

# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 4/27/2018

### Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@snet.net
Company Name: Fitzgerald Correctional Consulting LLC	
Mailing Address: 87 Sharon Drive	City, State, Zip: Wallingford CT 06492
Telephone: 203-694-4241	Date of Facility Visit: 1-22-24-2018

### Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Cumberland County Sheriff's Office		Cumberland County ME	
Physical Address: 36 County Way		City, State, Zip: Portland ME 04102	
Mailing Address: same		City, State, Zip: same	
Telephone: 207-774-1444		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The Cumberland County Sheriff's Office is committed to preserve the peace, enforce the law and protect the rights and property of those we serve. Further to provide a safe and secure detention environment for those placed in our custody. We will accomplish this in partnership with the citizens we serve to promote public safety in our communities.			
Agency Website with PREA Information: <a href="http://www.cumberlandso.org/">http://www.cumberlandso.org/</a>			

### Agency Chief Executive Officer

Name: Kevin Joyce	Title: Sheriff
Email: Joyce@Cumberlandcounty.org	Telephone: 207-774-1444

### Agency-Wide PREA Coordinator

<b>Name:</b> Christopher Bisson	<b>Title:</b> PREA Coordinator
<b>Email:</b> Bisson@Cumberlandcounty.org	<b>Telephone:</b> 207-774-5939
<b>PREA Coordinator Reports to:</b> Captain Steven Butts Jr.	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0 – only one facility
<b>Facility Information</b>	
<b>Name of Facility:</b> Cumberland County Jail	
<b>Physical Address:</b> 50 County Way	
<b>Mailing Address (if different than above):</b> same	
<b>Telephone Number:</b> 207-774-5939	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
<b>Facility Mission:</b> The mission of the Cumberland County Jail is to provide a healthy, safe, secure, humane, and cost-effective environment in which to detain persons alleged or convicted of crimes.	
<b>Facility Website with PREA Information:</b> <a href="http://www.cumberlandso.org/">http://www.cumberlandso.org/</a>	
<b>Warden/Superintendent</b>	
<b>Name:</b> John Costello	<b>Title:</b> Major-Jail Administrator
<b>Email:</b> Costello@Cumberlandcounty.org	<b>Telephone:</b> 207-774-5939
<b>Facility PREA Compliance Manager</b>	
<b>Name:</b> See above	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.
<b>Facility Health Service Administrator</b>	
<b>Name:</b> Kimberly Nevers	<b>Title:</b> Health Services Administrator
<b>Email:</b> Kimberly.Nevers@corizonhealth.com	<b>Telephone:</b> 207-774-5939
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 570	<b>Current Population of Facility:</b> 388
<b>Number of inmates admitted to facility during the past 12 months</b>	<b>7281</b>



Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1325	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			3691	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults 18-83		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0	
Average length of stay or time under supervision:			13 days 9 hours	
Facility security level/inmate custody levels:			High/Low	
Number of staff currently employed by the facility who may have contact with inmates:			167	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			27	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			1	
<b>Physical Plant</b>				
Number of Buildings: 2		Number of Single Cell Housing Units: 2		
Number of Multiple Occupancy Cell Housing Units:		7		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary:		48		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):  The facility had extensive camera coverage, The control center was manned by two staff who each had multiple monitors with the ability to bring up camera groupings. The system has the capacity to store content for a period of time.				
<b>Medical</b>				
Type of Medical Facility: Medical Unit		Corizon Health Services on site		
Forensic sexual assault medical exams are conducted at:		Maine Medical Center or Mercy Hospital		
<b>Other</b>				
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			154	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2	

# Audit Findings

## Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-on-site audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

The Prison Rape Elimination Act (PREA) audit of the Cumberland County Jail in Portland Maine was completed by U.S. Department of Justice Certified Auditor Jack Fitzgerald of Wallingford CT. The Cumberland County Sheriff's Office (CCSO) entered the audit process to insure the facilities compliance with the standard requirements of the Prison Rape Elimination Act. This is the facility's initial PREA audit. Cumberland County Sheriff's Office has a long history having served the people of southern Maine since 1760. The Sheriff's Office is responsible for providing direct or support law enforcement services in 28 communities. Cumberland is the state of Maine's largest county by population with approximately 290,000 individuals. The Cumberland County Jail (CCJ), operated by the Sheriff's Office Correctional Division, is located in the City of Portland Maine and services three county courts. In the 2016 Sheriff's Office Annual Report, Sheriff Kevin Joyce told the people of the county about the jail's efforts toward PREA compliance. "I find these processes to be critical in ensuring that we are transparent in our methods and in achieving best practices in our operations." The Cumberland County Jail understands pursuing best practice having been accredited repeatedly by both the American Correctional Association and The National Commission on Correctional Health Care. CCJ is a co-correctional environment with over 10,000 admissions annually with a daily census of approximately 400 inmates per day.

After entering into an agreement, the Auditor began the pre-audit phase of reviewing information to determine compliance. The Auditor provided a PREA Audit notice to be placed in areas of the facility that allow inmates, staff and visitors information about the audit purpose and the Auditor contact information. The posting did not result in any mail to the auditor in advance of the audit. The pre-audit process included a thorough review of policies, training materials, facility floor plans, educational videos, organizational charts and written materials and documentation that supported the facility's efforts to comply with the various indicators of each standard. The files were well documented and organized and uploaded to the Power DMS web-based file management system. The facility PREA Coordinator also provided the Pre-Audit Questionnaire. As the review process went on the Auditor and the facility PREA Coordinator spoke by phone and through email correspondence. This allowed the Auditor to get a clearer understanding of the application of the agency's effort to protect, detect and respond to Sexual violence.

As part of the initial audit phase the Auditor reached out to local rape crisis agencies, the two local hospitals, the State Department of Health and Human Services, The County District Attorney's Office and the Maine Department of Corrections. The Auditor spoke to a representative of Sexual Assault Response Services of Southern Maine (SARSSM) to confirm a memorandum of Understanding exists between the agency and the Jail. The Auditor spoke to SARSSM and Sexual Assault Support Services of Mid-Coast Maine (SASSMM) to see if there was any history of complaints about sexual assault at the Jail and types of services they provide. The local

hospitals (Maine Medical Center and Mercy Hospital) and The Maine Department of Health and Human Services were contacted to confirm the access to and the uniform training of Sexual Assault Forensic Examiners. The County District Attorney's Office was contacted as it is listed as an option for inmate reporting. Finally, the Maine Department of Corrections was contacted to confirm if any complaints were made to the state PREA Coordinator.

On the evening of January 21<sup>st</sup> 2018, a pre audit meeting occurred with the Facility PREA Coordinator Christopher Bisson, The Operations Captain for the facility Steven Butts Jr. and the Administrative Captain Wayne Pike. During the meeting the Auditor was able to reconfirm some of the practices, the data provided and set an outline of a plan for the audit process over the next two and a half days. The Auditor was on site at the Cumberland County Jail (CCJ) for 30 hours (1/22- 11.75 hours, 1/23-12.5 hours, 1/24-6 hours) On the first Day the Auditor initially met with a large portion of the facility management team including the Jail Administrator, Major John Costello and the Sheriff's Chief Deputy Naldo Gagnon. The Auditor explained the process and gave a rough outline of the audit schedule.

After completing the meeting PREA Coordinator Christopher Bisson and Captain Steven Butts Jr. and Auditor toured the facility. The Auditor was able to visit all areas in which inmates had access including housing units, medical, educational, vocational area, Mental health offices, intake, recreation, and dietary. During the Tour the Auditor was able to speak with 30 custody/program staff, 6 Medical/ Mental Health staff, and 5 supervisory staff members. The Auditor also was able to informally speak directly with over 2 dozen inmates who were out in the facility or in their rooms while touring. The Auditor also addressed large portions of the population about why the audit was happening and that some individuals would be randomly selected to participate in an interview process if willing. After completing the tour, the Auditor began the process of interviewing inmates during the remainder of day 1 and a portion of day 2. The Auditor was able to interview twenty-six inmates including inmates from each housing units. Thirteen individuals were from targeted populations. Each inmate was given information on the purpose of the audit, the types of questions to be asked, the level of confidentiality, and if the auditor needed to site concerns how he would protect their identity. The facility did not have any transgender inmates during the days of the on-site audit, victims of PREA sexual assault and they do not house youthful Inmates so additional inmates of other targeted populations were added to the pool.

On Day 2 and Day 3 the Auditor was able to interview 12 random staff and an additional 15 specialized staff member. In both the staff and inmate interview process the auditor attempted to pick a diverse population. With the assistance of the facility staff, inmates who met targeted populations were identified and utilizing the duty roster, the Auditor attempted to pick individual's working in different units, shifts and roles. Day 2 and Day 3 also included the review of investigative files, random sampling of screenings and monitoring reports, HR files, video surveillance and log entry reviews. At the close of the third day the Auditor completed an out briefing with Jail Management and key staff. He thanked the administration for their assistance with the audit process. The Auditor remarked on the positive steps the agency has done to support a PREA safe environment and the consistent messages from staff and inmates confirming these steps.

In a short time, the Cumberland County Jail has made extensive efforts toward meeting compliance. The facility staff understand their responsibility in promoting a Zero Tolerance Culture and knowing how to respond if an incident was to occur. The inmates of Cumberland County Jail support that the environment is safe, the staff address concerns and they feel if they report a concern it would be investigated. Finally, the facility has taken the additional steps to build reports that can be used to collect data and quality assure various indicators.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Cumberland County Jail is located in the urban center of Portland Maine just off the highway. The County property houses the Cumberland County Sheriff's main office from which the patrol division operates. The Jail Population is divided between the full secure Jail and a staff secure Community Confinement Center (CCC). At full capacity the jail can house up to 628 inmates (580 in the Jail and 48 in Community Confinement Center). The average population combined for the 12 months prior to the site visit was 392. The population when the Auditor was on site was 388. The youngest inmate was 18 and the oldest 83 and the number of female inmates in the population was 47. The Jail has 9 distinct housing units and the capacity to house in the infirmary and intake areas. Each of the housing units are two stories with cell on two or three walls. During the audit tour, the Auditor went to each floor and past all doors to ensure residents who were in their cells had an opportunity to ask questions if they choose. Each unit has a duty station for the staff that has a half wall allowing staff to sit in with good lines of site. The larger units have a full 360 degrees view from this area. Staff spoken to on these units and observed during the tour make random and staggered tours of the inmates in cells. The Showers on these units are all individual and have opaque half doors that provide privacy but allows for supervision over distance. The population comes out of cells for defined times on each shift by floors in each pod for recreation and meal times which are served in unit. The units have adjoining outdoor recreation areas and there is a gymnasium that is staffed. The residents who are identified for educational, vocational and mental health programming are completed off unit. Each unit has small meeting rooms that volunteers such as Narcotics Anonymous can use to run meetings. The rooms have camera's and the doors have large vision panels that provide the staff with the ability to make observations while providing a level of confidentiality.

There is an outdoor area in which gardening occurs seasonally. Staff who run the program explained after PREA training they reassessed certain practices they had previously allowed to lessen the likelihood of a PREA incident occurring. On the days of the Audit no inmates were housed in one unit and no inmates were housed in intake. Each unit has a TV on which the PREA video is shown weekly. The units also have information boards which have PREA and ICE information. Each unit includes a kiosk that has the inmate handbook available (including PREA Information) in electronic format in both English and Spanish. The facility has added 28 cameras through the last few years to address blind spots. The well surveilled facility has a central control station which is manned by two staff who track the movements of the population and radio movements and assistance when needed. The two hundred plus staff and contractors provide active supervision of inmates throughout the day. Staff were in tune to inmate issues and behaviors which support a safe environment and will assist in identification of potential concerns.

The intake processing area is staffed 24 hours per day and they process about 200 admissions per week. The intake area is also the location from which inmates are transported to outside court proceedings. It has a

holding area which has the PREA video shown to all intakes. The medical unit has four rooms that allow for close observation of individuals with medical or mental health concerns.

The CCC has housing wings on each end of the building one for males and one for females. Each unit has TV areas allowing to residents socialize since they are not allowed in each other's rooms. There is a common dining area on the first floor where male and female residents may interact. This area is visible both on camera and through an observation window from the staff duty station. Lieutenant Brady's office, who oversees the program, is in close proximity to the staff monitoring station, the dining area and the staircase to the second floor. The CCC also has Community Program Officers on the second floor to aide in supervision of the population. The Community Program Officers work with the inmates on discharge planning and help guide them to services and employment opportunities.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 1

115.67

**Number of Standards Met:** 44

Click or tap here to enter text.

**Number of Standards Not Met:** 0

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## Summary of Corrective Action (if any)

During the Corrective Action period the Cumberland County Jail provided documentation to support compliance with 115.16 and 115.41. In 115.16 the agency provided information to support the implementation of system identification of LEP inmates or inmates with literacy issues. The agency put into its electronic screening process a field to document those inmates with such issues. This would

allow for individualized PREA orientation. Samples of this documentation was provided during the corrective action period. In 115.41 the agency had only been completing the reassessments of inmates by 30 days for a few months prior to the site visit. As a result the facility agreed to provide documentation to support this continued to occur from January to April.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
☒ Yes ☐ No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☒ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Sheriff's Office (CCSO) has implemented Policy A-144 *Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA*. The 28-page policy is written based on standard language and outlines the requirements to prevent, detect and respond to PREA incidents. The facility has a PREA Coordinator, Chris Bisson who was named to the position by Sheriff Joyce in September of 2016. The position is also shown on the May 2017 agency flow chart reporting to the head of Security and Operations who reports directly to the Jail Administrator. Since the CCSO only runs the one facility element (c) of this standard does not apply.

The standard is found to be compliant. The auditor considered not only the written documentation, but the staff's familiarity of the policy requirements. The interview with PREA Coordinator Bisson confirmed that he understood his role and ability to accomplish the related tasks. Interviews with Steve Butts Captain in charge of Security / Operations and Major John Costello the Jail Administrator supported that Chris Bisson has the support and ability to implement the policy and make suggestions for change as needed to provide a PREA safe environment. County Sheriff Kevin Joyce also spoke of the agency's commitment to safety and the zero-tolerance stance toward sexual abuse. He reports he receives a weekly update from the PREA Coordinator in the beginning of his management team meetings. The Sheriff is committed to using data to inform practice and advocating for resources when needed.

## Standard 115.12: Contracting with other entities for the confinement of inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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 facility does not contract with other entities to provide for the confinement of inmates.

## Standard 115.13: Supervision and monitoring

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial



findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

**115.13 (b)**

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
☒ Yes ☐ No ☐ NA

**115.13 (c)**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

All elements of this standard are addressed in Policy A-144 *Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA* (pages 7-8). In addition, the facility policy A-118 *Staffing Levels* requires, on page 2, that the PREA Coordinator be a part of the annual staffing review. The Auditor received a copy of the most recent staffing plan which was updated in August of 2017. The plan is a 12-page document that included a narrative and graphic description of staffing placements and electronic surveillance locations that support active supervision. The plan is descriptive of supervision standards including more frequent staff rounds in higher risk

environments such as intake, medical and maximum-security units. The plan also identifies the area needing additional supervision based on different times of the day. The staffing plan was reportedly developed utilizing both federal and state standards and those promulgated by national accrediting bodies. The plan also identifies blind spots and have positioned camera to improve supervision of these areas. The facility schematics also help the Auditor understand the positioning of both staff and cameras in advance of the visit. The plan addresses the various programming that occur during the day. Indicator (d) requiring Supervisory unannounced tours to be completed is covered in policy including how to document the tour. The policy states a Sargent, or a Lieutenant must complete the tour and document the Spillman electronic log. A copy of the documentation was provided in advance of the on-site tour and confirmed through observations while on site.

While on site the Auditor was able to view the various staff working the assigned positions. The Auditor was able to confirm staff knowledge of blind spots and listen to their efforts to monitor their locations. The Auditor reviewed Spillman log entries (electronic) for unannounced Supervisory tours provided in advance and then had the facility pull tour records on 2 dates on site one in January and in December. The Auditor was also able to confirm the tours occurred by watching back the video footage of eight tours between the two dates. The Auditor reconfirmed, with the Jail Administrator, the PREA Coordinator and other supervisory staff that at no time in the last 12 months were shift minimums not met. The facility has systems in place to back fill sick call and other approved time off. In Maine complaints about facility conditions can be referred to the Department of Corrections. The Auditor confirmed with the Maine Department of Corrections that there were no findings of inadequacy. The facility, as stated, is compliant with American Correctional Association and National Commission on Correctional Health Care standards.

The standard is found to be compliant based on the information provided and observations made while at the facility. Interviews with the Jail administrator, the PREA Coordinator, and the Operational Captain support an understanding of the standard elements and consistent practice with their policies. Formal and informal interviews with inmate's support there is always staff including supervisors available. The Auditor suggested that during the next review of the staffing plan they could expound on how non-custodial staff assist in the overall safety of the facility.

## **Standard 115.14: Youthful inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.14 (a)**

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### **115.14 (b)**

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The standard is Not Applicable. The Cumberland County Sheriff's Office Jail does not house youthful inmates. In Maine all youth under 18 would be housed as Juveniles at the Long Creek Youth Development Center in the adjoining city of South Portland. The Long Creek Facility is under the direction of the Maine Department of Corrections.

### Standard 115.15: Limits to cross-gender viewing and searches

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
☒ Yes ☐ No

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?  
☒ Yes ☐ No

**115.15 (d)**

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

**115.15 (e)**

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

**115.15 (f)**

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The requirements of this standard are covered in three Cumberland County Jail policies: *Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 8)*, *Policy D-220 Search Procedures (pages 4-6)* and *Policy D-243A Transgender Inmates (page 3)*. The facility does not perform cross gender strip, body cavity or pat searches. A memo confirms they have had no exigent situations that required a cross gender search to occur. The policy gives staff direction on the requirement of announcing when opposite gender staff enter a living unit. These announcements are logged in the unit log as MIP (Male in Pod) or FIP (female in Pod). While on-site, the Auditor confirmed through interviews with residents and a review of log books for consistency of practice. The Auditor requested the Spillman electronic logs for 4 different dates. The review supported the interviews showing MIP or FIP log entries in both male and female units over 40 times per day. The facility reports that they have had no situation requiring an inmate to have a medical exam to determine genital status. All strip searches at intake are done in a manner to best insure the inmates comfort. Inmates stand behind opaque saloon style doors during the process, these same doors are in the single shower stalls on the housing units allowing supervision from a distance while providing a level of privacy.

The facility also has one case of a transgender inmate being admitted in the past 12 months. The individual had left the facility prior to the audit. In Policy D-243 Transgender Inmates the facility prohibits searching a resident to determine genital status. The policy goes on to describe procedures in place to ensure transgender inmates search preferences are maintained. The policy has a form for the inmate to state their preference for searches, if no preference is made the inmates gender presentation (outward expression) would be the default. Interviews with female staff and residents confirm that if a female in the Community Confinement Unit was to return when no female staff was working that unit they would be escorted to the main facility to be searched by a same

gender staff. All staff have received training on-line using the portions of the Moss Group's "Guidance on Cross Gender and Transgender Pat Searches."

The standard is found to comply based on the interviews with staff and residents, the log book reviews on site, the observation of staff during the tour and the policies provided. Interviews with female residents confirm that they are not restricted from program participation by the lack of female staff to perform pat searches. Interviews with staff also support that they have received information on how to complete a respectful pat search of transgender or intersex inmates.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative



*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Page 9 of Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA addresses the concerns of providing a PREA to individuals with any form of physical, emotional or intellectual disability or is limited English proficient. The facility has educational materials available to inmates in the primary two languages in the facility English and Spanish. The Facility has a contracted service to provide Telephonic Interpretive Services and has onsite resources to assist those with visual and or hearing deficits. The PREA Coordinator will use translation programs to assist in the development of written materials for when other less common languages are needed. The facility reports not having had to use inmate interpreters in the past 12 months. On the Day of the facility tour there were no Immigration and Custom Enforcement inmates, but the facility is at times used to house these inmates.

During the on-site visit the Auditor was able to see the items in place to aid in the understanding of the different aspects of the PREA safety program. The Auditor was able to see Audio and video technologies available including telephonic tools for the hearing impaired and double handset phones for use with the language line. The Auditor also was able to speak to inmates with disabilities and who had language barriers about their understanding of PREA at Cumberland County Jail. Inmates were able to discuss what they had learned during orientation and that they felt staff could assist them if they did not understand. The facility had PREA items in multiple languages posted in the unit. The inmate handbook which has more PREA Information can be reviewed on Kiosks in the housing units in English or Spanish. Interviews with intake staff and line staff confirm they understand the resources available to assist individuals who English is a second language or who have disability impairments that may affect comprehension. Staff interviews support knowledge of resources available or where to get assistance as well as the prohibition of the use of inmate interpreters except in an emergency where any delay may create a safety concern. During the audit process it was determined that the facility needed to improve systems to identify and track limited English proficient and inmates who do not read. The Facility has added information fields to not only identify individuals who do not speak English but also those who cannot write. The facility has also provided a process by which the PREA Video is available on the units weekly including subtitles and headsets to support inmates with hearing and visual impairments.

Cumberland County Jail has the resources available and in place to help individuals with language barriers, physical disabilities and mental health needs to understand how to access all aspects of the facilities efforts to prevent, detect or respond to PREA concerns. The facility provides information in multiple languages and can get information translated to the clients readily. Since the PREA Coordinator is the individual charged with ensuring inmate orientation there will be no situations where ESL, disabled or inmates with limited reading abilities are not provided opportunities to understand the agencies PREA efforts.

During the corrective action period the Auditor has asked that all inmates identified as LEP or inability to read be identified. The facility provided the Auditor (over the three-month period) inmate's Spillman screens with the documentable concern and how each person was provided appropriate education into the facility efforts to keep them safe. The implementation of this change supports a finding of compliance by putting in place measures to insure these at-risk populations are provided a full access to information about their safety.

## **Standard 115.17: Hiring and promotion decisions**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.17 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### **115.17 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

#### **115.17 (c)**

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

**115.17 (d)**

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

**115.17 (e)**

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

**115.17 (f)**

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

**115.17 (g)**

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

**115.17 (h)**

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Sheriff's Office (CCSO) 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 Cumberland County Jail (CCJ) who oversee the hiring. The agency has all staff and contractors undergo extensive criminal background checks. In addition to the PREA Policy of CCSO the pre-employment process is defined in CCSO policy A-34 the Sheriff's Office Hiring requirements. The background checks include more than a run of the criminal record; the process for hiring correctional staff is the same as the hiring of any Deputy Sheriff. The process is completed by the Sheriff's Office and includes some 30 pages of information, the investigative officer's assessment and once the candidate is hired their records move over to the County Human Resources Department. 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 an 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 Auditor was also able to go to the county web page and find the Jail application with the PREA related forms.

The facility was able to provide documentation of contractors and volunteers who had undergone criminal background checks. The Corizon staff also fill out a PREA Disclosure form at time of employment and have their criminal background checks completed by the CCSO. The Auditor was also provided a list of all current employees and the date of their most recent criminal background checks.

The CCSO has directed staff in charge of hiring, 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 CCJ 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 form used for documentation of prior employment record checks was modified in 2017 to include PREA specific information. Since its implementation none of the newer employees have had prior institutional employment histories.

The facility has not received any request for former employees of CCJ being employed in other correctional centers. Compliance was determined by information provided through interviews with the Human Resources staff and the facility PREA Coordinator. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. The Auditor was able to review records with the County Human Resource Director and discuss the process to the jail requirement of PREA are maintained. Record reviews support that all employees and contractors at the Cumberland County Jail 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 and the management staff of the Cumberland County Sheriff's Office.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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The Cumberland County Sheriff's Office has not done any major renovation to its physical plant since August of 2012. Since the effective date of PREA the facility has used funds to improve the electronic surveillance system. The facility added or upgraded 28 cameras since 2016 to address blind spots and to improve vision of the individuals monitoring them. The camera upgrades and additions were part of the PREA staffing plan development. The agency did not previously track recommendations of electronic surveillance equipment but the PREA Coordinator has identified that in the future identified needs will be documented through monthly managers meeting and through incident reviews. Most of facility housing units have excellent lines of site. The facility staff have recognized blind spots or possible impediments to good supervision and the agency has supported making changes that improve safety. One incident that was initially investigated as a possible PREA event but later confirmed to be a consensual encounter resulted in both physical plant and operational changes. Opaque shower doors and modification to utility closet doors were provided as examples of additional improvements to keep inmates and staff safe and reduce the likelihood of a PREA incident. Supervisors in areas such as the kitchen were able to share how they have made modest changes to their operations including locking off areas when not in use to keep inmates in direct view at all times.

Compliance is based on information provided in the files on camera additions, the knowledge of staff and supervisors about blind spots and efforts made to reduce them as potential points of assault. The determination of compliance also considered the interviews of the Jail Administrator and the County Sheriff both of whom support that they look for funding to ensure they keep up with physical plant and technological needs. The Sheriff reports he is able to get direct feedback from the PREA Coordinator on compliance concerns and works with the facility management team to ensure needed resources are identified.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☒ Yes   ☐ No   ☐ NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes   ☐ No   ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

**115.21 (e)**

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

**115.21 (f)**

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☒ NA

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Cumberland County Sheriff's Office, being a law enforcement organization, will provide both criminal and administrative investigations with in the Jail. The Agency policy *O-21 Collection and Preservation of Evidence* provides the investigators with a uniform standard of evidence collection on-site. Any inmate victim will be brought to the Maine Medical Center or Mercy hospital for a forensic exam where they would have access to Sexual Assault Forensic Examiners. The county has a MOU with these hospitals. The Auditor has also confirmed the existence of SAFE Nurses through his own direct communication with the hospital facilities and web-based research. It is confirmed through this communication that if a SAFE is not on duty one can be called in from home or a neighboring hospital if needed. In Maine the Department of Health and Human Services oversees the training and protocols for all Forensic sexual assault exams. The DHHS web site states; "The Sexual Assault Forensic Examiner (SAFE) Program provides education, training and technical assistance for healthcare providers that care for patients who have suffered sexual assault, and in the use of the Maine sex crimes kit for collection of evidence. This national model utilizes an interdisciplinary, community-based approach for the dignified and compassionate care and treatment of sexual assault patients." Though CCSO does not have Youthful Inmates the protocol does address the needs of Pediatric Patients going through a sexual assault exam.



Policy and the Memorandums of Understanding with both hospitals show the inmate victim would not be charged for the service. In Maine there is a victim's compensation fund that supports the cost. Zero residents underwent a forensic exam in the past year. The Agency has a MOU with the Sexual Assault Services of Southern Maine (SARSSM) who can provide assistants to victims including supporting them through the investigative process including any forensic exam. The PREA Coordinator Chris Bisson had also received 40 hours of advocacy training by SARSSM if a victim advocate could not be present in a timely fashion. SARSSM is part of the state-wide network of the Maine Coalition against Sexual Assault (MECASA) who could make a referral to Sexual Assault Support Services of Mid-coast Maine (SASSMM) which services part of Cumberland County. MECASA organizations all provide emotional supports, crisis intervention and referral. The Auditor also spoke with a SARSSM representative to confirm the MOU requirements covered in element (e). The Jail's Medical/Mental Health Services contractor Corizon can also provide post exam treatment and support services Standard 115.21 elements (f) and (h) are not applicable. In (f) the agency is responsible for both criminal and administrative investigations. In (h) the facility has provided access to the local rape crisis agency SARSSM.

The Standard is Compliant based on the various information provided to the auditor, the information available to the inmates about services and their rights, and the research into community-based services identified by the jail. The Auditor also was able to research the requirements for SAFE and SANE Certification in Maine and confirm, through the Department of Health, the number of certified SAFEs per hospital. Through direct interviews with staff and the PREA Coordinator, the Auditor was able to determine the availability of resources and staff knowledge of how to access them if needed. The Auditor's interviews with local hospital staff and staff of the local rape crisis agency further confirmed compliance by ensuring the pieces are in place if an inmate victim was in need of a forensic exam.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Sheriff's Office as a criminal justice agency has two policies that direct Jail staff to ensure prompt referral of allegations to investigators. *Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA* (page 11) and *Policy O-15 Criminal Investigations- Operations* (page 1). The PREA Policy is available on the agency website. The sample case provided in advance showed prompt notification and measures implemented to separate individuals involved. In the past year there were 22 cases that were referred for investigations as potential PREA concerns. CCSO investigates all potential sexual contact as possible PREA concerns even if the inmates both report the act was consensual. In cases reviewed on-site with a CCSO investigator and in information provided by the PREA Coordinator there is evidence of prompt investigations of complaints. The files reviewed supported investigations were completed after direct reports by victims to line staff and Medical/Mental Health contractors, as well as anonymous notes. Other examples included prompt investigations after third-party complaints from both other residents and

family members. Indicator C is not applicable as the Cumberland County Sheriffs office is responsible for investigations at the Jail.

Interviews with the facilities Criminal Investigator and the investigative files reviewed on-site support that upon notification the facility acts swiftly to investigate all PREA related incidents. Compliance is based on this information and the interview with the County Sheriff. The Auditor was also influenced by the inmates spoken to, many of whom knew the investigator and felt that she was approachable and that she would take complaints seriously.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Employee training at the Cumberland County Jail on PREA, dates back to 2008. Newer employees receive training on PREA as part of the Maine Justice Academy where all county and state Correctional Officers are certified. In 2016, the Maine Criminal Justice Academy, who trains the new employees at the Cumberland County Jail increased its preservice PREA training to a 4-hour course. The Cumberland County Jail is a co-correctional facility, so staff are trained on how both genders may react to a sexual assault. CCSO offers ongoing instruction in PREA which is done through self-paced electronic classes available through the Power DMS website. The slide show content was provided to the auditor and contains the elements on indicator (a). The employees, both contracted and Correctional Officers, were able to confirm that they get PREA training at least once per year with updates periodically. Training records provided by the PREA Coordinator showed all staff have up to date training records. The trainings completed on power DMS require an understanding of the content and verification of completion is done by an electronic signature. (Indicator (d))

Random interviews with staff support they understood the training elements required in indicator (a). The auditor asked questions about each element including if they could give examples of what they learned or how it could be applied to their day to day job functions. As a co-correctional environment, the staff are trained to work with both male and female inmates. The Cumberland County Jail trains all staff in how to act as a first responder to PREA sexual assault cases and trains its staff in how to perform respectful searches of trans gender and intersex inmates as noted in 115.15.

The facility was able to provide the Auditor with 2018 training schedule which includes PREA. Compliance is based on the training records provided, a review of the training content and the various staff formally and informally spoken to during the site visits. Staff overwhelmingly knew content without needing prompting and were consistent on the frequency of trainings. The Auditor asks both staff and residents how the staff do in addressing sexualized behaviors and creating a safe environment. Both groups support the staff do address things promptly and promote a zero tolerance culture further supporting the training has been understood.

## **Standard 115.32: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

#### **115.32 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA requires that all Contractors, volunteers and Interns undergo training in the Cumberland County Jail's efforts to protect, detect, and respond to sexual assault and sexual harassment claims. The facility reports it has educated 41 individuals in 2017 through its Contractor/Volunteer Orientation Program. The Program includes education of all individuals on the facility Zero Tolerance policy toward Sexual Assault and Sexual Harassment, the rights of inmates and how to report a concern. In addition to a classroom Powerpoint presentation all participants receive a Contractor/Volunteer handbook. Pages 5 and 6 of the handbook reinforce the information learned about PREA including the Zero Tolerance stance and the importance of reporting concerns promptly. The handbook also reminds individuals if they violate PREA they can be referred for criminal investigation and reporting to appropriate licensing bodies. Contractors and vendors are required to sign acknowledgements that they understand their duties regarding PREA. The Corizon Medical and Mental Health staff get more training as they are interacting with the inmates on a daily-basis. Inmates do not have any regular interactions with outside vendors. Individuals providing one-time on-site work would receive PREA information at the front desk. All individuals entering the lobby of the Cumberland County Jail are provided with information about PREA in pamphlet form and postings on the walls in multiple languages.

During the onsite visit the auditor was able to confirm the training through interviews with both contracted staff and with two different volunteers on-site. Compliance is based on the training materials provided, the documentation of those who received the training, the observation of information visible in the facility and the direct responses of those interviewed.

## Standard 115.33: Inmate education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.33 (a)**

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

**115.33 (b)**

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

**115.33 (c)**

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
☒ Yes ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

#### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

#### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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All inmates admitted to the Cumberland County Jail receive information about the facility's Zero Tolerance stance on Sexual assault and Sexual Harassment at time of admissions. All inmates are provided with PREA Brochures and watch an orientation video informing them how to report any concerns. The Inmate handbook is available in English and Spanish languages on Kiosks on the housing units. The Inmates sign for receipt of the information at Intake and when they complete the PREA Orientation. The Orientation Acknowledgement Form confirms information was provided to the inmate including: access to written and video information about PREA at CCJ, how to report concerns including confidential and third party, the right to be free of sexual assault or Harassment, that the facility will investigate all claims, that inmates can only be punished if proven that false claims were made intentionally and how to access outside victim advocates if they prefer those services to the ones available inhouse. The form is available in English and Spanish and can be translated as needed for other languages if required.

In addition, the facility has systems in place to support individuals who speak other languages (language line and translation software) and those with disabilities. Inmates with visual and hearing loss can be assisted in their understanding of PREA including the use of the video which had both an audio and a closed caption capacity. The facility also has the Sorenson Video Relay Service which assists hearing impaired individuals. Compliance



with this standard is based on the information provided, the verification of inmate education through file reviews, the results of interviews with inmates and intake staff, the observation of materials available to inmates on tour and Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (pages 12-13) which address the requirements of the standard.

## **Standard 115.34: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

### **115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

### **115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

### **115.34 (d)**

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Sheriff's Office of Cumberland County has two individuals trained to investigate sexual abuse claims in a correctional setting. Deputy Cheryl Homes and Lt. Joel Barnes are law enforcement officials certified by the State of Maine and empowered to investigate and arrest. Both Lt. Barnes and Deputy Holmes have extensive backgrounds in Law enforcement including completing investigation of sexual abuse. Lt. Barnes works in the CCSO internal affairs unit and performs investigation inmate claims against staff. Deputy Holmes, who is a retired Police Detective with the city of Portland, completes all investigations of inmate on inmate sexual abuse. Detective Holmes also according to her resume has been trained and worked as a rape crisis advocate. In addition to the general investigatory training these individuals have also taken the National Institute of Corrections' training "Investigating Sexual Abuse in a Confinement Setting". Both Holmes and Barnes also attended a full day seminar offered by the Massachusetts Department of Corrections on completing a PREA Investigation. Through Interview with the investigative staff it was confirmed that the trainings provided covered interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings. The interview also confirmed the criteria for prosecutorial referral or administrative sanction. Compliance is based on staff's knowledge of the standards, their trainings on PREA Investigations and their overall knowledge/experience investigating in the Jail and the community. Also taken into consideration was the fact that the inmates knew the investigators by name and stated they could approach them directly if they had concerns.

## Standard 115.35: Specialized training: Medical and mental health care

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Jail has two policies that relate to the requirements of the standard on specialized training of Medical and Mental health staff. CCSO Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA and Corizon Health Policy J-B-05.00 Response to Sexual Abuse directs staff on how to detect, preserve evidence and respond to victims of sexual abuse. Training records provided show the Corizon, who provides the medical and Mental Health Services at Cumberland County Jail, train their staff in how to preserve evidence, to effectively communicate with victims of sexual assault and how to make a report in the Jail. Indicator B does not apply since forensic exams are not done on site. The Auditor was able to confirm through outreach to both the local hospitals and the State Department of Health, the training and availability of Sexual Assault Forensic Examiners in the greater Portland ME area. Interviews with contracted staff persons in both medical and Mental health arenas reconfirmed that they had received both the necessary training for Medical and Mental Health Professionals as well as the general PREA training provided to CCSO staff. Compliance is based on the knowledge of the standards that Corizon staff had, their understanding of how to protect the inmate victim as well as evidence, and how place to provide ongoing support. As noted Indicator (b) is NA but the auditor confirmed the availability for forensic exam by certified Sexual Assault Forensic Examiners exist in the community.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
☒ Yes ☐ No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  
☒ Yes ☐ No

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

**115.41 (e)**

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

**115.41 (f)**

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

**115.41 (h)**

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

**115.41 (i)**

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Sheriff's Office uses an objective screening tool for all inmates who are admitted to the Cumberland County Jail since August of 2017. The tool contains all required elements found in standard 115.41 and has an accompanying reference guide to ensure consistent application of definitions and methodology for scoring the tool. Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (Pg. 14) sets forth the requirements of the timeliness for initial screening within 72 hours and a mandatory rescreening within 30 days. Since the Agency was not initially compliant with the screening as of August 2016 they went back and screened all existing inmates who were housed in the facility in the fall of 2017. The facility provided, in advance, a sampling of the tools. The Auditor reviewed files and received more documentation on-site supporting compliance with these standards. CCJ also defines for its staff when a rescreening should occur. The policy and screening guide requires that any incident of sexual abuse or other relevant information obtained that would bear on the inmate's risk for sexual victimization or abusiveness would result in a PREA Screen Review.

Inmate interviews support Jail policy that they would not get punished if they choose not to answer a screening tool question. During the tour the auditor was able to see how PREA information is protected from general staff access. Medical and Mental Health charts are where key elements, such as victimization history or sexuality, would be maintained. These charts are protected and have limited access in compliance with National Commission on Correctional Health Care Standards (NCCHC). The Spillman electronic record also has controls that limit access to different screens by the individual's duties.

All inmates have been screened utilizing an objective tool since the summer of 2017. The tool covers the elements of indicators (d) and (e). The facility's intake staff showed the auditor the process by which all inmates are initially scored upon admission. Staff and inmate support this process begins within the first hours on site. The tool uses information from the inmate's current arrest, prior information in the Spillman records system and direct interview questions by both custody and medical staff. By dividing the tool into separate parts, the more sensitive information around one sexuality and prior victimizations would be contained in separate electronic medical records. Once the initial score is determined an appropriate housing placement is determined and the form goes into a locked box to be reviewed for accuracy by the facility PREA Coordinator. The Spillman system can advise intake and supervisory staff through a system of "keep separate" codes to ensure likely victims and likely perpetrators are not housed together. The Spillman system also can generate reports that can track timeliness of initial and 30-day assessment of PREA screens (Indicators (b) and (f)). At the Cumberland County Jail, the Classification Officers are responsible completing the 30-day assessments. They are aware of the need to re-score the inmates when additional pertinent information is learned or if there is an event in the institution

that may affect the score (significant assault, consensual misconduct, significant health concern, etc.). The PREA Coordinator reports that information is provided when inmates are transferred in from other jurisdictions and that CCJ shares the PREA scores with DOC upon sentence.

The Cumberland County Jail has made a great effort to ensure that PREA Screenings has become an integral part of the intake process. The standard elements are compliant given the policy and the tool in place that allows for a screening to happen within hours of admission. The tool is objective to provide consistent information that can be used to protect the population from incidents of sexual abuse. Observation of the intake process and the files reviewed show that the tool has become an institutionalized process. The 30-day reassessment process (Indicator (f) was not fully implemented until late 2017. It took a period for the facility to ensure existing inmates admitted prior to the screening tool had a screening. As a result, the Auditor requested additional documentation of initial and reassessments over a 4-month period. The Auditor agreed a full corrective action period of six months was not necessary given the changes that were already implemented. The Cumberland County Jail has also utilized technology to track the timeliness of these reports.

During the Corrective Action Period the facility provided documentation supporting on going reassessments within the 30-day periods. As noted above the facility had already begun to meet the measure at the end of 2017 but since the period was less than 6 month a Corrective Action period was required. During the Corrective Action period inmates who had 30-days reassessments were provided to the Auditor. To further support compliance a copy of the screening and reassessment tracking reports were provided. The reports check the timeliness of screening and assessment by comparing when they were completed against the admission time and date. All screening and reassessments are provided back to the facility PREA Coordinator which ensures a secondary view of documentation is done.

## **Standard 115.42: Use of screening information**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.42 (a)**

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No



- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

**115.42 (b)**

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

**115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

**115.42 (d)**

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

**115.42 (e)**

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

**115.42 (f)**

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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There are two policies that address the indicators in this standard Policy D-243A Transgender Inmates and Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA. The Cumberland County Jail as a pre-trial facility utilizes the information from inmate screening to protect their safety and limit the likelihood of assaults. With electronic reports such as the "Keep Separate Report" (generated from the PREA screening tool results) line staff and supervisors can watch interactions of inmates, control who can go to programming such as recreation at the same time and ensure potential and known victims are not housed or celled with known or potential perpetrators. As a pre-trial facility, CCJ has limited educational and vocational training slots and how inmates are housed, determine who can go to programming at a given time. This process inherently keeps these populations separated. Work slots in the facility because of the high turnover of inmates are also limited. Inmates can work on the unit or off unit. Off unit work recommendations would take into consideration aggressiveness. Off unit work at CCJ includes cleaning crew, the food service crew, library assistants, and laundry. Staff who work in the vocational/education department or who oversee work crews felt that had sufficient information to ensure inmate safety. They also report group sizes are small enough for good observation and they were aware of the importance of lines of sight. The Nurse in the Intake Area and the Mental Health staff confirm that inmates who report prior sexual victimization are automatically seen and are offered services. The Auditor was able to see this in records reviewed. Since the one transgender inmate admitted in the last 12 months stayed only 2 days compliance for indicators (C-D-E-F) relied

on policy and the forms completed at intake more than documentation. The Agency Policy D-243A *Transgender Inmates* and interviews with the PREA Coordinators and other Jail management staff confirm that a inmates own views are considered in the development of housing, programing and search plans. The Policy requires the intake screening in 115.41 to be completed in 24 hours and an interdisciplinary committee to meet within 72 hours of admission. The CCJ has the capacity to single cell the inmate who identify as transgender until the committee can meet to discuss the inmates plan. In the case presented to the Auditor the inmate chose to voluntary segregate knowing that they were being transferred to federal custody. The inmate was housed in the intake area which the policy allows. Showers in the CCJ are all single showers (f) and the policy ensures twice a year reviews of the transgender inmate's plan (d) and that they have say in that plan development (e). A review of the population, and interviews with staff and Inmates, confirm shows that there are no dedicated units or policies requiring LGBTI inmates to be housed in specific units. Compliance was based on interviews with various staff, LGBTI identified inmates, policies in place that describe the use of PREA Screening tool information, and documentation in files presented to the Auditor to support the processes are being done.

## **Standard 115.43: Protective Custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

### **115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Jail has not housed any individual in segregation for being an actual or potential victim of sexual assault. The agency is committed to utilize other means such as unit transfers to ensure the safety of inmates. With 9 housing units the facility has the capacity to keep separate victims and their aggressors. Though the agency does not use this tactic it has all the required elements in place if a resident was placed in involuntary segregation. The Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA on page 15 addresses each of the indicator's conditions. The PREA Coordinator defined how services would be available to inmates in this situation. Programming, educational and library services are accessed through a request slip process. Inmates on this status would receive material appropriate for in cell use and would have access to phones and commissary. The only prohibition would be work during this status since they would require access to general population. Without cases of involuntary segregation, the auditor must base compliance on policy, an understanding of general segregation rules and interviews with staff working the units and the Jail Administrator.

## REPORTING

### Standard 115.51: Inmate reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The CCJ provides inmates with multiple ways of reporting PREA concerns of sexual assault, retaliation or staff negligence that leads to abuse. The facility encourages inmates to feel comfortable reporting to any staff member, any contractor or volunteer or through communication with outside agencies. The facility provides this information in brochures, posters, and handbooks as well as an orientation video emphasizing the importance of reporting. The facility has posted information to contact local County District Attorney's Office, the Maine Department of Corrections PREA Coordinator, local rape crisis agencies and Consular's Office for those inmates detained for civil immigration concerns. The agency also has a phone tip line that allows for information to be reported inhouse to the PREA Coordinator. Information can also be passed through the grievance box to administration.

Interview with random inmates support they were aware of various ways in which they could report a PREA concern. Though they did not always know the name of the local rape crisis agency they did know there were numbers posted on the unit walls and the unit phones. Most resident expressed they would tell a staff and knew

they could report on behalf of another inmate or how to file a concern anonymously. Some residents stated they could have families or their attorney report concerns, while others named the Jail investigator or the PREA Coordinator as someone they would approach with a concern. Interviews with random staff support they know they have to report immediately all concerns related to sexual abuse or sexual harassment no matter the source of the information or the format it is received. Staff reported no concerns in making reports up the chain of command and felt if appropriate they could go through other channels if necessary without consequences. Compliance is based on the strong understanding of the staff and inmates on how to report PREA Concerns and the importance of acting promptly. Compliance also is based on the multiple options that are posted in the facility on how to report. Finally, the Auditor took into consideration the outside agencies (District Attorney, and SARSSM) willingness to report concerns if inmates file complaint through their offices.

## **Standard 115.52: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.52 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

#### **115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (c)**

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (e)**

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.52 (f)**

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA



- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
☒ Yes   ☐ No   ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA

#### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes   ☐ No   ☐ NA

#### Auditor Overall Compliance Determination

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- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The Cumberland County Jail does have a grievance process for inmates who feel wronged in any way in the facility. The agency policy and the inmate handbook does not put in any time constraints for filing or processing a grievance including a PREA related filing. As such the CCJ is not exempt in indicator (a) and has no examples for review as part of the audit process. The Jail allows the inmates to submit in writing, a grievance without having to resolve the process informally or with a staff person who is subject of the complaint. The administrative staff collects all grievances or communication requests daily. CCJ Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 16) states that the jail "will impose no time limits on when an inmate may submit a grievance." A review of the inmate handbook (pg. 13), by the Auditor, confirms as it instructs inmates there are no time constraints on filing grievances. The facility has not had a PREA related grievance and as such there were no files to review as part of this process. Information reviewed is consistent

with timelines requirement in (d) for appeals and decision. It is reported that due to the short term stay of the Jail they try to resolve all complaints in a shorter time period when they can.

Random Interviews with staff and inmates support that third-party complaints will be received and investigated. Inmates supported that they felt the staff would investigate third party claims including those made anonymously through the tip line. Inmates were also aware that they could only be punished if the grievance was filed in bad faith. Absent of grievances related to PREA, the Auditor had to rely on the policies, the interviews with staff and residents and the visual observation of materials educating residents on grievances in considering compliance. The Auditor finds the standard compliant given these factors support a mechanism exists to respond if needed in the future.

## **Standard 115.53: Inmate access to outside confidential support services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

#### **115.53 (b)**

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

#### **115.53 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The Cumberland County jail allows all inmates access to the local rape crisis agency SARSSM. The Sexual Assault Response Services of Southern Maine has entered a memorandum of understanding with CCJ to provide multiple services to inmates. The MOU has the rape crisis agency available to allow emotional support to residents. Information provided in the handbook and PREA brochure confirms SARSSM is given professional visitor status and allows for confidential mailing and telephonic communications. Inmates wishing to call SARSSM can do so without it being recorded by dialing 1111. The MOU was first signed in January 2017 and resigned this year.

Inmates held on behalf of U.S. Homeland Security for Immigration concerns also have access to report concerns. Two postings observed in the facility inform ICE inmates of how to obtain support through local immigration organization. One posting was entitled "Break the Silence – ICE has Zero Tolerance for Sexual Abuse and Assault". The posting goes on to provide access through confidential toll-free numbers to ICE agents. The second posting informs ICE inmates about their toll-free access to the Immigrant Legal Advocacy Project (ILAP). The Cumberland County Jail held 44 ICE inmates in 2016.

The Auditor finds the conditions of the standard are met based on several factors. The MOU with SARSSM provides the necessary support to victims who choose not to use the Corizon Mental Health Staff for ongoing support. Interviews with staff and residents show knowledge of the resources and their locations in the facility. The Auditor had suggested to add posting showing all Rape Crisis Services in the state so individuals leaving to areas outside SARSSM service area can know how to access services. The Auditor also took into consideration the interviews with the two closest rape crisis agencies who showed a willingness to support victims and coordination of services on site (SARSSM) and case transfer if needed upon release.

## Standard 115.54: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

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Cumberland County Sheriff's Office 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 US mail or by contacting the CCJ PREA Coordinator through the agency website <http://www.cumberlandso.org> . There is information directing residents in the PREA brochure, PREA poster, resident handbook and on the website noted above. Staff interviewed 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. Postings supporting reporting by all were visible both inside the facility and in the Public areas of the facility.

The CCJ Policy addresses the requirements of this standard. As part of the audit process the PREA Auditor spoke with the PREA Coordinator, the representative of the District Attorney's Office and The Maine Department of Corrections PREA Coordinator. The Auditor also spoke as noted in 115.53 with local rape crisis agencies who denied having gotten any complaints from current or past inmates about CCJ. Compliance determined based on policy, and the systems CCSO has put in place to support the inmates and that inmates were aware they could make a complaint on behalf of another inmate.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.61 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

**115.61 (b)**

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

**115.61 (c)**

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

**115.61 (d)**

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

**115.61 (e)**

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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### Instructions for Overall Compliance Determination Narrative

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Cumberland County Jail Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (pages 18-19) requires that staff immediately need to report all accusations of Sexual Assault, Sexual Harassment or retaliation complaints including third party and anonymous complaints. The policy also goes on to state the responsibility of the Supervisory staff on duty. Staff interviews support they are aware of the importance of timely reporting and the need to provide confidentiality about information except when reporting to supervisory, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility's Medical and Mental Health Clinicians are aware of the need to report all allegations and does not service individuals under the age of 18 so indicator (d) would not apply. Staff are aware of mandated reporting and their legal responsibility to report all PREA events or any concerns of retaliation of those individuals who have reported such events. Staff are to report to the shift Lieutenant immediately or the on-call administrator. The Lieutenant will notify the criminal investigator and the PREA Coordinator if the event appears to be criminal. Random staff confirmed that they need to report on any co-worker's actions or inactions leading to the incident. Compliance with all applicable portions of the standard were determined through policy review, interview of staff and their understanding the mandate to report all knowledge, suspicion, or information of sexual abuse, sexual harassment and any form of retaliation. The Auditor also took into consideration the various cases where investigations took place because of staff observations that were reported rather than direct complaints

## Standard 115.62: Agency protection duties

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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*Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 19) requires the facility staff take immediate action if someone is at risk. Interviews with the County Sheriff, the Jail Administrator and discussions with other management staff confirm there is an immediate response to any situation where physical or sexual harm is imminent. Random staff knew the importance of quick responses in the situations. The facility provided an example of movement of inmates when notes requesting sexual favors were found. The Jail Administrator reports that they will assess both parties and determine the best plan of action. With multiple units they can easily separate individuals including moving a known aggressor to higher security units if needed. Compliance is based on interviews and the examples provided.*

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

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The Cumberland County Jail Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA page 19 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). Jail Administrator Major John Costello was aware of responsibilities including the documentation of notification if he had to notify another facility of the accusation. The Jail Administrator 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. CCJ notified The Maine Department of Corrections PREA Coordinator about PREA cases that were alleged to have occurred in one of their facilities. Documentation provided showed notifications occurred within hours of the disclosure. The documentation was verified by the DOC PREA Coordinator. Compliance with this standard was based on the agency policy, the Major's knowledge of the requirements and the documentation provided. CCSO policy addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. Sheriff Kevin Joyce also confirmed the expectations of immediate investigations/cooperation of any complaint to or from any other facility.

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes   ☐ No



- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 19-20)) addresses the requirements of the First Responder Standard. The facility trains its entire staff as potential first responders. Staff training and policy describes efforts to: 1) support the alleged victim, 2) provide quick access to medical services at a hospital with SANE nursing, 3) steps to protect crime scene and potential evidence on those involved. Interviews with random staff supports they know the steps required to ensure quick access to care while protecting potential evidence. Staff were all able to provide examples of what they had learned about protecting evidence including closing off the area the assault happened, requesting the individuals involved in the incident to not eat, drink, brush, use the toilet, shower or change clothing. The

Cumberland County Jail had only one individual in the past year who acted as a first responder. The agency has developed a PREA Incident checklist that staff use to ensure the first responder duties are met. The individual who previously acted as a first responder was not working during the on-site portion of the audit. In the incident the inmate was separated from the accused, the scene secured, the staff person alerted supervisor immediately and the inmate was taken out to the local hospital for a potential forensic exam which they later refused. Since there was only one incident in which a staff had to act as a first responder, compliance was based on staff knowledge of expectations, the reports of the incident, policy requirements and the aides put in place to help guide staff in the event of an incident.

## Standard 115.65: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Jail has developed a six-page coordinated response plan to guide staff through the various steps in an incident of sexual assault. The Jail Administrator and the PREA Coordinator confirmed that staff, including supervisory staff, were aware of the plan. The plan has several sections directing first responders, Sergeants, Medical and Mental Health staff and Investigators on steps necessary. The plan also has key information to be able to contact the local hospital to notify ahead of transport the need for a SAFE and how to call a rape crisis advocate. A review of the elements of the plan and discussion with facility leadership and staff

members in the various identified positions supports compliance. Random staff interviews showed a consistent understanding of their role in the plan.

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

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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Discussions with the County Sheriff confirm that the contracts with unions representing the Jail employees do not prevent him from removing the staff person during an investigation into a criminal act such as PREA sexual assault. A review of three different union contracts found no language that would prevent the use of administrative leave during an investigation into possible staff wrongdoing. There were no incidents in which a staff member needed to be removed from work during a PREA sexual abuse incident. Compliance is based on the interview noted above and the review of the contracts.

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

**115.67 (d)**

- In the case of inmates, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

**115.67 (e)**

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes ☐ No

**115.67 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Cumberland County Jail policy, A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 20-21) addresses the agency's commitment to protect residents and staff who report PREA Incidents from retaliation. The PREA Coordinator is leading the monitoring efforts within the facility. The CCJ has developed a weekly checklist by which to document how the inmate is monitored. The form provides information including expected monitoring period of 90 day and 30-day extensions as needed. The Auditor was able to review monitoring forms as part of investigatory files and found well documented reports that showed if disciplinary, programmatic or housing changes occurred. The Auditor was also able to see documented direct communication with the inmate, with Mental Health staff and with Classification team members. The Form can be used to monitor any inmate victim or any individual who is afraid because of cooperating with an investigation. The Jail Administrator, Major Costello, would have the investigative staff monitor staff members who cooperate in investigations to ensure they are supported. Sheriff Kevin Joyce reports he has Zero Tolerance for those who look to intimidate individuals and believes the monitoring supports overall facility safety. The Auditor based compliance on interview information and the documentation that supports an active and interactive monitoring system for those who cooperate with PREA investigations. Inmate who was involved in an investigation acknowledged the support they had received. The level of support given to the inmate and the form that provides a clear process for documentation and tracking of the monitoring process support that Cumberland County has exceeded expectations.

## **Standard 115.68: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.68 (a)**

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The Cumberland County jail has not had to use involuntary administrative segregation to protect an inmate who has alleged sexual abuse. The facility would prefer to only move the aggressor to segregation if an incident was to occur. The facility has other housing options to provide temporary stability to the inmate if they fear for being in a general population unit including a special housing unit which is smaller or in the medical unit if needed. As noted previously the transgender inmate admitted weeks before the onsite visit decided to voluntarily segregate themselves from general population for the two-day period on site. They were housed in the intake area for the limited stay. Compliance, without any incident of segregation use post allegation, is based on policy and discussions with the facility management on their goal of avoiding the use of segregation to keep individuals safe. The facility has multiple housing options to move individuals who cooperate in an investigation to keep them safe.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.71 (g)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

**115.71 (i)**

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

**115.71 (j)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

**115.71 (k)**



- Auditor is not required to audit this provision.

#### 115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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As the county's law enforcement agency, the Cumberland County Sheriff's Office will complete all investigations related to PREA at the Cumberland County Jail. The Facility has two primary investigators for jail activities including PREA. Cheryl Holmes serves as the lead investigator of all inmate on inmate crimes including PREA and Lieutenant Joel Barnes who works as the Internal Affairs Officer, for all PREA complaints that involve staff. Deputy Holmes had over 20 years of Police and Detective work with the Portland Police Department before coming to CCSO in 2012. Officer Holmes, as noted in 115.34, has also worked as a rape crisis counselor. Officer Barnes has been with the Sheriff's Office since 2003. As noted in 115.34 both officers have been trained in investigating Sexual Assault in a correctional environment. Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (page 21) and Policy O-15 Criminal Investigations-Operations) covers the various elements of this standard. Policy language includes that all investigations are completed in a prompt, thorough and objective manner; it sets the standards for evidence collection, interview process and coordination with the local prosecutorial authority. As part of the Audit preparation the Auditor spoke with a representative of the County District Attorney's Office. Since there were no PREA cases in 2017 the auditor was given examples from 2015-2016 of collaboration between these offices on a conviction. The Auditor also confirmed that state statute requires all documents are held for a criminal investigation until the person turns 80 and has had no contact with the criminal justice system for more than 5 years. Interview with the investigator confirmed the standard of proof, determining credibility of a witness and that all conduct appearing to be criminal is referred for prosecution. Interviews also confirmed that CCSO would continue to investigate cases even after the departure of either a victim or a perpetrator and the polygraphs or other truth

telling devices are not a condition of proceeding in an investigation. To determine compliance the Auditor took into consideration the results of the interview, the policy in place and the investigatory files that were reviewed in advance and on site.

## **Standard 115.72: Evidentiary standard for administrative investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

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Deputy Cheryl Homes confirms that agency and CCJ policy, A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA requires no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Investigative staff have taken the NIC training "PREA: Investigating Sexual Abuse in a Confinement Setting" course which covers this topic. They also attended a PREA Resource Center sponsored event in 2017 hosted by the Massachusetts Department of Corrections. The all-day training in February of 2017 was on Sexual Assault Investigations. For compliance determination, the Auditor relied on the interview and training records and the review of case files.

## **Standard 115.73: Reporting to inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.73 (a)**

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

**115.73 (b)**

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

**115.73 (c)**

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

**115.73 (d)**

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?  
☒ Yes ☐ No

**115.73 (e)**

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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To improve compliance with documentation of standards in the fall of 2017 the Cumberland County Jail added a form the PREA Coordinator fills out notifying the inmates of an investigation's outcome. The inmate is asked to sign the form as a receipt consistent with the expectations of indicator (a). Indicator (b) does not apply as the Cumberland County Sheriff's Office completes all investigations at the Cumberland County Jail. Since the PREA Coordinator is also the individual in charge of monitoring inmate retaliation the auditor was able to find examples of documentation of information about housing notifications for an inmate concern about a peer and in a second case the outcome of a staff sexual harassment case. The Auditor was able to speak to the victim of the sexual harassment case and confirmed that the PREA Coordinator checked in regularly and notified her of the outcome and the limitations imposed to reduce contact between the two parties. Compliance is based on interviews with the person in charge of monitoring retaliation, the facility PREA Coordinator. The Auditor also considered the documentation provided including the retaliation form and the new notification form that the inmates sign. The practice is confirmed also through the statements of an inmate who filed a complaint

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.76 (a)**

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

**115.76 (b)**

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

**115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

**115.76 (d)**

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

CCJ policy, A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (pages 22-23) states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary

action. Disciplinary actions, including termination, which will be presumed consequence 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. The CCSO Disciplinary Sanction Code A-10 allows for termination for first offense for engaging in sexual act with any inmate. CCJ policy requires all allegations of sexual abuse to be reported to law enforcement if the actions appear to be criminal including the local prosecutor and the Maine Criminal Justice Academy regardless of whether the staff resigns or is terminated. No staff has been terminated in the past year for a PREA related violation. Compliance for this standard was based on past practice of the agency, the interview with the Jail Administrator and documentation of the handling of a non-criminal sexual harassment case.

## Standard 115.77: Corrective action for contractors and volunteers

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Cumberland County Jail has approximately 40 contractors and 154 volunteers. The contractor portion are employed in the Medical and Mental Health service of Corizon. Cumberland County Jail's policy, A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (pages 23) allows the program to bar entry 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. To date the facility reports it has not had to enact any of these measures to protect the residents. Compliance was determined because the facility has the necessary procedures in place to be compliant with the standards expectations should a situation arise. Interview with the PREA Coordinator and the Health Services Administrator also supported this finding.

## **Standard 115.78: Disciplinary sanctions for inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

### **115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

### **115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

### **115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

### **115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

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Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA (pages 23) covers all the language requirements of standard 115.78. The Agency has not had any inmates in the past year who have been found guilty of engaging in sexual abuse. Inmates at CCJ are subject to Policy F-200 Inmate Discipline. They are provided information on the offenses and the consequences for each act in their handbook. English and Spanish versions of this document are available on the unit Kiosks. The Disciplinary policy covers several items and a range of consequences including sexual harassment, inmate on inmate consensual sexual contact (indicator (g)), and rape. Sexual contact with staff, if they did not consent, is subject to discipline (indicator (e)). The Discipline code also addresses consequences for purposeful false allegation related to PREA and consequences for retaliation or threats of retaliation related to PREA cases. Discipline Policy and the handbook confirm that the committee hearing the case will take into consideration the individuals functional capacity allowing others to assist in the case preparation or if the impairment is so significant the committee can refer the case to mental health. (element (c)). Since there were no cases of Sexual Abuse to review the Auditor



bases compliance on the facility's policy, the information available to Inmate relative to the discipline code/hearing process and the 2017 hearing forms an of inmate on inmate consensual sexual contact case.

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
☐ Yes ☐ No ☒ NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
☒ Yes ☐ No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Sheriff's Office has contracted Corizon Correctional Healthcare to provide the Medical and Mental Health Services at the County Jail. All individuals complete a screening with both custody and medical staff upon admission. The nursing and mental health staff confirmed that individuals identified are referred to Mental Health consistent with the standards and the Policies of the CCJ and Corizon Correctional Healthcare. Since CCJ is a Jail indicators (a) and (b) are not applicable. Documentation provided and reviewed show that residents are referred to Corizon Mental Health who also will make referrals to SARSSM the local rape crisis organization for ongoing supports. CCJ provides confidential electronic medical records separate from the county Spillman Electronic Record Management System. Critical information that could be used against a victim is secured in the Corizon system and files that meet the ACA and NCCHC standards of practice. The Jail staff have access to enough information to make safe housing and programming decisions. Keep separate reports can be run in the Spillman System based on the scores in 115.41. Interviews with Mental Health and Medical staff confirm that all inmates are notified about the limits of confidentiality at the initiation of service.

To determine compliance the Auditor took into consideration policies of the Jail and Corizon, interviews with Medical and Mental Health staff and random inmates understanding of confidentiality. The auditor also was able to review files that showed a practice consistent with the time lines required.

## Standard 115.82: Access to emergency medical and mental health services

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
☒ Yes ☐ No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Jail 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, as required in standard 115.65, outlines the steps Medical and Mental health staff are to take to ensure access to care. It requires first responders to ensure medical care is provided in a timely fashion and instructs medical staff to communicate who will insure prompt referral to a local hospital for a forensic exam. CCJ has on site medical

nursing staff from Corizon 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical provider. The Corizon staff will follow the requirements of the Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct PREA and corresponding Corizon health care policies. The coordinated response plan requires phone calls are made to Sexual Assault Response Services of Southern Maine (SARSSM). The procedure requires, if not offered in the hospital, all victims be offered the required testing and prophylactic treatments in element (c) without cost.

The Maine Department of Health and Human Services confirmed the area has a list of several facilities with SAFE or SANE capabilities. The inmates at CCJ would be referred to the Maine Medical Center or Mercy Hospital both in Portland ME. The hospitals have a combined 10 Certified staff and 5 other trained SAFE nurses. As part of the audit process the Auditor spoke to a hospital representative of the Maine Medical Center and the second hospital in the area Mercy Hospital. The hospital representatives confirmed the access to SAFEs. According to the hospitals if a SAFE is not available on site they have the ability to be called in. There is no financial cost to any inmate in CCJ according to policy and communication with hospital staff. 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, interviews with the CCJ Medical and Mental Health staff, communication with and research of the local hospitals SAFE services, policy of the CCJ and information from the State on Forensic exam requirements.

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

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

**115.83 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
☒ Yes ☐ No

**115.83 (h)**

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  
☐ Yes ☐ No ☒ NA

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Jail 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 facility PREA Coordinator Chris Bisson has received training as Sexual Assault Crisis in addition to Contracting with the local Rape Crisis Service SARSSM (Sexual Assault Response Services of Southern Maine).

The policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA 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 Corizon. Through contracting with rape crisis centers the County Jail 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. SASSMM (Sexual Assault Support Services of Mid-Coast Maine) is the other rape crisis agency in the region. As part of the audit process the auditor spoke to representatives of both these agencies who ensured coordination of services to victims in custody and upon release was available. The services provided between the community hospital, the facility and the contracted services providers ensure that inmates at the CCJ are provided with equitable services to those provided to victims in the community. Indicators (d) and (e) according to Corizon staff, would be compliant in that female residents can be tested for pregnancy and would receive appropriate counseling services. Corizon provides Medical services 24 hours per day and has 40 hours of Qualified Mental Health Professional services. Discussions with representatives of both local hospitals also ensure appropriate testing would be made available to victims. Indicator (h) does not apply as the facility is not a prison facility. 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, SASSMM and the local hospitals.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Cumberland County Jail has used multidisciplinary teams to review unsubstantiated cases of a sexual harassment case in April of 2017. The Committee consisted of the Jail administrator, the Investigator, the PREA Coordinator, The Health Administrator, and The Operations Captain. The form used had questions covering all the elements of Indicator (d). The form was later modified to improve documentation to include incident dates,

the date the investigation was concluded and the date of the team meeting. This modification allows for the 30-day requirement to be tracked easily. The sample incident did not have any recommendations, but Operations Captain Butts, who was interviewed as a PREA Incident Review Team member, acknowledged the importance of these reviews. Since the Agency has not had any Sexual Abuse investigations in the last year compliance is based on the agency policy that define the various requirements of standard 115.86 and the related form that documents the committee's findings. Interviews with the PREA Coordinator, the Jail Administrator and the Operations Captain all support they understand the elements of this standard, the timeliness requirement and the importance of a critical review process as an avenue for program improvements. The agency was able to show how past practice of administrative reviews have improved safety for inmates and staff. Modification to intake practice was the direct result of a critical review of a consensual sexual encounter between two inmates.

## **Standard 115.87: Data collection**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.87 (a)**

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### **115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

#### **115.87 (c)**

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### **115.87 (d)**

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

#### **115.87 (e)**

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☐ Yes ☐ No ☒ NA

#### **115.87 (f)**



- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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PREA Coordinator Christopher Bisson has put together a data base to track information on all investigations that may appear initially to be PREA related. The data collected includes information needed to fill out the Survey of Sexual Violence. The chart collects 28 different elements excluding general population numbers which are maintained in the electronic Spillman system. The Cumberland County Jail has not been required by the US Department of Justice to produce this report, but they were able to show how the data available allowed them to complete last year's form. Indicator (e) does not apply as the facility does not contract out beds. Compliance is based on discussions with the PREA Coordinator, the information provided to the auditor in chart form and the copy of the previous years SSV report.

## Standard 115.88: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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The Cumberland County Sheriff's Office (CCSO) has implemented Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA, this policy on page 26 addresses the standard's requirements. The data elements have been collected for the past two years. The management teams on the facility level and the agency level will utilize data to make informed decisions on programmatic and policy needs. Though there were no incidents of sexual assault, the agency still looks at ways to improve the safety of the facility. With the PREA Coordinator overseeing the agency's efforts, including data collection, CCJ has created a system in which problem areas can be identified and a corrective action plan monitored. The County Sheriff

reports that incident review information and data elements are reviewed with his management team regularly. He also reports that the PREA Coordinator and the Accreditation Managers also meet with the management team to discuss any concerns or trends that need to be corrected. The agency publishes data in an annual report on its website. The annual report does not have identifying information. The compliance with the standard is based on information provided and the interviews with Sheriff Kevin Joyce and PREA Coordinator Christopher Bisson.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
☒ Yes ☐ No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Sheriff's Office (CCSO) Policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA addresses the requirements of this standard. All facility data is provided to the agency PREA Coordinator who is responsible for maintaining and securing all data. When the facility has an incident, all identifying information is to be removed before any information is made public. All data for the annual report is required to be kept a minimum for 10 years by policy A-144 Prevention of Sexual Abuse, Sexual Harassment and Sexual Misconduct of Inmates/ PREA. Compliance is based on interview with the PREA Coordinator, Information available on the County Website and the facility policy defining the requirements.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
☒ Yes   ☐ No   ☐ NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes   ☐ No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
☒ Yes   ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes   ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
☒ Yes ☐ No

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Cumberland County Sheriff's Office, through this audit process, has rectified elements of this standard. Indicators (a) and (b) were not in compliance in the first cycle of PREA Auditing and as a result the facility lost its contract to provided bed space to the state of Maine DOC in 2016. Moving forward element (a) would comply for the second audit cycle but cannot make up for no audit in the first cycle. Element (b), with the finalization of this report will be addressed. Cumberland County Jail is CCSO's only facility CCJ and is completing its audit in the second year of the second cycle.

The Auditor was able to complete a thorough audit of the CCJ with the ability to observe all areas of the facility. The Auditor was given access to information/records in advance, at request in both electronic and paper formats. The facility provided the Auditor with appropriate working space to complete an effective review of the standards. The Auditor was able to move about the facility and interview residents and staff in their working and living environments. The Auditor found the facility staff and management knowledgeable about PREA, open to discussions on areas of improvement and cooperative and flexible during the on-site visit. The Inmates, who did not send any correspondence in advance of the audit appeared to be open to speaking with the Auditor and consistently supported a safe environment from sexual assaults. The Auditor, saw the PREA Audit notice posted in the facility in various public spaces visible to staff, inmates and visitors. Compliance for this standard is based on the aforementioned elements in place and the finalization of this report resolving indicator (a).

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the 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. This PREA Audit is the Cumberland County Jail's first PREA audit. The Cumberland County Sheriffs Office website has a placeholder for the report link currently, so it is anticipated that the final report could be posted within the 90 days of its finalization. PREA Coordinator Chris Bisson I aware of the requirement of posting the final report to the website.

## 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.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

  
Jack Fitzgerald

4/27/18

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.