size of the facility allows for several options in providing separation between victim and perpetrator. The standard is determined to be compliant based on policy, documentation provided and interviews completed.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Department of Corrections in accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations and 7.3 Administrative and Personnel Complaint investigations give detailed directions on the completion of different investigations. Maine Correctional Center has two trained PREA Investigators, Criminal Investigator David Verrier and Interior Perimeter Security (IPS) commander Lt. Christopher Coffin. Lieutenant Coffin was the former PREA Monitor for MCC. Both individuals are certified law enforcement through the Maine Justice Academy with full powers of arrest. Both investigative staff along with Unit Manager Jennifer Needham receive special training on conducting PREA related investigations in a correctional setting. This PREA specific training was provided by the Moss Group. Having a female investigator in a co-correctional environment is seen as a plus. The Maine Correctional Center's ISP team members (6 staff) have all been trained through the National Institute of Corrections web based training on Investigating Sexual Abuse in a Confinement Setting. Between the Criminal Investigator Verrier and Lt. Coffin they have fielded some 64 cases that may potentially be PREA. Maine DOC investigates all potential sexual related incidents as possible PREA even if the inmates report the actions were consensual. In doing so they are able to ensure all incidents are screened and provide an opportunity for a reluctant victim to come forward. To ensure issues are handled impartially if the incident involved a staff member the DOC central office's Office of Professional Review would lead the investigation. All MCC staff are trained on steps to protect evidence and knew that forensic exams would be done at the local hospital. Maine DOC also has a policy 7.1 Investigation by Criminal Investigators which outlines the steps taken in the investigative process including requirements for communication with prosecution (Indicator (d)), the development of two investigations when involving staff, one criminal and one personnel and the requirement of notification at the time of interviews the reason for the investigations.

Lieutenant Coffin, in the Auditor's interview, was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis (Indicator (e)), and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. As part of the audit process the auditor reviewed the correctional investigative files from incidents at MCC and found consistent reports with physical, testimonial and documentation of evidence used in determining outcome (indicator G). As part of the interview process with Lieutenant Coffin, the auditor reviewed the files and was walked through how the investigative process was completed. File reviews support that investigations continued even when the perpetrator or victim had left the facility (indicator J). An example of a case referred for prosecution (Indicator h) was reviewed. Agency policy supports that records are not destroyed but held on site for 7 years after an inmate's release and then forwarded

PREA Audit Report

to the state archives. The standard is exceeded based on the review of the investigative files which were thorough, the interviews with investigative staff who showed knowledge of both investigative standard as well as an understanding of victims abuse and policy that supports the materials provided. Also considered is the number of individuals who have received trainings in how to complete PREA investigations.

Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center has two trained investigators in completing PREA Investigations. The investigative staff throughout the Maine Correctional system consistently report no greater standard than preponderance of evidence in making determination on cases. Lieutenant Chris Coffin confirms this standard is used, as does representative of the Office of Professional Review. Lieutenant Coffin reviewed case files with the Auditor which supported this standard was used. Maine DOC Policy 6.11.4 states "The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence." Compliance was based on the policy and the interview with the Investigative Officer and his explanation of case files.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine DOC policy 6.11.3 (Page 6) defines the agency's responsibilities to notify resident of the outcome of the investigation if it has been substantiated, unsubstantiated, or unfounded. The policy also addresses the requirements if the perpetrator is a staff or other residents. The auditor was able to see the report check list the investigators use as part of the process and also a copy of the notification letter to inmates which covers the requirement of indicators (c), (d) and (e). Indicator (b) is NA since Maine DOC is responsible for both criminal and

administrative investigations. The auditor was provided with numerous examples of inmate notifications in advance. The Auditor saw these documents in the investigative files during the site visit. Compliance is based on policy documentation provided and interviews with a victim as well as the Investigative Officer.

Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. Discipline according to policy will be commensurate to the nature and circumstances of the acts committed, and comparable to other staff with similar histories. Agency policy requires all allegations of sexual abuse to be investigated, regardless of whether the staff resigns or is terminated. Records reviewed show an employee was substantiated for sexual misconduct and was terminated from employment. Compliance is based on policy and the track record of DOC handling of cases.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Correctional Center has contractors sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. Upon arrival at the facility the auditor was asked to sign for information on PREA. All contractors including delivery persons must sign for PREA information before entering the facility. 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 for investigation by law enforcement agencies. The auditor was shown documentation

of the notifications to support compliance. There were no incident requiring the removal of a contractor or volunteer according to the Warden for Sexual Assault or Sexual Harassment. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The auditor was not able to speak to a volunteer while on site but able to speak to the volunteer coordinator. Compliance is based on policy, supporting documentation and discussions with the Warden of Maine State Prison and the states PREA Coordinator.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. The policy 20.1 addresses the requirements of indicator A-D relating to disciplinary hearing, the consideration of the mental health of the inmate in determining consequences, the requirement of on-going treatment and that sanctions in the facility will be proportional to the offense. The agency prohibits consensual relationships between inmates and between inmates and staff, it is also stated in the inmate handbook (Pgs. 52-53,59). The facility staff monitor relationships closely and there has been no inmate to be disciplined for sexual assault. Inmates who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. MCC did not have any inmate who was disciplined for making a false report related to PREA (indicator F) but was able to provide discipline for sexual activity (Indicator G). Both the Warden and PREA Monitor were aware of the standard requirements and confirmed that inmate perpetrator’s mental status and treatment planning would be assessed as part of the incident review.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

All inmates are screened when they arrive at the Maine Correctional Center. Inmates are seen by medical and mental health staff and the screening process is reviewed in a classification team meeting within 14 days of admission (Indicators A,B). DOC policy requires several assessments be completed within the initial 14 days including a reassessment of the initial PREA screen done on date of admission. Inmates with sexual assault histories and sexual victimization histories are offered treatment. Inmates who are admitted to MCC are seen by Medical and Mental Health staff (employees of Correct Care Solutions (CCS). CCS staff have several intake questions that are PREA related, this allows inmates who did not disclose concerns at admission a second opportunity in a medical environment. Inmate records of the Medical and Mental Health are not accessible to the custody staff. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Indicator E does not apply as the Maine Correctional Center does not house inmates under the age of 18. Compliance was based on policy, documentation provided, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

Standard 115.82 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center has documented its 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. The Correct Care Solutions and Maine DOC will follow the requirements as outlined in Policy 6.11.5 (responding) Sexual Misconduct. The State of Maine has a list of several facilities with SAFE or SANE capabilities. The inmates at MCC would be referred to the Maine Medical Center in Portland ME. As Part of the audit process the Auditor spoke to a hospital representative of the Maine Medical Center. The hospital representative confirmed the access to SANEs. According to her if they are not available on site they have the ability to be called in. There is no financial cost to any inmate in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. Compliance determination took into consideration of the access to services, the contractual and on staff mental health services, policy of the DOC, information from the State on Forensic exam requirements and interviews completed.

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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. The Maine DOC has staff who have received training as Sexual Assault Crisis in addition to Contracting with the local Rape Crisis Service SARSSM (Sexual Assault Response Services of Southern Maine).

DOC Policy 6.11 and Policy 18.5 Health Care services speaks to each aspect of this standard. The availability of SARSSM allows for ongoing treatment services if they prefer to use them instead of the onsite staff provided by CCS. Through contracting with rape crisis centers the Maine DOC has opened the inmate victims to resources post release. The MECASA organization is the umbrella organization for Rape Crisis Services in Maine of which SARSSM is a member. The services provided between the community hospital, the facility and the contracted services providers ensure that inmates at the MCC are provided with equitable services to those provided to victims in the community. Indicators (d) and (e) according to CCS staff would be compliant in that female residents can be test for pregnancy and would receive appropriate counseling services. Compliance is based on the resources available on site and community based services, the interviews with medical and mental health staff as well as interviews with representatives of SARSSM and an inmate victim.

Standard 115.86 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine Correctional Center and Maine DOC 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The policy requires what information needs to be part of the incident review. The language comes directly from standard. It is the practice of the DOC to complete incident reviews on both sexual assault and sexual harassment investigations. As evidence to support the standard the facility provided a documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. The review of the record showed instances where the reviews occurred outside the 30 days from of the completion of the investigation (indicator (b)). The Maine DOC recognized this 8 months prior and put measures in place to assure the reviews were completed on time. The review team included the Warden, Deputy Wardens,

investigative staff, line staff, mental health, facility PREA Monitor and the State PREA Coordinator (indicator (c)). Warden Landry, Agency PREA Coordinator Kathleen Mahoney and the Facility PREA Monitor Matt Kirksey are all aware of the requirements including recommendations for improvement. Compliance was determined based on policy language, documentation provided, staff understanding of the requirements and the relationship between the central office of Maine DOC and its facilities.

Standard 115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2016 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The auditor was presented with the monthly reports for the facility which includes 21 different elements and includes specific definitions. The agency has not been required to complete the Survey of Sexual Violence for this year but the State PREA Coordinator reports she has all the information available to complete the report and provided the previous year's report to further support their compliance.

Standard 115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine Department of Correction policy 6.11 meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the state PREA Coordinator to ensure consistent data. Warden Landry's management team, along with agency officials, utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do critical review of data to identify problem

areas and enact corrective actions. Since the PREA Coordinator works in the operational oversight unit of the Maine Department of Corrections trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs and narrative information on Maine efforts since 2011 in development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information. Currently the last three annual reports are available on the state DOC website. Compliance was also confirmed through discussions with the Director of Security for Maine DOC. The Director described of how data is reviewed not only at the facility level but also as part of a statewide management practice.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

Maine State Statute (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” Compliance is based on the above stated documents and the information provided by the state PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

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

Jack Fitzgerald

6 24-17

Auditor Signature

Date

areas and enact corrective actions. Since the PREA Coordinator works in the operational oversight unit of the Maine Department of Corrections trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs and narrative information on Maine efforts since 2011 in development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information. Currently the last three annual reports are available on the state DOC website. Compliance was also confirmed through discussions with the Director of Security for Maine DOC. The Director described of how data is reviewed not only at the facility level but also as part of a statewide management practice.

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

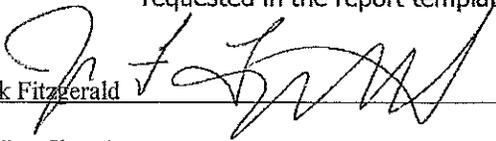
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations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

Maine State Statue (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” Compliance is based on the above stated documents and the information provided by the state PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

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

Jack Fitzgerald 

Auditor Signature

6 24-17

Date

