

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 4/22/2018

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
Telephone: 203-694-4241	Date of Facility Visit: March 5-8 2018

Agency Information

Name of Agency: Maine Department of Corrections		Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.	
Physical Address: 25 Tyson Drive		City, State, Zip: Augusta ME 04333	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 207-287-2711		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 type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: The mission of the Department of Corrections is to reduce the likelihood that juvenile and adult offenders will re-offend, by providing practices, programs and services which are evidence-based and which hold the offenders accountable.			
Agency Website with PREA Information: http://www.maine.gov/corrections/			

Agency Chief Executive Officer

Name: Dr. Joseph Fitzpatrick	Title: Commissioner
Email: Joseph.Fitzpatrick@maine.gov	Telephone: 207-287-2711

Agency-Wide PREA Coordinator

Name: Kathleen Mahoney	Title: PREA Coordinator
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Email: Kathleen.Mahoney@maine.gov	Telephone: 207-287-2711
PREA Coordinator Reports to: Ryan Anderson- Manager of Corrections Operations	Number of Compliance Managers who report to the PREA Coordinator 6

Facility Information

Name of Facility:	Mountain View Correctional Facility		
Physical Address:	1202 Dover Road Charleston, ME 04422		
Mailing Address (if different than above):	1202 Dover Road Charleston, ME 04422		
Telephone Number:	207-285-0800		
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission: To protect the public by providing a safe and secure environment for our staff and prisoners. A dedicated team of professionals provide treatment programs and model behavior to promote rehabilitation and reintegration back to families and communities. We offer education, vocational and real-world work opportunities, along with graduated furloughs to promote successful re-entry; thereby promoting public safety.

Facility Website with PREA Information: : <http://www.maine.gov/corrections/>

Warden/Superintendent

Name: Jeff Morin	Title: Superintendent
Email: Jeff.Morin@maine.gov	Telephone: 207-285-0800

Facility PREA Compliance Manager

Name: Cheryl Preble	Title: PREA Monitor – Compliance Specialist
Email: Cheryl.Preble@Maine.gov	Telephone: 207-285-0800

Facility Health Service Administrator

Name: Kim Partridge	Title: Health Services Administrator
Email: kjpartridge@correctcaresolutions.com	Telephone: 207-285-0800

Facility Characteristics

Designated Facility Capacity: 394	Current Population of Facility: 368
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Number of inmates admitted to facility during the past 12 months Adults – 423 Juveniles - 51		474	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		431	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		456	
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: 368	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		51	
Average length of stay or time under supervision:		1.1 years	
Facility security level/inmate custody levels:		Medium/minimum/community	
Number of staff currently employed by the facility who may have contact with inmates:		170	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		10	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
Physical Plant			
Number of Buildings: 17		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		3	
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.):			
<p>The Mountain View Correctional facility has both fixed and pan-zoom cameras in all housing units, work locations, corridors, dining areas, recreational halls or areas where large number of inmates may be including outdoor areas. In the minimum-security community confinement living units there are viewing stations at the staff desk. This is also done in some of the work areas to provide staff the ability to observe inmate movement. In the medium-security portion of the facility there is a central control center which allows two officers to monitor and control inmate movement in the building.</p>			
Medical			
Type of Medical Facility:		Medical services are available 24/7 onsite	
Forensic sexual assault medical exams are conducted at:		Eastern Maine Medical Center- Bangor ME	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		80	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		14	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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 Mountain View Correctional (MVCF) facility is one of 4 adult correctional facilities run by the Department of Corrections. Mountain View Correctional Facility today serves as medium/minimum security helping inmates prepare for transitions back to society. The program provides education, individual and evidence-based counseling services. The facility allows some minimum-security inmates transition to society through an intensive work program in several career fields that can lead to continuous employment post release. The 394-bed facility is all male except for the juvenile holding unit. Males and female juveniles are housed in a 20-bed specific unit that is sight and sound separated from the adults. Juveniles are housed only until the next business day, so they can be seen in court before being transferred to the Long Creek Juvenile facility in southern Maine. The Mountain View complex is located in a rural landscape approximately 30 miles from Bangor ME and 75 miles from the Department of Corrections Offices in Augusta ME.

The Maine Department of Corrections has contracted with Department of Justice Certified Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting LLC. to provide an audit of the facility's compliance with the Prison Rape Elimination Act (PREA). This audit was the facility's second PREA audit having undergone audits of the facility in 2015 when it was considered three different facilities (Adult Prison, Juvenile Prison, and a Community Confinement facility). Upon initiation of the contract in January, the Auditor sent audit notification documents to be put up at the facility to inform inmates, staff and visitors of the audit. These documents were seen posted during the audit tour and resulted in one inmate letter being sent to the auditor. During the pre-audit phase, the auditor was given access to the Maine DOC Power DMS site which allows for electronic review of standard files including policies and supporting documentation. Included in this documentation is the pre-audit questionnaire which serves as a self-assessment of preparations.

During the pre-audit phase, the auditor worked with the state DOC PREA Coordinator Kathleen Mahoney to clarify documentation provided or when needed get more examples of information provided to support compliance. During the pre-audit and post audit phases, the Auditor spoke with a representative of the various local hospitals, rape crisis agencies and local justice agencies to gage if there were any concerns about Sexual Assaults at MVCF. Rape Response Services (RRS), whose service area includes Charleston Maine, reported no knowledge of Sexual Assault cases or concerns about

sexual violence at the correctional facility. The representative could speak to the agency's ability to provide support services to victims during forensic exams or provide services to inmates directly at MVCF. The Auditor also spoke with local Jail officials and the Maine DOC PREA Coordinator to see if there were any complaints lodged through the alternative reporting methods outside the facility. The Auditor also spoke with a representative of the Eastern Maine Medical Center in Bangor ME to confirm the access to SAFE or SANE examinations for victims of sexual assault. PREA related questions about medical services offered and the training for SAFEs were answered. The Auditor also completed internet searches into these organizations and had correspondence with the Maine Department of Health and Human Resources who oversees the training and certification of SAFE nurses.

The Auditor traveled to Central Maine on Sunday March 4, 2018 in preparation for a three-day audit of the Mountain View Correctional Facility. The Auditor was on site for a total of 31 hours in three days (March 5-8, 2018). During this time, the auditor was able to see staff who work all shifts in the facility. The Auditor was met at the facility on the morning of March 5th by State PREA Coordinator Kathleen Mahoney and Facility PREA Monitor Cheryl Preble, Superintendent Jeff Morin, HR Manager Darlene Sage and Assistant Manager of Correctional Operations Chad Cooper. The Auditor reviewed, with the management team about the audit process, the tentative schedule and what to expect. After the meeting, a tour of the expansive complex was done including all areas in which inmates would have access. The Auditor was able to interact with dozens of staff in a variety of positions during the tour. Staff included supervisors, custody staff, Medical and Mental Health staff, Intake staff, vocational and trade supervisors, dietary staff and volunteers. During the tour the auditor was able to speak to inmates on individual, small groups and large group basis This allowed the auditor to ensure the inmates were aware of the audit as well as ask inmates about topics including PREA education, access to services for victims and PREA postings. The Auditor was able to ask staff situational questions to help understand how they have been trained, their awareness on blind or higher risk spots and observe logs and camera positioning. After completing the tour, the Auditor began random interviews of residents using that day's housing reports. The facility was able to identify inmates in a variety of specialized groups, but there were no inmates who did not speak English or who identify as transgender or intersex.

Day two and Day three included further interviews of random inmates as well as interviews with random and specialized staff. Resident interviews included inmates from each housing unit, inmates who identify as LGBTI, inmates who had reported a PREA concern and disabled residents. In total, the auditor had formal discussions with 26 residents. Residents were also selected from across all housing units to ensure the formal interviews included diverse experiences of inmates. Similarly, the Auditor interviewed 12 random staff across shifts and positions. In addition, 14 staff/volunteers answered the specialized staff questions in the course of the three days on-site. On Day two the Auditor was able to meet with Gary LaPlante, Director of Operations for the Maine Department of Corrections on behalf of the Commissioner of Corrections Dr. Joseph Fitzpatrick. Day two also included interviews with the facility's Criminal Investigator Casey Riitano and a review of investigative files.

On day three the Auditor finished the staff interviews by coming in on the overnight shift to interview staff. The Auditor spent time with the PREA Monitor and the PREA Coordinator reviewing files and other supporting documents. At the end of day three the auditor met with the Superintendent, Jeff Morin to review observations. An exit meeting was held with thirty-seven representatives of various positions in the facility and Maine DOC's Central Office. The Auditor expressed his appreciation to the facility staff for their cooperation in the PREA Audit process. The staff was provided an explanation of what the auditor would use to determine if the facility was in compliance with the various standards. The Auditor shared the positive feeling of safety that inmates had repeatedly expressed. The Auditor also expressed the consistent answers the auditor received from staff support a positive environment.

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 Mountain View Correctional Facility is a Medium/Minimum correctional environment on 72 rural acres in Charleston ME. The facility's physical plant combines a modern correctional environment with an older military instillation. The Maine Department of Corrections has consistently reassessed its system needs at Charleston. In as recent as 2015, the facility operated as three environments; a Juvenile facility for pretrial and adjudicated children, a medium security prison for young adults and a minimum-security community confinement facility for adults. The older portion (currently the minimum-security units) of the facility has buildings dating back to its cold-war era Air Force radar instillation. The larger, modern physical plant was originally build in the late 1990's and early 2000's was built to handle a once growing juvenile justice population.

In its current configuration the facility uses fourteen buildings to house, feed and provide onsite work opportunities for inmates. The medium security portion of the facility has single and double cells in pods configuration. The facility has good lines of site overall including in most housing units where the unit officers can see into large portions of the population when out of cells. The unit staff report routine and random observations of inmates when they are in their cells. These tours and supervisor tours of the complex are recorded in the unit log books. Cameras monitored from a control center provide additional observation of inmate movements and can be used to support investigations when needed. Perimeter fencing of the medium unit allows for outside recreation in good weather.

Maine DOC has successfully supported camera needs to improve supervision to address potential PREA or other major incident concerns. This is done through a unit management process and by a process which they chart the location of every incident. This gives the facility leadership and the Department of

Corrections the ability to make expenditures where needed. The agency charts the location of all incidents and a daily incident summary is available to the management team. PREA related incidents would be reported in real time to the Superintendent or Deputy Superintendent on-call.

Inmates are provided educational, medical services, mental health services, food services, recreation, prison industry and vocational training. The Mountain View Correctional Facility, like other DOC programs, prepares inmates for returning to the community by offering real work environments. Inmates can work in a variety of shops on property or in the community. Educational opportunities including college credits are available to inmates as well as trade education in areas such as culinary arts. Educational, vocational and trade instructors and supervisors are very aware of PREA and manage individual's behaviors in their respective areas and are cognizant of crew members who may be at greater risk for abuse or harassment.

Maine DOC utilizes a Unit Management structure to subdivide the management of inmates into smaller groups. Each Unit has a Manager who works with Correction Care and Treatment Workers, Correctional Officers, Medical and Mental Health staff, Substance Abuse counselors and a classification officer to discuss the progress of each inmate. This process allows for more consistent communication about each inmate's needs and achievements. Staff supported, in interviews the importance of knowing and monitoring inmate's behaviors for possible changes. Since most rooms in the facility are double bunked the information from the PREA Screening tool is valuable in housing placement. CORIS, the Maine DOC electronic case management system, prevents inmates who are known or potential offenders to be housed with known or potential victims. The facility has the capacity to single house inmates when needed. The units have the capacity to provide single showers when needed. Decisions on the housing and work placements of transgender inmates would involve both the Unit Management Team and the facility administration. Inmates scoring on PREA may also require them to attend specific treatment. Unit Management teams have input on inmate work crews to ensure that known victims and aggressors are not placed together. Inmates are classified and placed in a housing unit according to custody classification and treatment needs. There is one unit at Mountain View that is used to house inmates with significant illnesses that limit their mobility.

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: 2

115.11, 115.71

Number of Standards Met: 43

115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

There were no standards that require the development of corrective action plans. The auditor did ask for additional information on site and during the review process to further support the standard findings. Maine DOC provided the information in a timely basis.

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 Maine Department of Corrections has several policies that define the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. The policy 6.11 Sexual Misconduct (PREA and Maine Statues) is broken into 7 sub policies that directs the different aspects of the agency's efforts to provide safe environments. Page one of the policy sets forth the zero-tolerance condition and this initial portion of the policy defines sexual misconduct consistent with the federal terms in PREA. The policy sets forth requirements of agency administrators and facility administrators to ensure PREA compliance. The Policy 6.11 defines the roles of state PREA Coordinator and the facility PREA Monitor in pages 5 to 7. Interviews with the Agency PREA Coordinator, Kathleen Mahoney and Mountain View Correctional Facility PREA Monitor, Cheryl Preble confirm their roles to ensure PREA Compliance is maintained. Cheryl Preble's duties also include the role of Accreditation Manager for ACA and previously she has been the facility's Grievance Officer. These roles have given her experience to work with inmates, staff and administration on PREA. Inmates in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the Criminal Investigators. Kathleen and Cheryl believe they have the capacity in their jobs to advocate for

policy or procedural changes needed to support inmate safety. This was confirmed with the Superintendent Jeff Morin and the Director of Operations for Maine DOC Gary LaPlante.

Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined considering multiple factors. The supporting documentation included agency and facility management charts showing PREA positions. Interviews with the Director of Operations and the Superintendent support compliance with all standard expectations. Policy not only described in depth the agency expectation to protect, detect and respond to sexual misconduct but clearly defines the roles of the state PREA Coordinator and the PREA Monitor. Inmates, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed and they had knowledge of resources available if a concern arises. The Auditor finds the Maine Department of Corrections and the Mountain View Correctional Facility as documented above has exceeded the standard's expectations. The facility has been able to maintain a safe environment where residents support sexual assault is not a concern. The agency has been able to provide leadership and support to the state county jail system as they pursue PREA compliance

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

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The Maine Department of Corrections has one facility with whom it has an agreement for housing inmates, The Maine Coastal Regional Reentry Center (MCRRC). This Waldo County facility is run by the county Sheriff's Office. The agreement between the Sheriff and the Department of Corrections began in January 2017. The agreement set forth a time frame of one year for the facility to enter into a PREA audit. The MCRRC entered into an agreement to be audited, the on-site portion was completed January 23-25, 2018. A letter was provided as supporting documentation from the MCRRC Auditor on the status of compliance. The Maine Department of Corrections has some statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities. The Maine DOC PREA Coordinator collects data from these facilities and provides assistance as needed. Compliance is based on the documentation supporting the requirement of the contractor to provide a PREA compliant environment. Interviews with Ryan Anderson, Manager of Corrections Operations who has oversight responsibility of county jail compliance and Kathleen Mahoney, DOC PREA Coordinator, support a system of monitoring and ongoing support exists.

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.

Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct – (General) sets forth requirements of the staffing plan, the requirements for documentations of staffing deviations, the requirement of unannounced supervisory rounds and the annual review of staffing needs. The Mountain View Correctional Facility has developed a plan in a narrative format that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The staffing need plan has been adjusted since the initial PREA audit. In the previous audit the facility was managed as three separate units. The plan is reviewed annually with in-house administration and then request would go to Maine DOC Central Office for staffing needs or technology upgrades. The Superintendent confirms that the PREA Monitor's role would allow her to have input on staffing or surveillance needs. The agency has also invested in technology to support supervision and limit related PREA complaints.

During the tour, the Auditor asked staff how they manage blind spots in the facility. The facility utilizes 98 cameras in addition to the daily staff complement to supervise residents. In addition to custody staff

the medical, mental health, education, trade and vocational staff provide an additional resource of information, supervision and observation of inmate behaviors during the day. The facility supervisory staff regularly tour the facility. Documentation of this was provided in advance and was confirmed in log book entries during the tour. The Auditor also requested video confirmation of supervisory tours. The auditor picked random dates and the facility was able to match video and log entries about tours. Staff in the control area and random staff/supervisors confirmed unannounced rounds during the tour. Superintendent Morin confirmed that, in the year prior, there were no instances in which the required staffing level minimums were not achieved. A master scheduler ensures all vacancies are accounted for and mandates are documented. The standard is determined to be in compliance based on interviews and documentation provided consistent with standard.

Standard 115.14: Youthful inmates

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 Maine Department of Corrections hold youthful inmates in the Mountain View Correctional facility only until they can be transported to the Long Creek Youth Development Center in southern Maine. Youthful inmates (Juveniles) are not allowed to have any contact with the adult population and are provided sight and sound separation. The agency policy 24.11 Collocated Facility addresses the requirement of indicator (a). Juveniles are provided medical and mental health care as needed. Due to the short-term nature of juvenile stays (less than 72 hours) there is currently no educational services provided. Juveniles are transferred after their local court hearing on the first business day after admission. Transportation requirements in policy 24.11 also ensure separate transportation between adult and youthful inmates. On the days of the audit there were no youthful prisoners. The facility utilizes a close observation unit in the administrative building of the community confinement portion of the facility. The staff who previously worked with juveniles at Mountain View perform custody duty when Juveniles are on site. This allows for additional supports in that Sargent’s office and the medical staff both who have offices in the area. The Standard is compliant based on the policy provided, the observation on the tour, interviews with the Superintendent and line staff. The auditor also confirmed with adult inmates, in the closest living units, that they do not have any contact with juveniles.

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*)

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

Supporting documentation for this standard included the Training outlines/PowerPoints for completing searches and for working with LGBTQI populations. The file included information confirming no exigent circumstance of cross gender searches. There were no transgender inmates in the facility and no youthful female inmates in the population. Interviews with staff and inmates were consistent with standard and policy expectations. There are no cross-gender searches and inmates can change and perform hygiene without opposite gender observation. Inmates report, and the auditor could see during the tour, opposite gender staff do announce their presence or the officer on the housing unit announced the female’s arrival. Compliance, absent transgender, intersex or female inmates is based on observations, interviews and supporting documentation provided.

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

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PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those inmates who have a disability or who have limited English proficiency. Policies 18.12 Accommodations for Prisoners with Disabilities or Special needs and Policy 1.10 Staff Communication with Persons with Limited English Proficiency assert that inmates will be provided equal access to services. The Auditor was able to speak with multiple inmates with disabilities. The disabilities included those with physical limitations and those with emotional and cognitive delays. There were no residents at MVCF at the time of the audit that required translation services. The auditor confirmed this through conversations with inmates on tours, through random interviews with inmates and through interviews with staff. The inmates reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

MVCF provides all residents with a video education about PREA upon admission. This is the practice at all Maine DOC facilities which means one hundred percent of the adult population knows about PREA before entering MVCF. The video education is also available in Spanish, Somali, and American Sign languages the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the Video the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses allows for information about languages, physical and mental health barriers to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies Indicator (c). This prohibition is also addressed in policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and inmates and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials were seen repeatedly on the tour support ongoing access to information exists.

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 Maine Department of Corrections has policy in place to address the requirements of the standard including the completion of background check, and pre-employment screening that supports the agency's efforts to screenout predatory candidates from employment. The auditor interviewed the Human Resources staff at the Mountain View Correctional Facility. The Human Resources staff are employed by the Maine Department of Administrative and Financial services and are assigned to DOC to oversee the hiring. The agency has all staff and contractors undergo criminal background checks including FBI fingerprint checks. The Human Resource Manager reports she works closely with facility management to ensure line of communication is maintained. As an example, she reports that she would bring criminal background checks that have prior convictions directly to the Superintendent's attention.

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 15 of the more than 280 staff, contractor and volunteers. MVCF employs contracted staff Correct Care Solutions (Medical and Mental Health Services) and Day One (Substance Abuse Services). The facility also has 40 volunteers that provide a variety of supports to inmates. The Auditor was able to request information ahead and confirm the information again when on site.

The Maine DOC has directed Human Resources staff, at the facility level, on the process for requesting information on sexual misconduct from an employment candidate's prior institutional employer, as well as giving direction on when they receive requests about former Maine DOC employees who may have had a substantiated sexual abuse or sexual harassment investigation. Human Resources Manager was able to produce several examples of employees hired this year who had this form completed. The provided documentation included a chart documenting the attempts to obtain institutional checks completed on new staff in 2017/18 who had worked previously in institutional settings. The facility had received one request for former employees of MVCF being employed in other correctional centers in the last year.

The agency has several policies including Human Resource policies (5.8, 8.06), Personnel Policies (3.3, 3.24), as well as union contracts that support compliance. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the Mountain View Correctional Facility 5 years or longer had a second record check completed in the last year. Compliance for this standard is based on Policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with Human Resource Manager and the Superintendent.

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

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Mountain View Correctional Facility has had some operational and managerial changes in the three years since its initial PREA audit. The changes did not include new construction or serious physical plant modifications in indicator (a). The Facility has identified a blind spot in the review of a non-PREA incident in 2017. Within 30 days of the review the Superintendent reports his request was granted and they were able to install a camera to cover this area. Compliance is based on the information provided, the facility's active approach to resolving the blind spot and facility leadership for supporting an immediate resolution.

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

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The Department of Corrections is responsible for the investigation of all sexual assaults at the Mountain View Correctional Center. The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Sargent of Inner Perimeter Security (IPS) who investigates crimes at MVCC. The IPS team Sargent and the Criminal Investigator are trained as law enforcement officers. Inmates who are victims of sexual assault can be taken to Eastern Maine Medical Center in Bangor (approximately 26 miles) for a forensic exam with a Sexual Assault Nurse Examiner (SANE). The facility can also send victims to Mayo Regional Hospital which is about 10 miles away with SANE certified nurses. Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the 2013 National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs at Eastern Maine Medical Center. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that a Rape Crisis Agency would be called by the hospital in addition to the protocol set up by DOC to offer supportive services. Rape Response Services (RRS) is the regional rape crisis agency who the auditor confirmed would send a victim advocate to support the resident through the forensic exam and any investigative process. RRS is working with Maine DOC to offer more services to inmates at MVCF. The Department of Correction also has on staff a trained staff member in rape crisis counseling, if for any reason, a local provider was not available (Indicator (h). Since Maine DOC is the investigative body for both criminal and administrative investigations Indicator (f) is not applicable. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the inmates involved. Investigative files document the steps to preserve evidence and that in each case the inmates involved were referred to MH services even if they denied any assault.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

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The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. Incidents involving staff members are investigated by a centralized unit, the Office of Professional Review. By using a different investigator than the facility's Criminal Investigator it ensures an impartial investigation occurs. Maine Department of Corrections and Mountain View Correctional Center have two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating both of which are on the state website. The Mountain View Correctional Facility had 8 incidents investigated in 2017 of potential sexual assaults and sexual harassment. The majority were staff initiated incidents of possible sexual contact. Consensual sexual

acts are prohibited in the facility, and though may not meet PREA definitions or result in a criminal charge, the inmates can be subjected to discipline. Two incidents were substantiated.

The Maine Department of Corrections investigates all incidents of sexual contact by inmates as a potential criminal investigation. This is done to ensure all evidence is collected even if the residents claim initially the contact was consensual. This process has yielded actual criminal charges after inmates are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the Criminal Investigator and interviews with the Department of Corrections Director of Operations and a representative of the Office of Professional Review. Compliance is determined utilizing the above stated information which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes seriously all allegations and insures impartiality of staff involved events through the Office of Professional Review.

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

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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 staff at Mountain View Correctional Facility are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through Power DMS or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education found in indicator (a), the frequency of training and gender specific understanding of sexual victimization that is important for staff. All employees (including the contracted Medical and Mental Health staff) have had an on-site training and understand the response plan.

A copy of the PowerPoint portion of the general PREA training was reviewed by this Auditor. Since MVCF can accept male and female youth for temporary placement it ensures staff understand gender specific responses of victims of sexual abuse. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed that they were aware of the different aspects of the training presentations and were able to give examples of information provided. Staff also reported the ability to refresh PREA issues through online information that comes out through Power DMS. Training records and staff interviews support that PREA related education of staff happens regularly and electronic signature supports they understood the training. The Auditor could , with both new staff and veteran staff, that PREA training occurs in a frequency greater than the standard requirements. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

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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The Mountain View Correctional Center ensures all contractors and volunteers receive training in the agency efforts to prevent, detect and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour and formal interviews support that they have received comprehensive training equivalent to their level of contact with the residents. As a contractor employed by Correct Care Solutions (CCS) they also receive specialized trainings required in 115.235. Training records and interaction with contractors as part of the tour clearly support an understanding of the agency Zero Tolerance to PREA related issues. Nursing and Mental Health staff confirm that the Correct Care Solutions staff receive required facility PREA training in addition to Medical/Mental Health specific training. Infrequent and one-time service contractors who would provide services under the supervision of DOC staff are given notice of PREA when they arrive at the facility including a brochure on PREA. The Auditor was offered information about PREA upon arrival at the facility and was required to sign for the information before entering the site. This process is done for all delivery persons including those who may have contact with inmates at the warehouse. The Auditor was able to see documents on tour supporting these processes. The Auditor was also able to speak to Day One Substance Abuse Counselors and a community Literacy volunteer to ensure they also received PREA training. Compliance was determined through supporting documents and interview with the

contracted staff persons and volunteers who were able to identify training elements and who at MVCF to talk with about PREA concerns if they arise.

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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The Mountain View Correctional Facility (MVCF) serves inmates who are classified through the Maine DOC for specific programming/ groups or who have been classified as minimum and made eligible for work programs on property or in the community. PREA is a term most inmates are familiar with from county jails in Maine or their prior stays at the Maine Correctional Center or the Maine State Prison. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of inmate education, manners in which education is delivered and the requirement for materials for LEP and disabled inmate education. Inmates at MVCF confirm they are educated on PREA and the zero tolerance expectations as soon they get to the facility. PREA

information is reviewed with the inmate by the Intake Officer and they are provided an inmate handbook that contains PREA information. PREA Information is in the inmate handbooks. The information reviewed is signed by the inmate and placed in their case record. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the handbook. The orientation process also includes the viewing of the Maine Department of Corrections PREA video. This video is available in multiple languages including sign language. The Video is also posted on the Maine DOC Website. Inmates have access to handbooks that can be translated into multiple languages as needed. Inmate Handbooks inform inmates about consequences for negative behavior including sexual misconduct. The handbook tells inmates about PREA and the importance of reporting and seeking help. Information also includes phone numbers to state PREA Coordinator and the local rape crisis agency.

On the tour the Auditor saw posters informing inmates on how to report PREA events or how to access advocate services. Inmates report they are given facility specific PREA information within one day of admission. Inmates sign at admission acknowledging their PREA education. Interview with inmates confirm that they know how to report incidents if they were to occur. Inmates reported comfort in telling staff if they were to experience or be witness to an incident of sexual abuse or harassment. During interviews with Inmates they expressed several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. Many of the inmates stated that PREA was not a concern at the MVCF. They also reported they believed any complaint would be taken seriously and investigated. Inmates with disabilities confirm that if they had a need staff would assist in the understanding of materials.

Compliance determination considered the supporting educational documents, the inmates' answers about training and their knowledge about facility specific steps for reporting a concern. Further supporting compliance is the auditor's review of client records onsite that showed their education, the materials viewed during the tours and the videos from the state website.

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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Correctional Investigator Casey Riitano is the on-site Investigator at the Mountain View Correctional Facility. Investigator Riitano works, in conjunction with Maine State Prison Inner Perimeter Security (IPS) Sgt. Kevin Dionne, in all investigations at MVCF. Both Riitano and Dionne underwent the NIC Training for Criminal Investigation of PREA and were a part of a group of 16 Maine Correctional staff who were trained by the Moss Group on Sexual Assault Investigations. In addition to PREA training both are certified law enforcement officers by the Criminal Justice Academy of the Maine Department of

Public Safety. This designation gives them the authority of a law enforcement officer and all rights including arrest. The Moss training and the NIC training covers Miranda and Garrity warnings in the section on Interviewing Techniques. Both CI Riitano and Sgt. Dionne have additional training in law enforcement techniques that support comprehensive investigations. Sgt Dionne previously was the PREA Monitor for the former Charleston Correctional Facility (Minimum-Community Confinement population). Documents and interviews support that the facility's investigators are trained in the requirements of a PREA related investigation. Maine has set up that if allegations are against staff the agency's Office of Professional Review would be brought in to investigate to ensure an impartial process. In addition to the two named investigators the facility has two other supervisor staff who have been training through the Moss group investigator training. Given the number of DOC trained PREA Investigators, the level of professional investigative training provided to the staff and the interview with the facility's Criminal Investigator, the Auditor finds the facility compliant. Samples of investigations completed, the supporting training documents also supported the Auditor's findings.

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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Medical and Mental Health Staff at Maine DOC facilities are employed by Correct Care Solutions (CCS). CCS provides PREA training with a medical and mental health focus for their forty employees. The PowerPoint reviewed by this Auditor addressed how to detect, assess signs and preserve evidence of a sexual assault. The training materials and interviewed staff support they were trained in how to respond appropriately to sexual assault victims. The auditor met formally with different 3CCS staff and was able to ask questions of another 6 CCS staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the MVCF. Medical and Mental Health Staff knew to also report any concerns to the Criminal Investigator, the IPS Sargent or PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the state employees. CCS staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer inmates to for an exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the auditor to determine compliance along with interviews, a review of the CCS training program materials for Medical and Mental Health Staff and training records for the CCS staff at the Mountain View Correctional Facility.

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*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The Maine Department of Corrections and the Mountain View Correctional Center ensures that all inmates are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all inmates are screened initially within 24 hours and reassessed within 14 days by the facility classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Auditor was able to review this report which showed that 99% of the population initial screens were completed by the 24th hour in an eight-month period and 100% were screened by the standard expectation of 72 hours (Indicator (b)). Similarly, indicator (d)'s requirement of reassessment

within 30 days was met at 100% for those inmates who stayed in the facility and the Maine DOC goal of screening at 14 days was met at 97%. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the inmate moves between facilities. The Auditor was given examples of cases in which the reassessments were done for cause including events that were investigated.

The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that after the initial screening the inmates are asked about sexuality, victimization history and perceived safety. The screening officer, who was spoken to on the tour, confirmed inmates cannot be punished for refusing to answer questions about sexuality, prior victimization and vulnerability. The Auditor also confirmed this with inmates as part of the formal interviews

It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of inmate screening and the importance of using the information. The Auditor was able sit in on a portion of the community unit management team and discuss the interdisciplinary approach to care. Compliance was determined based on the sample screens provided consistent with time requirements in the standard. Interviews with staff and inmates further support that the appropriate questions are being asked. Further supporting compliance is the use of CORIS to ensure inmates with contradicting scores are prevented from being housed together. Maine DOC has given a report tool on the timeliness of initial screening and reassessment that is available through CORIS to the PREA Coordinator and PREA Monitors, this tool is a credible example of ensuring timely screening of inmates.

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*)

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Mountain View Correctional Facility Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining Indicators are covered in 23.8 management of Transgender and Intersex Inmates. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering MVCF are asked how they feel about their safety which helps guide the placement process for housing and eventually programming. The MVCF has not had a transgender inmate in the past year. Practice confirmed with the PREA Coordinator and the Superintendent would be to implement a multidisciplinary team to discuss the inmate’s needs and preferences and that there would be on going reviews. Since MVCF receives its inmates from other DOC facilities there is an ability to get significant information about the cases and what prior approvals have been granted. During the tour and subsequent movement, the Auditor was

able to see how transgender inmates could have privacy during shower or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgement requiring such condition to exist.

Correctional Trade Instructors and Correctional Trade Shop Supervisors were aware of who in their program is at risk for victimization. The Auditor discuss with several of these staff members during the tour, how they take steps to manage inmates on the job site. Line custody staff also understand the need to protect potential victims from potential aggressors and discussed during the informal and formal interviews how they get to know the inmates and observe and address any behaviors

The standard is determined to be compliant based on policy, supporting document and interviews with inmates and staff. Absent a transgender case at MVCF the auditor had to rely on interviews with DOC administration and past examples of Maine DOC handling of transgender cases in other adult facilities. The Auditor finds that practices are in place to use screening information and there is good communication about those at risk. The auditor encouraged the facility to consider how to improve consistency in the documentation of screening use in assignments for education and work assignments.

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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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 Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting inmates and staff who report PREA incidents from retaliation. The policy requires MVCF not house the victims or those at risk in segregation as a manner of protection unless there is no other means and that the situation is reassessed every 30 days at a minimum. Policy allows, consistent with the standard for protective custody housing, for a period of 24 hours, while the situation is assessed. Interviews with the Superintendent and the facility PREA Monitor confirms that the facility has not had to use involuntary segregation to ensure safety of any victims of sexual assault as such indicator (e) is not applicable. The Superintendent confirms that the aggressor would be the individual moved to segregation or to a higher level of custody.

Interview with an inmate victim confirms that he was not held in administrative segregation as a protection condition. Investigative reports support that there is no practice of segregation of victims and consistent with Superintendent interview the aggressor was removed to a higher level of custody in the Maine Correctional system. In addition to discussions with the inmates, staff and administration, the tour revealed there is no formal Segregation Unit. There is a small unit where some inmates could be separated from other inmates on the unit. The resident spoken to in that area and the staff person working confirmed that no individual was housed there for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews and the policy and practice of the Mountain View Correctional Facility.

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

- 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.

Maine Department of Corrections and MVCF Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation, outlines the requirements of this standard. Page one of the policy addresses the staff

responsibility to accept all forms of resident reported Sexual Abuse and Harassment claims. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously or by a third party (indicator (c)).

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

Standard 115.52: Exhaustion of administrative remedies

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

- 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.

Mountain View Correctional Center is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy *6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances* as an option for inmates to file a PREA complaint. It is reported by the Superintendent and the Grievance Officer that there have been no instances in the past year that an inmate used the grievance process for a sexual assault case. Section D of this Policy addresses requirements such as, there is no time limit to submit an allegation (pg. 5- indicator (b)), or requirements to use of informal grievance process, including having to speak with the alleged staff member who is the subject of the grievance (pg. 5 indicator (c)). The Policy also goes into depth on the agency response and appeal process which is compliant with indicator (d). Indicators (e), (f) and (g) are also covered in the policy on pages 6 and 7 which address third party filings, emergency grievances and grievances filed knowingly in bad faith.

Grievance Officer reports outcomes are generally determined before the first 30 days. The Grievance Officer described how he would proceed if he has a PREA related Grievance including informing investigative staff. Inmates report they can get assistance from other inmates in completing forms if needed. Inmates were aware of the grievance process and its potential use for reporting a complaint of Sexual Abuse. Inmates in the random interviews reported no history of filing a grievance on a PREA related concern. Inmates reported comfort in telling staff directly about concerns and if they felt it wasn't addressed they would go send a request to the Superintendent or to a Criminal Investigator to discuss concerns. Without a PREA Grievance to review, compliance determination relied on the policy and the Superintendent's and Grievance Officer's knowledge of the standard's expectations. The Auditor also took into consideration the inmates' knowledge of this option to report a concern. The PREA Coordinator was also aware of the standards expectations and has served previously as the facility Grievance Officer.

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

- 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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Inmate victims at Mountain View Correctional Facility can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Rape Response Services (RRS) to provide support to victims (Indicator (c)). Rape Response Services is part of Maine Coalition Against Sexual Assault (MECASA). The mission of Rape Response Services is to offer hope, support and advocacy to victims and people affected by sexual assault and stalking, to provide education about sexual violence and to promote prevention. As part of the audit process the Auditor spoke by phone to an agency representative that confirms their ability to provide service at DOC facilities. The MVCF PREA Brochure has a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook tells residents they can call or write RRS who

could come to the facility to provide services as a professional visit. Inmates can also pursue treatment services through the CCS Mental Health staff.

Requirements of this standard are covered by agency policy 6.11 Sexual Misconduct, residents whose sexual assault history was not a PREA related event may pursue treatment options through the facility Mental Health services or through RRS. Inmates could identify how confidentially the communication is within the facility including mail and telephone contacts. Inmates knew that outside counseling staff could be spoken to in a professional visiting setting. The auditor could see on the tour posters for MECASA (Maine Coalition Against Sexual Assault) the umbrella organization for Sexual Assault Services (which includes RRS and 6 other regional service providers) so inmates who are discharging will have knowledge of services in their home communities. An Inmate reported the ability to receive outside support services through this agency as part of the random interviews. All three indicators of this standard were covered in policy which supported compliance along with the documentation visible on the tour and through inmate interviews and conversations with the representative of Rape Response Services. The MVCF does not house inmates for the sole purpose of civil immigration so that aspect of indicator (a) does not apply. Compliance is based on documentation visible through the facility supporting access to confidential support services and interview with the local rape crisis agency. Inmates were aware that there were postings directing them to outside resources if they were not comfortable talking to the CCS counseling services. Inmates reported that PREA was not a major concern and that they would most likely utilize the counseling services available onsite if needed.

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

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

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

- 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 several policies that direct staff of MVCF in the handling of a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy (pg. 2-3), Investigation Policy (pg2-3), Confidentiality Policy, and the Records Policy.

Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment. They knew this included third party and anonymous complaints and accusations that may not be true. The staff interviewed knew that they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff or information needed to secure treatment or provide for the safety/security of others.

The facility's Medical and Mental Health clinicians were aware of the timely reporting concerns to CCS and the MVCF Administration. Both the CCS and Day One staff spoken to were aware of both the Correctional Investigator and the PREA Monitor at MVCF. Medical and mental Health staff have all inmates sign a form understanding the limit of their confidentiality prior to service. All staff, including the contractors, were aware of mandated reporting and their legal responsibility including to state Department of Health for inmates under 18 (Indicator (d).

Indicator (e) requiring the investigation of all complaints was confirmed by both the Superintendent and the Criminal Investigator. In the year prior to the audit the investigative team reviewed 8 cases for potential PREA concerns including ones that were determined didn't meet sexual abuse or sexual harassment standard definitions. Maine DOC investigates consensual sexual conduct and one-time comments as potential PREA even if there is no complaint by the inmates which accounts for the higher numbers. Compliance determination by the Auditor was based on the policy and staff knowledge of importance of reporting, legal implication of not reporting and the importance of limiting information about abuse to those with a need to know as well as file reviews of investigations completed. These responses support compliance with policy and indicators (a) (b) and (c). The auditor also took into consideration the Inmates comments supporting things are investigated.

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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The Mountain View Correctional Facility has not had to protect an inmate in imminent risk of sexual abuse in the past year. The Director of Operations for Maine’s Department of Correction, and the MVCF’s Superintendent acknowledged that the agency response would be immediate. Efforts would include both housing changes, investigation and other facility-based or if needed movement of inmates as needed to increase safety. The agency PREA Coordinator who works for the Director of Operations would also be notified of these events.

Random staff interviewed identified what to do in these situations including: immediate separation of parties, increasing contact, support to the residents, notify up the chain of command and documentation of the incident. Compliance was determined based on the interviews with Administration and line staff and took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct. Without an actual incident to review compliance weighed significantly on the interviews and the staff clear understanding of what to do if an inmate approached them and the importance of responding immediately to the perceived risk.

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

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.

Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations pages 3 and 4; addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities notification is done in writing (Indicator c) and within 72 hours (indicator B). Superintendent Morin was aware of responsibilities, including the documentation of notification, if he had to notify another facility of the accusation. The Superintendent discussed how he would respond if he received notice from another site. There was no incident in the past year of notifications to or from another institution. The last notification received from another facility was in 2015. The Documentation provided showed the immediate response by the PREA investigator at the old Charleston Correctional Facility (the present community confinement portion of MVCF). The Investigator went to the reporting county jail the next day to interview the former inmate. At the county facility the former inmate changed his initial report and stated it happened at his intake facility, but that he did not want to discuss the situation further. The investigator reports that he informed the former inmate about how seriousness the DOC is in supporting victims through investigations. Documentation provided showed the initial steps to support an investigative process including coordination with the other facility. Absent a current case, compliance with this standard was based on the agency policy, the Superintendent's knowledge of his responsibility and the documentation provided in the 2015 case.

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

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.

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

MVCF trains all staff as potential first responders. The Auditor questioned random staff members including non-security staff about expectations. All random staff interviewed were aware of the requirements of the first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. There was no actual first responder to the sexual assault case that was investigated. The victim was approached by the Investigators who ensured the two individuals were separated but there was no DNA to collect. Compliance determination relied on the interviews with staff who were able to identify step 1-4 in Indicator A and that they were to tell the alleged victim and perpetrator not to do anything that could affect the collection of evidence. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B).

Staff at MVCF are prepared to respond as evident in their answers that support compliance. Absent a full case where an individual acted in a first responder role, compliance is based on policies, the interviews and the investigative files supporting separation of individuals immediately.

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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Maine Department of Corrections has developed a coordinated response plan that directs staff in their duties. The plan is individualized at the facility level to increase staff response time and accuracy of information including local hospital numbers and local rape crisis agency contact information. Policy 6.11.5 Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility has an eight-page plan that describes the duties of first responders, supervisory staff, investigative staff and medical and mental health staff duties. The document includes information about how to contact the local hospital to ensure a SANE staff is available in addition to information on the local rape crisis agency. Interviews with the Superintendent, PREA Monitor, Captains and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policy, the plan that was provided and staff knowledge of the plan. The elements of the plan appeared to have been followed in the one sexual assault case. This is evident in the paperwork and discussions with staff and the resident involved.

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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Mountain View Correctional Facility has contracts with the multiple bargaining units. A review of the contracts by the auditor, did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. Director of Operations for Maine DOC and the Superintendent reported the ability to remove staff if needed from contact with inmates. The Office of Professional Review confirmed the use of administrative leave during investigations to protect inmates from encountering accused abusers. The agency has used administrative suspensions to separate staff from inmates during an investigation. This standard is compliant based on the information provided that supports the practice is used.

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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Maine Department of Corrections policy 6.11 Sexual Misconduct General (page 2) covers the agency's expectation on protection from retaliation. Most of the investigations reviewed by the auditor were staff-initiated incidents into potential sexual acts in the facility. The incidents reviewed were rarely inmate-based complaints. The Director of Operations for Maine DOC, who was interviewed on behalf of the Commissioner and the Superintendent described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim and monitoring reports about the inmate or staff to see if there is any change in behaviors.

Unit management notes would also support this practice. The facility also has an administrative report available to supervisory staff on inmates that need to be kept separate. The PREA Monitor and Superintendent both were aware that protection monitoring should be done with all individuals who cooperate with the investigation. The Auditor made suggestions to the state PREA Coordinator on how to improve consistent documentation of the monitoring process. The standard is compliant based on information provided, interview statements and the policy.

Standard 115.68: Post-allegation protective custody

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*)

Instructions for Overall Compliance Determination Narrative

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Maine Department of Corrections Policy 6.11.2 Sexual Misconduct– Prevention (pg5): states that segregated housing can only be used for victims in rare instances for short periods of time when no other manner of safety can be provided. According to Superintendent Morin MVCF has not used segregation of any victims of a sexual assault in the past three years. Due in part to the MVCF population make up segregation is not regularly used. Inmates who need to be separated from the population are placed in a smaller set of cells in a larger unit. Aggressors, not victims by practice, would be placed in these isolation cells until decision on continued housing or transfer to higher custody is made. The size of the facility allows for several options in providing separation between victim and perpetrator. The standard is determined to be compliant based on policy, documentation provided and interviews completed.

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 (l)

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

Instructions for Overall Compliance Determination Narrative

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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 Maine Department of Corrections in accordance with policy 6.11.3 Sexual Misconduct-Reporting and Investigation requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations and 7.3 Administrative and Personnel Complaint investigations gives detailed directions on the completion of different investigations. Mountain View Correctional Center has two trained PREA Investigators, Criminal Investigator Casey Riitano and Interior Perimeter Security (IPS) Sgt. Kevin Dionne. Sgt. Dionne was the former PREA Monitor for CCF (the former community confinement facility at MVCF). Both individuals are certified law enforcement officers through the Maine Justice Academy with full powers of arrest. Both investigative staff receive special training on conducting PREA related investigations in a correctional setting. This PREA specific training was provided by the Moss Group.

Between the Criminal Investigator Riitano and Sgt. Dionne they have an experienced team to handle any sexual misconduct investigation. Maine DOC investigates all potential sexual related incidents as possible PREA even if the inmates report the actions were consensual. In doing so they are able to ensure all incidents are screened and provide an opportunity for a reluctant victim to come forward. To ensure issues are handled impartially if the incident involved a staff member the DOC central office's Office of Professional Review would lead the investigation. All MVCF staff are trained on steps to protect evidence and knew that forensic exams would be done at the local hospital. Maine DOC also has a policy 7.1 Investigation by Criminal Investigators which outlines the steps taken in the investigative process including requirements for communication with prosecution (Indicator (d)), the development of two investigations when involving staff, one criminal and one personnel and the requirement of notification at the time of interviews the reason for the investigations.

Criminal Investigator Riitano, in the Auditor's interview, was able to identify the steps taken to gather evidence, how credibility of the various persons involved is determined on an individual basis (Indicator (e)), and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent formation of a report including the content. As part of the audit process the auditor reviewed the correctional investigative files from incidents at MVCF and found consistent reports with physical, testimonial and documentation of evidence used in determining outcome (indicator G). The review process included having CI Riitano walk through how the investigative process was completed. File reviews support that investigations continued even when the perpetrator or victim had left the facility (indicator J). Since there were no current PREA investigations referred for prosecution (Indicator h) CI Riitano related the process of working with local prosecutorial authorities. Agency policy supports that records are not destroyed, but held on site for 7 years after an inmate's release and then forwarded to the state archives. The standard is exceeded based on the review of the investigative files which were thorough, the interviews with investigative staff who showed knowledge of both investigative standard as well as an understanding of victims of abuse and policy that supports the materials provided. Maine DOC's Office of Professional

Review (OPR) further supports and exceeds finding. This process allows for a greater sense of impartial investigation when the accused is a staff person. The process enhances the likelihood of victims coming forward to report concerns. MVCF Investigators can serve as OPR investigators at other DOC facilities.

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

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Mountain View and Maine DOC policy 6.11.3 (Page 6) defines the agency's responsibilities to notify resident of the outcome of the investigation if it has been substantiated, unsubstantiated or unfounded. The policy also addresses the requirements if the perpetrator is a staff or other residents. In completing Investigative file reviews with the Criminal Investigator, the Auditor was able to see the report check list for investigators and the form notification letter. The notification document is provided to the inmate and they are asked to sign with a copy being placed in the investigation file. This document covers the requirement of indicators (c) and (d) and (e). Indicator (b) is NA since Maine DOC is responsible for both criminal and administrative investigations. The Auditor confirmed, with the inmate victim, that he was notified when the other inmate was removed from the facility. There was no conviction in the case requiring the MVCF to provide additional notifications. Compliance is based on policy, documentation provided and interviews with a victim as well as the Investigative Officer.

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

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Standard 115.77: Corrective action for contractors and volunteers

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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The Mountain View Correctional Facility has contractors sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. Upon arrival at the facility the auditor was asked to sign for information on PREA. All contractors including delivery persons must sign for PREA information before entering the facility. This documentation was reviewed on the tour in the dry goods warehouse. This is the one environment where inmates on minimum security interact with food and dry goods delivery staff. The clipboard showed several months of delivery staff confirming they received a PREA Brochure that includes the DOC zero-tolerance stance toward sexual harassment or sexual assault. Policy 6.11.4 Sexual Misconduct -Administrative Sanctions (page 3) allows MVCF to bar entry to any contractor or volunteer to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. The auditor was shown documentation of the notifications to support compliance. There were no incidents requiring the removal of a contractor or volunteer for Sexual Assault or Sexual Harassment according to the Superintendent and the PREA Coordinator. Contracted staff were aware that they could be barred for violation of DOC rules related to PREA. The auditor was able to speak to a volunteer while on site and confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and discussions with the Superintendent and the MAINE DOC PREA Coordinator.

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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Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general) and 6.11.4 Sexual Misconduct (administrative sanctions) addresses the requirements of this standard. The policy 20.1 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the mental health of the inmate in determining consequences, the requirement of on-going treatment and that sanctions in the facility will be proportional to the offense.

The Maine Department of Corrections prohibits consensual relationships between inmates and between inmates and staff, which is also stated in the inmate handbook. The facility staff monitor relationships closely and there has been no inmate to be disciplined for sexual assault. Inmates who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. MVCF did not have any inmate who was disciplined for making a false report related to PREA (indicator F) but was able to provide discipline for sexual activity (Indicator G). Both the Superintendent and PREA Monitor were aware of the standard requirements and confirmed that inmate perpetrator's mental status and treatment planning would be assessed as part of the incident review. Compliance was based on policy, interviews and documentation provided. The 2017 case of sexual assault did not result in a sexual assault hearing at Mountain View as the perpetrator was moved to a higher level of custody facility.

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

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All inmates are screened when they arrive at the Mountain View Correctional Facility. Inmates are seen by medical and mental health staff and the screening process is reviewed in a classification team meeting within 14 days of admission (Indicators (a)(b)). DOC policy requires several assessments be completed within the initial 14 days including a reassessment of the initial PREA screen done on date of admission. Inmates with sexual assault histories and sexual victimization histories are offered treatment. Inmates who are admitted to MVCF are seen by Medical and Mental Health staff (employees of Correct Care Solutions (CCS)). CCS staff have several intake questions that are PREA related, this allows inmates who did not disclose concerns at admission a second opportunity in a medical environment. Inmate Medical and Mental Health records are not accessible to the custody

staff. Limiting the most vulnerable information protects the inmates from having information exploited. Supporting documentation provided to the Auditor showed how Medical informs Mental Health who follows up on any disclosure of sexual abuse. Indicator (e) is met through the CCS notifying all inmates on the confidentiality expectations of treatment. Potential under 18 year old inmates would be treated along the confidentiality practices for Juveniles. Compliance was based on policy, documentation provided, the security of records, interviews and information provided on tours by the Medical and Mental Health staff.

Standard 115.82: Access to emergency medical and mental health services

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*)
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Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The Mountain View Correctional Facility has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on site medical nursing staff 24 hours per day. The facility also has on call providers that can help to facilitate the referral to an outside medical provider.

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

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

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

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The Maine Department of Corrections is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. The Maine DOC has staff who have received training in Sexual Assault Crisis Intervention in addition to contracting with the local Rape Crisis Service RRS (Rape Response Services). RRS can provide assistance during the forensic exam and the investigatory interview process. They also can assist with referrals upon release to victims of abuse who live in other areas of the state. Correct Care Solutions (CCS) would provide follow up medical and mental health services for victims of sexual assault or perpetrators of sexual offences. CCS would ensure that all medical needs and follow up treatment were provided. CCS can provide services to inmates consistent with those available in the community. Medical staff confirm that they could educate inmates about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. MVCF facility would only have females (Juveniles awaiting transfer) for a few days, but could provide pregnancy related education to victims of sexual assault.

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

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

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The Maine DOC 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from standard. It is the practice of the DOC to complete incident reviews on both sexual assault and sexual harassment investigations. As evidence to support the standard the facility provided a documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. The review team included the Superintendent, Criminal Investigator, PREA Monitor and the State PREA Coordinator (indicator (c). Superintendent Morin, Maine DOC PREA Coordinator Kathleen Mahoney and the Facility PREA Monitor Cheryl Preble are all aware of the requirements including recommendations for improvement. Compliance was determined based on policy language, documentation provided, staff understanding of the requirements and the relationship between the central office of Maine DOC and its facilities. The Auditor had made some suggestions on how to improve documentation of those who participate in the review.

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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The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2017 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts including data for each of Maine DOC's adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states "Each facility's PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department's PREA Coordinator at least annually, who shall aggregate it for all Department facilities." The auditor was presented with the monthly reports for the facility which includes 21 different elements and includes specific definitions. The agency has not been required to complete the Survey of Sexual Violence for this year, but the

State PREA Coordinator reports she has all the information available to complete the report and provided the previous year's report to further support their compliance.

Standard 115.88: Data review for corrective action

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*)

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

Instructions for Overall Compliance Determination Narrative

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Maine Department of Correction policy 6.11 meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the state PREA Coordinator to ensure consistent data. Superintendent Morin reports, along with agency officials, they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do critical review of data to identify problem areas and enact corrective actions. Since the PREA Coordinator works in the operational oversight unit of the Maine Department of Corrections trends can be reviewed and changes supported either from the facility level; such as supporting the need for additional staff or electronic surveillance equipment; or from a central administrative level such as policy/procedural modifications. The agency also showed compliance with PREA standards through the annual report that combines data, graphs and narrative information on Maine efforts since 2011 in development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information. Currently the last four annual reports are available on the state DOC website.

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*)
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Maine State Statue (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.

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

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The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC had three facilities per year in the first cycle. The agency began the process of having second cycle audits in 2017 and the Mountain View audit is occurring three years after its initial audit. Maine DOC closed contracts with county jails that were not compliant by the end of the first three-year PREA cycle and have set up strong deadlines on its new contracted bed to be PREA compliant. The Auditor was give full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and inmates. The facility did post the Audit notice and it resulted in one letter of correspondence. The auditor was able to speak with the individual who wrote the letter as part of the audit process. Compliance is based on the above-mentioned facts which support culture in which PREA is monitored daily.

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

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The Maine Department of Corrections website has all the previous PREA Audits posted. The State PREA Coordinator confirms they are put on the website within 90 days of receipt from the Auditors

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.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jack Fitzgerald

April 22, 2018

Auditor Signature

Date

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

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