

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Maine Correctional Center			
Physical address: 17 Mallison Falls Road, Windham, Maine 04062			
Date report submitted: April 30, 2015			
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Date of facility visit: August 18-19, 2014			
Facility Information			
Facility mailing address: (if different from above)			
Telephone number: (207) 893-7100			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> X State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> X Prison	
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Agency Information			
Name of agency: Maine Correctional Center			
Governing authority or parent agency: (if applicable) N/A			
Physical address: 17 Mallison Falls Road, Windham, Maine 04062			
Mailing address: (if different from above)			
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AUDIT FINDINGS

NARRATIVE:

The Maine Correctional Center (MCC) is a medium/minimum security adult correctional facility which serves as the primary reception center for the Maine Department of Corrections. Located in Windham, Maine, MCC has a maximum bed capacity of 686 and houses male and female inmates in all custody levels including close, medium, minimum and community. MCC is operated by the Maine Department of Corrections and was established by an Act of the Maine Legislature on April 4, 1919. The stated mission of MCC is to improve public safety by decreasing recidivism of both male and female inmates by providing opportunities for correctional rehabilitation within a supervised and secure setting, while assuring the safety of the public, the staff and the inmate. MCC strives to have inmates accept responsibility for their own behavior, for their family obligations, and their actions in the community.

MCC is organized under the unit management approach which subdivides the total population into smaller groups that operate semi-autonomously. Each Unit Manager is responsible for the overall management of the housing unit, including both inmates and staff. Each unit's treatment team consists of the Unit Sergeant, Unit Officer, Case Worker, Correctional Care and Treatment Worker, Mental Health clinician and a Unit Clerk. The team provides direct supervision of inmates and coordinates all aspects of the daily activities of each unit.

Unit 1 consists of the following: Security East Correctional Recovery Academy (CRA), a 40 bed-intensive nine-month residential treatment program which provides a structured and supportive learning environment where criminal and addictive behaviors are addressed; Security Building North and South, a behavior management program and a general population for close and medium custody; Dorm 1 and 2 houses minimum and medium custody inmates in the Residential Sex Offender Treatment Program (RULE), a risk reduction sex offender treatment program for selected inmates in their last 4 years of incarceration; Dorm 1 holds 30 inmates and is designed for the orientation treatment phase; and Dorm 2 also holds 30 inmates for the intensive treatment phase of the program.

Unit 2 consists of Dorms 3, 4, 5 and 6 which houses general population inmates in medium, minimum and community custody levels.

Unit 3 is the Women's Center which serves as the primary housing unit for female inmates of all custody levels. The center offers educational and vocational opportunities that address individual needs of females and encourages growth to females during their incarceration. The Women's Center has its own cafeteria, dining room, industries program, gym and visiting room. The Women's center industry provides commercial embroidery services and quilted items.

The Multi-purpose unit consists of the A, B, and C-Pods. A-Pod serves as the male orientation unit; B-North is an overflow unit for well behaved, male inmates awaiting transfer to another facility. B-south houses protective custody male inmates, C-North and C-Center are both general population overflow unit. C-Segregation is a male segregation unit housing inmates on administrative and disciplinary detention and emergency observation. All inmates in the MPU are fed in their housing unit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

MCC is located on approximately 26 acres with 13 buildings inside of a secure perimeter fence. The layout of the facility includes four separate units (housing units 1, 2, 3 and the Multi-Purpose Unit (MPU)). Each housing unit has double occupancy rooms with a dayroom area for leisure recreation activities and treatment groups. Separate showers and bathrooms are available with privacy curtains. While touring the facility one housing area (Security South) was noted with multiple shower heads but security staff indicated that inmates shower one at a time. It was recommended that this practice be put in agency policy. The facility is equipped with cameras in some areas but has a number of isolated areas and blind spots in various sections of the facility. A request for additional surveillance cameras has been submitted by the facility in order to ensure the safety of staff and the inmate population.

MCC has a central male dining room with a seating capacity of 144. The institution has a male industry program consisting of a garment shop, Officer's laundry, upholstery factory and wood shop located centrally in the facility. There is a gymnasium available to Units 1-2 and B-North (from the MPU).

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on July 7, 2014, six weeks prior to the first date of the on-site audit. The posting of notices were verified by photographs received electronically from the PREA Coordinator. The photograph indicated that notices were posted in various locations throughout the facility including housing units and the administrative building.

The Pre-Audit questionnaire, policies and some supporting documentation were initially received on July 23, 2014. The documents were uploaded to a UBS flash drive. The initial review revealed the need for clarification and additional documentation in regard to some policies and procedures not sufficiently addressing standards. Appropriate documentation and related policies were not provided for some standards. After several e-mail communications with the PREA Coordinators, steps were taken to address policy reference and required documentation was provided for most standards. Specific actions taken to correct deficiencies as well as those standards not addressed are summarized in this report under the related standard.

The on-site audit was conducted on August 18-19, 2014. Flora Boyd, Certified PREA Auditor served as my assistant. After meeting with the PREA compliance manager and the facility's management staff, a tour of the facility was conducted and I was able to observe the physical plant and grounds of the facility. The institution has areas no longer used which were reported as inaccessible to inmates. These areas are not staffed and are not captured by surveillance cameras. No cameras appeared to capture inmates in the showers or in their cells.

Over the two-day on-site visit, sixteen (16) staff including those from all shifts was interviewed. Overall, the interviews revealed that staff was knowledgeable of PREA standards and was able to articulate their responsibilities. Ten inmates, including one transgender female were also interviewed. There were noted concerns with the PIN number indicated on educational posters in the inmate housing units. A telephone number along with a PIN number is listed on the poster. When dialed, the automated instructions did not ask for a PIN number. However, all inmates interviewed indicated that they are aware of their right to be free from sexual abuse and sexual harassment and how to report abuse and harassment. For the most part, staff interviews revealed that they have been trained on PREA standards and understand their responsibilities and duties to prevent, detect and respond to sexual abuse and harassment.

Three letters were received in advance of the audit from one inmate and two concerned citizens writing on behalf of the inmates. During the on-site audit the inmate was interviewed, and contact was made with one of the concerned citizens who included a name and telephone number on the correspondence. The other concerned citizen letter was written anonymously. The inmate interviewed stated that he did not write the letter. The concerned citizen indicated that she sent a copy of her letter to the Warden who had already contacted her. She felt that her concerns regarding a specific Correctional Officer were being addressed but would contact me at a later date if needed.

Secondary documentation to include investigative files concerning alleged incidents that took place in the past year was reviewed. MCC reported seventy one PREA allegations since January 1, 2014. Four cases were unfounded, twenty unsubstantiated, twenty substantiated sexual harassment, eleven determined not PREA, eleven unfounded and five still under investigations. In all cases, staff responses appeared to be compliant with PREA standards.

All non-compliant items were reviewed with institutional staff on August 19, 2014 at the conclusion of the audit. A corrective action plan was developed and provided to the Compliance Manager specifying the minimum remedial steps to be taken to comply with PREA standards. The PREA Coordinator provided documentation of corrective action taken by Maine Correctional Center to comply with the standards as indicated in the auditor's comments noted under the related standard. Non-compliant items were remedied within the corrective action period as indicated in the auditor's comment section throughout this report.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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)

Maine Correctional Center’s Sexual misconduct (PREA and Maine Statutes) and Victim Services policy number 6.11 (revised October 9, 2013) has clearly written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. The agency’s approach to preventing, detecting and responding to acts of sexual abuse and harassment is outlined throughout this 30 page policy. MCC policies use the terminology “sexual misconduct” as oppose to “sexual abuse”. Sexual misconduct is defined in policy as sexual abuse.

The agency has a PREA coordinator who oversees compliance efforts for the Maine Department of Corrections. He indicates that he has sufficient time to oversee the compliance efforts .The institutional PREA compliance manager is called PREA monitors. The institutions PREA monitor also serves as a Unit Lieutenant. The monitor indicates that initially the duty was somewhat overwhelming due to the number of allegations reported; however, increased training has resulted in a decline in the number of allegations. The monitor now indicates that he has sufficient time to manage PREA compliance related responsibilities.

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)

MCC renewed contracts with the Cumberland County Jail (May 21, 2014) and the Two Bridges Regional Jail (August 11, 2014) for the confinement of medium and minimum custody inmates with less than 36 months to serve. Both contracts require contractors to adopt and comply with PREA standards. Maine state statute under title 34-A (1208) requires the agency to conduct a comprehensive on-site inspection of each contract county and municipal facility every two (2) years in order to provide the department with information regarding compliance with all department standards.

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)

The institution documents and makes its effort to comply with a plan that provides for adequate levels of staffing. MCC policy (6.11) requires a yearly collaboration with the PREA coordinator to consider substantiated and unsubstantiated incidents of sexual misconduct, analysis of blind spots and areas where staff or prisoners may be isolated, number and placement of staff, including supervisory staff. Agency policy requires the development of a written plan to coordinate actions taken in response to incidents of sexual misconduct and harassment. Documentation revealed that adjustments to the staffing plan and steps taken to avoid over time are documented on the daily overtime reports. The facility and agency policy requires conducting and documenting unannounced rounds to identify and deter staff sexual misconduct and sexual harassment. Interviews with staff and a review of unit log books served to validate that rounds are conducted and documented on all shifts.

During the facility tour cameras were observed but it was determined that there are sections of the facility with blind spots and isolated areas that cannot be seen on the surveillance monitor. Specifically, blind spots exist in security building, laundry area, stairwells, school area, recreation yard and staff office areas. No cameras were observed in the gym area including the weight room. The institution ensured auditor that security staff is assigned to monitors these areas.

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)
- Not Applicable

MCC does not house youthful inmates under the age of 18

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)

MCC policy (6.11) mandates that staff shall not conduct cross-gender strip searches, cross-gender visual body cavity searches (meaning a search of the anal or genital opening), or cross gender pat down searches except in exigent circumstances; all cross gender strip searches, cross-gender visual body cavity searches, and cross gender pat down searches shall be documented. Sample documentation of cross gender strip searches was submitted. Policy also mandates that whenever possible, at least one staff of the same gender as the inmate shall observe the search. In the case of female inmates, pat down search are conducted by staff of the same gender, except in exigent circumstances.

The policy also prohibits searching or physically examining a transgender for the sole purpose of determining the inmate's genital status. The institution indicated that they implemented a search procedure at the inmate's request in which female officers search the upper part of the inmate's body and male officers search the lower portion of her body. This procedure was reported but the institution was unable to provide documentation. Staff interviews also confirmed that sufficient training has not been provided.

During the corrective action period, documentation was received verifying staff training on PREA Professional Boundaries and Ethics and Cross Gender Supervision regarding pat down searches of transgender and intersex inmates. Training on body searches included a component for searches of transgender and intersex inmates.

The institutional procedures of allowing male Officers to conduct one-on-one constant observation of female inmates on suicide watch does not enable female inmates to perform bodily functions without staff of the opposite gender viewing. Observation during facility tour and interviews with staff and inmates revealed that the institution does not consistently require staff of the opposite gender to announce their presence when entering an inmate housing unit.

During the corrective action period, MCC policy (6.11) was revised to indicate that the chief administrative officer or designee shall implement practices that allow inmates to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their bodies except in an emergency or when viewing is incidental to routine cell checks. A letter to staff clarifying and reiterating the use of same sex security staff to cover one-on-one constant watch was received from Warden Scott R. Landry at Maine Correctional Center.

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)

MCC policy (6.11) provides for equal access to programs and services for persons who are special needs and whose primary language is not English. Policy indicates that no person with a disability will be denied the opportunity to receive services or participation in programs on the basis of the inmate's disability. This policy also states that the facility will not rely on inmate interpreters, readers or any kind of resident assistants except when a delay in obtaining interpreters could jeopardize an inmate's safety. The institution's PREA orientation is available in six different languages to include sign language. Inmate and staff interviews served to verify that the facility does not use inmate interpreters.

During the corrective action period, MCC adopted a new policy (1.10) Staff Communication with Persons with Limited English Proficiency which outlines training requirements, bilingual staff expectations, procedures for interpreter services related to inmates, translation of documents and professional standards.

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)

A review of staff files and documentation received from the Human Resources Manager verified that a criminal background check is conducted on every employee and contractor prior to employment. Documentation from Correct Care Solutions (CCS) contract medical and mental health staff indicate that background checks have been conducted on all medical and mental health contractors prior to employment.

MCC agency policy (6.11) does not prohibit the hiring or promoting of an employee or contractor who may have contact with inmates who have committed sexual abuse as outlined in this standard. MCC has two employee unions, the American Federal of State, County and Municipal Employees and the Maine State Employees Association. There is no record of a criminal background check at least every five (5) years for CCS contractor medical and mental health employees. Submitted documentation indicates that agency attorneys have ruled that adding the required 5 year background check of current employees and contractors would amount to a change in working conditions which is a violation of the collective bargaining agreement. The labor contracts will be negotiated in January, 2015. The agency has discussed the use of legislation to remove this issue from collective bargaining.

During the corrective action period, a copy of proposed legislation was received along with changes to the agency human resource policy to incorporate hiring practices in which applicants will be asked about any previous sexual misconduct for positions with the possibility of direct contact with inmates. Revise policy and procedure to prohibit the hiring and promoting of an employee or contractor who may have contact with inmates who have engaged in sexual abuse as outlined in PREA standard 115.17. After consultation with the PREA resource center, it was determined that sufficient efforts are being made to comply with 115.17 at this time.

Standard 115.18- Upgrades to facilities and technology

- 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)

MCC has not acquired any new facilities, or any expansion or modification since August 20, 2012. MCC has submitted a request to add additional cameras and upgrade its current surveillance system. Documentation identifying the need for additional cameras and upgrades was submitted and reviewed

Standard 115.21- Evidence protocol and forensic medical examination

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)

MCC investigators are law enforcement certified and conduct both administrative and criminal investigations. Findings are based on agency policy; interviews with the institutional investigator and a review of investigative files. Forensic medical examinations are conducted by the Maine Regional Hospital. Submitted documentation indicates that sexual assault forensic examiners (SAFE) and sexual assault nurse examiners (SANE) staff are available 24 hours a day, 7 days a week. MCC's website also includes PREA policy (6.11) which describes how investigative responsibilities are handled for allegations of sexual abuse. There were no forensic medical examinations conducted during the past 12 months. Reviews of investigative files indicate that evidence collection is within the requirements of the standard. PREA policy (6.11) does not indicate that forensic medical examinations are offered without financial cost to the victim.

Draft MOU verified that the facility has attempted to make a victim advocate from a rape crisis center available to the victim. A signed memorandum of understanding was pending at the completion of the on-site audit.

Corrective Action Needed:

During the corrective action period, policy 6.11.5 sexual misconduct was revised to indicate that medical and mental health cost are provided to alleged victims without financial cost. A copy of an informational flyer from the Commissioner to all prisoners of the MCC was also received as supporting documentation. The flyer listed the PREA reporting number, outside sexual assault support number, procedures for reporting, what to do if a victim and indicates that medical examinations and crisis counseling are offered without financial cost to victims of sexual abuse. The flyer also indicates that medical exams are performed at an outside hospital free of charge. A copy of the signed MOU with the Maine Coalition of Sexual Assault Crisis Center was also received as supporting documentation.

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)

MCC policy (6.11 and 7.1) governs the investigation of allegations of sexual abuse and sexual harassment. The policies require the investigator to conduct administrative and criminal investigations. A review of investigative files indicates that MCC has seventy one PREA allegations since January, 2014. Four cases were determined to be unfounded, twenty unsubstantiated, twenty substantiated sexual harassment, eleven cases were determined not PREA, eleven unfounded and five still under investigation.

During the corrective action period, MCC policy (6.11.1) was revised to indicate referral process for allegations of sexual abuse or sexual harassment for criminal investigations is publicly on the agencies website or made publicly available via other means. A copy of the screen shot of the Maine public website was received as supporting documentation.

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)

MCC policy (6.11); training curriculum; automated staff training records and staff interviews verified that staff received initial and annual refresher training. Training rosters are signed verifying comprehension of PREA training material. Staff interviews served to further validate that training occurred for employees and contract staff. Specific topics covered during PREA training are consistent with the standard requirements. There was no documented PREA training specifically for staff working with female inmates.

During the corrective action period, documentation of staff training specifically for employees working with female offenders which included common reactions of sexual abuse and harassment of female offenders. Training rosters and copies of power-point presentations were received as supporting documentation.

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)

MCC policy (6.11) requires volunteers and contractors who have contact with inmates to receive PREA training on their responsibilities under the sexual misconduct prevention, detection and response policy. Volunteers and contractors were notified of the department's zero-tolerance policy regarding sexual misconduct and informed of how to report such incidents. Volunteers and contractors signed and received a certificate acknowledging that they understand the training they received. The volunteer and contractor's training curriculum was also submitted and reviewed.

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)

MCC policy (6.11) requires inmates to receive comprehensive education within ten (10) days of intake to the facility on the facility's zero tolerance policy; how to report sexual misconduct/abuse and sexual harassment and their right to be free from retaliation for reporting. Inmates are provided a handbook which includes information on prevention, self-protection, reporting and treatment/counseling. Inmates sign acknowledgement forms indicating that they receive this information. Documentation of inmate's signatures was reviewed. Inmates receive education upon transfer to the extent that the practice of the new facility differs from those of the previous facility. Ten random inmates interviewed confirmed that they were educated on their right to be free from sexual abuse and sexual harassment and reporting procedures. During the tour of the facility, posters outlining the sexual misconduct/abuse, zero tolerance policy, and instructions for reporting were posted in the living units. A telephone number along with a PIN number is listed on the poster. When dialed, the automated instructions did not ask for a PIN number. During discussion with staff, it was suggested that the instructions be clarified on the posters.

During the corrective action period, the Prisoner Acknowledgment of Prohibition on Sexual Misconduct was revised to indicate that the prisoner has viewed the educational video and understanding their right to report if sexual misconduct occurs. Each prisoner is required to sign this form upon intake. The Commissioner distributed an informational flyer which included all reporting procedures.

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)

MCC policy (6.11) requires investigators to receive specialized training in conducting investigations of sexual misconduct in facility settings. Documentation of training was reviewed and is in compliance with the requirements of the standard. A three (3) day investigators training was conducted by the MOSS Group in May of 2013. MCC investigators are law enforcement certified and conduct both administrative and criminal investigations.

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)

MCC policy (6.11) mandates PREA and specialized training for medical and mental health care staff. Correct Care Solutions (CCC) provides PREA training for contract medical and mental health care staff. A certificate documenting participation was provided and verified during interviews with medical and mental health staff.

Standard 115.41- Screening of 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)

MCC policy (6.11) requires intake staff to screen each inmate for risk of victimization and abusiveness within twenty four (24) hours of arrival/transfer to the facility. Inmates are reassessed using the PREA assessment instrument and additional relevant information received since intake within fourteen (14) days. A review of the inmate's files validated compliance with completion of the screening instrument. Interviews with staff also verified compliance with all elements of section (d). Staff interviews verified that information from the risk assessment screening instrument is kept confidential. The screening instrument did not meet the minimum required elements outlined in section (c) of the standard in that it did not include all questions in this subsection.

During the corrective action period, the PREA risk screening assessment instrument was revised to include the vulnerability factor regarding whether the inmate is gay, bisexual or transgender.

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)

MCC policy (6.11) indicates that information from the risk screening is considered when making housing, work, education and other program assignments with the goal of keeping separate those inmates at high risk of being victimized from those at high risk of being abusive. Manual and automated versions of the risk screening instrument were submitted and viewed. Interviews with staff validate that information gathered from the screening instrument is used to guide security and management decisions. Staff was not able to provide documentation of how decisions are made.

MCC policy (6.11) also indicates that the determination of transgender housing and program assignments shall be individualized, take into account the views of the inmate and based on protecting the inmate's safety and preventing security problems. MCC has one transgender-female inmate assigned to the female segregated housing unit. Staff indicates that the decision to house this inmate was based on security needs and not on the inmate's sexual identify but no documentation of how this decision was made was provided.

During the corrective action period, MCC policy (6.11) was clarified to indicate procedures taken upon an inmate's arrival at MCC. Trained staff meets with the inmates to complete the PREA risk screening assessment instrument. An individualized determination of housing, work, and program assignment is made by a multi-disciplinary team. The risk instrument is scored prior to permanent housing placement. Inmates who score vulnerable to victimization are referred for further assessments and follow-up. Inmates who are identified or disclose sexual victimization are referred to medical and mental health professionals within 14 days. Policy 6.11 precludes lesbian, gay, bi-sexual, transgender and intersex inmates from being placed in a particular housing area.

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)

MCC policy (6.11) requires that protective custody housing be used only after assessment of all available housing has been made and a determination is made that there is no available alternative means of separation. Case files used to document protective custody placement were submitted and reviewed. Policy indicates that inmates in protective custody are reviewed every thirty days to determine if placement is still warranted. Policy and observations during facility tour indicates that inmates in protective custody have access to the same program, privileges, and work activities as inmates in the general population.

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)

During interviews staff and inmates identified the multiple ways inmates can report to include telling a staff member, writing a grievance, asking to speak with the Chief Administrative Officer/or designee and calling the PREA hotline. MCC policy (6.11) also indicates that staff may make a report directly to the Department's PREA coordinator, either in writing or by calling the hotline number. Staff and inmate interviews verified compliance with this standard. Inmates receive a handbook during the intake process that provides reporting options to include the toll-free PREA hotline number and the Maine Coalition Against Sexual Assault (MECASA) crisis and support telephone number.

Standard indicates that agency must provide at least one way for inmates to report abuse and harassment to a public or private entity that is not part of the agency. None of the random inmates interviewed were aware of any outside service provider by the facility to deal with sexual abuse. Some were generally aware that services exist in the community. Calls to the PREA hotline are reported to the agency PREA Coordinator. Calls to the MECASA are answered by an answering service. A number is left and calls are returned by a sexual assault counselor. Auditor's test call to MECASA revealed that a return number must be left in order to receive a call back.

During the corrective action period, a MOU was signed with Captain Tim Kortez at the York County Jail to provide a way for inmates to report abuse or harassment to an office that is not a part of the agency. Pictures of the posted signs in various locations of the institution with reporting information was received. An information flyer from the Commissioner to all inmates included the outsider reporting information was also received as supporting documentation. An updated MOU was signed with the Maine Coalition Against Sexual Assault (MECASA) to provide crisis support.

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)

MCC policy (6.11) outlines the administrative procedure for addressing inmate grievances regarding sexual abuse and sexual harassment. Staff and inmate interviews confirmed their knowledge of how the grievance process can be used to report sexual abuse and harassment. MCC had one grievance alleging sexual harassment in the past twelve (12) months. All elements of the policy comply with this standard.

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)

MCC provided a copy of a draft MOU with the MECASA to provide services required in this standard. The PREA supervisor's checklist which list actions to be completed when a sexual misconduct is alleged offers the victim an advocate from the MECASA. The form indicates that the advocate may be present during medical, mental health, or other interviews. MCC does not detain inmates solely for immigration purposes.

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)

MCC website provides the public with information regarding third-party reporting of sexual misconduct/abuse or sexual harassment on behalf of an inmate. Inmates interviewed indicate that they are aware that sexual abuse or harassment may be reported through a third party.

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)

All MCC staff and volunteers are mandated reporters and are required by MCC policy 6.11 to report any knowledge, suspicion or information they receive regarding sexual misconduct/abuse and harassment or retaliation against inmates or staff who report any such incidents. Besides reporting to designated supervisors, staff shall not reveal any information related to a sexual abuse to anyone. Random staff interviews verified knowledge of and compliance with this standard.

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)

When a facility learns that an inmate is subject to substantiated risk of imminent sexual abuse it shall take immediate action to protect the inmate as mandated in MCC policy 6.11. Facility provided documentation of case in which an inmate was assessed using the PREA screening instrument and determined to be at risk of imminent sexual abuse and protective measures were put in place. Interviews with the Warden, PREA Coordinator and random staff validated their awareness of the mandate to immediately take steps to protect inmates.

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)

MCC Policy (6.11) requires the Warden or designee to notify the head of another facility upon receiving an allegation that an inmate was sexually abused or sexually harassed while confined at another facility. Facility submitted documentation of one allegation made by an inmate that sexual abuse occurred while the inmate was housed in Aroostook County Jail. Immediately upon receiving the allegation, the Warden verified that the Sheriff (Facility Head) was notified of the allegation. MCC received no allegations of sexual abuse from other facilities that inmates were previously confined in within the past twelve months.

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)

MCC policy (6.11) requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser, preserving the crime scene; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. Policy indicates responsibilities of first staff person who discovers an incident and does not delineate duties and responsibilities for first responders who are not security staff members. Random staff and first responder interviews revealed that they are knowledgeable of actions to be taken upon learning that an inmate was sexually abused.

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)

MCC has a written facility plan to coordinate actions taken in response to an incident of sexual abuse for first responders, medical and mental health, investigators, PREA coordinator, and facility leadership. The PREA Supervisors checklist is used as a guide to ensure that all areas are contacted and informed of the alleged incident. Interviews with the Warden and other staff revealed that they are knowledgeable of their duties in response to sexual misconduct/assault.

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)

MCC has not renewed its collective bargaining agreement or any agreement since August 20, 2012

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)

MCC policy (6.11) requires monitoring of inmates and staff who reported sexual misconduct or sexual harassment or who provide information related to alleged incidents. Policy also mandates that any staff person or volunteer found to have attempted to deter or take retaliatory action against persons who provide information is subject to disciplinary or other appropriate action, including termination. Retaliatory action shall be reported and investigated. MCC policy (6.11) does not designate the monitoring responsibility for retaliation; however, the PREA Coordinator reported that the unit treatment team has been charged with monitoring for retaliation.

During the corrective action period, MCC policy (6.11) was revised to indicate compliance with monitoring responsibility.

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)

MCC policy (6.11) does not prohibit the placement of inmates who allege to have suffered sexual abuse in involuntary housing. Documentation was received for one (1) inmate who was reviewed and placed in involuntary segregation housing due to harassment from other inmates. MCC policy mandates that inmates in segregation housing are reviewed every 30 days.

During the corrective action period, MCC policy (6.11) was revised to indicate compliance with 115.68 post allegation protective custody regarding placement of inmates who allege to have suffered sexual abuse in involuntary segregation housing.

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)

MCC policy (7.1) requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment at MCC. The facility reported seventy one PREA allegations since January, 2014. A view of the investigative files revealed that staff responses were compliant with PREA standards. All written reports alleging sexual abuse and sexual harassment are held for as long as the alleged abuser is incarcerated or employed by the facility, plus five (5) years.

Standard 115.72- Evidentiary standards 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)

MCC policy (6.11 and 7.1) governs the investigation of allegations of sexual abuse and sexual harassment. The policies require the investigator to conduct administrative and criminal investigations. Policies and interviews with Correctional Investigative Officers state that MCC shall impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.

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)

MCC policy (6.11) indicates that at the conclusion of an investigation the Correctional Investigative Officer or staff member designated by the facility administrator shall inform the inmate who made the allegation of sexual abuse in writing whether the allegation has been substantiated, unsubstantiated and unfounded. If the alleged abuser was an employee, the victim shall also be informed. There were no reported allegations of sexual abuse against staff in the past twelve (12) months. During interviews, the Warden and PREA Coordinator were knowledgeable of the reporting requirements and verified that notifications are provided.

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)

MCC policy (6.11) indicates that staff shall be subject to disciplinary action up to and including dismissal for failure to comply with the facility's policy prohibiting sexual abuse and harassment. Policy also mandates that the violation is reported to law enforcement and licensing agencies unless the activity was not criminal. Employee interviews and documentation received indicates that there has been no abuse case reported in the past year. There have been two (2) harassment investigations resulting in formal disciplinary action of suspension or reprimand.

Standard 115.77-Corrective actions for contractor and volunteer

- 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)

MCC policy (6.11) requires volunteer and contractors in violation of the facilities policies and procedures regarding sexual abuse and harassment of inmates will be reported to local law enforcement and relevant licensing bodies unless the activity was clearly not criminal. Documentation received from MCC volunteer coordinator indicates that there has been no PREA incident involving volunteers or contractors in the past twelve (12) months.

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)

MCC policy (6.11) requires that inmates who are found guilty of engaging in sexual abuse involving other inmates (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions. The agency also disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. Interviews with medical and mental health staff verified that in the event of such a finding, the treatment team would make decision for appropriate counseling treatment or other intervention as appropriate.

Standard 115.81-Medical and mental health screening; 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)

Correct Care Solutions (CCS) and MCC policy (6.11) requires medical and mental health staff to provide counseling for inmates who disclose a history of sexual abuse or previous perpetrating of sexual abuse within seven (7) days. Interviews with medical and mental health staff and documentation of secondary material verified compliance with this standard.

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)

MCC (6.11) and CCS policy requires medical staff to document the response and timeliness of emergency medical treatment and access to crisis intervention services for victims of sexual abuse. Policy indicates that inmates are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Documentation of secondary material verified compliance with this standard.

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)

MCC policy (6.11) mandates ongoing medical and mental health care for sexual abuse victims and abusers consistent with those outlined in this standard to include mental health evaluations and services as appropriate. Interviews with medical and mental health staff verified that there are procedures in place for on-going medical and mental health care should an incident of sexual abuse occur.

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)

MCC policy (6.11) requires a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. Such reviews shall occur within thirty (30) days of the conclusion of the investigation. The policy outlines the specifics of the Review Team's duties as outlined in section (d) of this standard. The facility has a Sexual Misconduct review form in place to document such reviews. Interview with PREA Coordinator verified that the facility complies with policy and this standard.

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)

MCC policy (6.11) requires the collection of accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. The agency's PREA Coordinator uses a standardized instrument and collects all data relating to the PREA. Policy indicates that the Coordinator shall maintain the data reported or collected for at least ten (10) years. At least annually, all sexual misconduct data shall be made readily available to the public through the department's website and reported to the DOJ upon request. A review of the annual report revealed it was completed correctly according to this standard.

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)

MCC policy (6.11) requires the PREA Coordinator to review data collected and aggregated in order to assess and improve the effectiveness of the agencies sexual misconduct prevention, detection, response policies, practices and training. The coordinator prepares a semi-annual report which includes findings and corrective actions taken for MCC since January, 2014. Policy mandates that all aggregated sexual abuse data shall be made readily available to the public at least annually through MCC website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Joette D. Scarborough

April 30, 2015

Auditor Signature

Date