

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

Interim       Final

Date of Report    6/26/21

### Auditor Information

Name: Jack Fitzgerald	Email: jffitzgerald@snet.net
Company Name: Fitzgerald Correctional Consulting LLC.	
Mailing Address: 87 Sharon Drive	City, State, Zip: Wallingford CT 06492
Telephone: 203-694-4241	Date of Facility Visit: May 10-12 2021

### 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: <a href="http://www.maine.gov/corrections/">http://www.maine.gov/corrections/</a>			

### Agency Chief Executive Officer

Name: Randall Liberty	Title: Commissioner
Email: Randall.Liberty@maine.gov	Telephone: 207-287-2711

### Agency-Wide PREA Coordinator

Name: Conner McFarland	Title: PREA Coordinator
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<b>Email:</b> Conner.McFarland@maine.gov	<b>Telephone:</b> 207-287-2711
<b>PREA Coordinator Reports to:</b> Ryan Andersen- Manager of Corrections Operations	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 5

### Facility Information

<b>Name of Facility:</b> Mountain View Correctional Facility			
<b>Physical Address:</b> 1182 Dover Road Charleston ME 04422			
<b>Mailing Address (if different than above):</b>			
<b>Telephone Number:</b> 207-285-0880			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission</b> The Mission of Mountain View Correctional Facility is 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			
<b>Facility Website with PREA Information:</b> : <a href="http://www.maine.gov/corrections/">http://www.maine.gov/corrections/</a>			

### Warden/Superintendent

<b>Name:</b> Jeff Morin	<b>Title:</b> Warden
<b>Email:</b> jeff.morin@maine.gov	<b>Telephone:</b> 207-285-0816

### Facility PREA Compliance Manager

<b>Name:</b> Cheryl Preble	<b>Title:</b> PREA Monitor –
<b>Email:</b> Cheryl.preble@maine.gov	<b>Telephone:</b> 207-285-0848

### Facility Health Service Administrator

<b>Name:</b> Kimberly Partridge	<b>Title:</b> Health Services Administrator
<b>Email:</b> kjpartridge@wellpath.us	<b>Telephone:</b> 207-285-0833

### Facility Characteristics

<b>Designated Facility Capacity:</b> 449	<b>Current Population of Facility:</b> 306
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Number of inmates admitted to facility during the past 12 months		233	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		229	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		230	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-87	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0-NA	
Average length of stay or time under supervision:		346 days	
Facility security level/inmate custody levels:		Medium, Minimum, Community	
Number of staff currently employed by the facility who may have contact with inmates:		157	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		16	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		2	
<b>Physical Plant</b>			
Number of Buildings: 25		Number of Single Cell Housing Units 1	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		13	
<p>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> <p>The Mountain View Correctional Facility has a control room at the entry point of the secure portion of the complex, Medium Unit, which monitor internal and external portions of the facility. Control Staff can monitor different parts of the facility as needs arise. The Minimum Unit portion of the facility also has cameras that monitor most spaces of the facility. Housing officers and trade supervisors also have access to cameras. Unit Managers, Security Director, Captains and Sergeants have access to cameras to also monitor staff and resident interactions.</p>			
<b>Medical</b>			
Type of Medical Facility: clinic, long-term care		Medical services are available 24/7 onsite through Wellpath	
Forensic sexual assault medical exams are conducted at:		Eastern Maine Medical Center in Bangor ME.	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		48	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		25	



# 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 Prison Rape Elimination Act (PREA) audit of the Maine Department of Corrections facility, the Mountain View Correctional Facility (MVCF), took place during the week of May 10, 2021. The Audit was conducted by Mr. Jack Fitzgerald, United States Department of Justice Certified PREA Auditor. The Mountain View Correctional Facility is one of 5 adult and juvenile correctional facilities run by the Department of Corrections. The Mountain View Correctional Facility serves medium and minimum custody male residents. With a capacity of just over 400 residents, the facility employs close to 170 correctional staff and contracted Medical and Mental Health staff. The facility is located approximately 75 miles from the Department of Corrections Central Office in Augusta, ME, along the state's northern interior region.

The Auditor and the Department of Corrections began discussions on potential dates for the Mountain View Correctional Facility third audit in January of 2021. The facility was previously audited three years earlier in 2018 by Mr. Fitzgerald, who has a multi-year agreement to provide PREA Auditing service to the DOC. The dates were finalized, and the audit was scheduled for the second week of May. The Auditor provided an Audit Notice in two languages to the facility on March 15th, eight weeks prior to the Audit. The Facility PREA Monitor posted the notice in English and Spanish, the two most common languages spoken at MVCF. The Auditor was provided with a picture of the postings up in the facility on the 22<sup>nd</sup> of March. The notice provides residents with information about the Audit, how to contact the Auditor and the confidential nature of the mail. The notice did result in confidential communication from 2 residents but no staff or other interested parties. Throughout the Pre-audit phase, the Auditor had communications in the form of phone calls, video meetings, emails, and text with the state PREA Coordinator.

The Auditor received access to the state's Power DMS site, which contains electronic PREA files and the pre-audit tool information eight weeks in advance of the on-site audit. During all the audit phases, the Auditor worked with PREA Coordinator Conner McFarland and MVCF PREA Monitor Cheryl Preble. Information was exchanged through emails and phone contact to provide clarity of information provided and where additional information to support compliance was requested. The Auditor provided to the Maine DOC, during the Pre-Audit phase, a review of information submitted with questions on information provided or request for additional information to support compliance. Information was provided in advance of the site visit, while other information was provided to the Auditor during the site visit. To help expedite the process on-site, the Auditor picked dates of video to show supervisory tours in advance, along with the resident files and staff files needed to complete a sampling of the population. The Auditor provided the agency with a tentative idea of the audit day, including approximate times on-site and the list of targeted populations that would need to be identified. The Auditor encouraged the

agency to use the information online about the audit process to work with staff, so they had an increased level of comfort to what the audit process was and what to expect.

The Auditor arrived in Northern Maine on May 9, 2020, in preparation for the audit. The Auditor arrived at the facility at 7:45 am on May 8th. The Auditor was greeted by State PREA Coordinator Conner McFarland, Cheryl Preble, and Security Director for MVCF Chad Cooper. Out of an abundance of caution during the COVID-19, the Auditor was screened and wore a N-95 mask throughout the visit. The Auditor was required to provide identification as part of the signing-in process and was given a copy of the facility PREA brochure, which is consistent with documentation noted in the files. Everyone entering the facility also signs a document the further informs individuals about the Prison Rape Elimination Act.

After some informal interactions with staff, the Auditor was escorted to an administrative conference room, large meeting room to meet MVCF Warden Jeff Morin, Deputy Warden Gerald Merrill, Compliance Specialist (PREA Monitor) Cheryl Preble, Director of Security for MVCF Chad Cooper, Behavioral Health Director Jessica Johnson, Unit Managers Jennifer Duffy Vail and Suzan Ackerman and the DOC PREA Coordinator Conner McFarland. The Auditor thanked the facility for the work they had done in preparation of the Pre-Audit tool and supporting documentation. The Auditor then went on to explain his background and experience in Auditing, the goals of the Audit and what to expect throughout the 3 full day process. The Auditor reviewed the tentative schedule; tours, interviews, supporting documentation verifications and that he expected to be on-site for about 30 hours over the 3 days. The Auditor was on-site total of 33 hours in the three days (Day 1 7:45am-9:30pm, Day 2 7:45am-7:30pm, Day 3 6:00am-1:30pm) allowing for observation of staff and resident interactions across the shifts. The Auditor finished the meeting by reviewing the fairness of process, the reason for random selection of interviewees, and how the Auditor formulates conclusions in determining compliance

The Auditor worked with the Agency PREA Coordinator to identify the key staff who would make up the administrative interviews and the specialized interviews.

Administrative Interviews	
Agency Head	David Porter- Deputy Director of Operations Maine DOC
PREA Coordinator	Conner McFarland – Maine DOC PREA Coordinator
Facility Director/ Warden	Jeff Morin – Warden Mountain View Correctional Facility
PREA Monitor	Cheryl Preble- Compliance Manager MVCF
State Contract Administrator	Ryan Andersen - Manager of Operations Maine Department of Corrections

The Auditor utilized regional resources identified by the facility to address specialized interview topics that the agency does not employ, such as SANE nurses. The goal of this process was to ensure enough resources were available to the clients in the event of a sexual assault. The Auditor received information by email or through direct communication with individuals outside MVCF and completed web searches to assist in determining standard compliance. The Auditor also did web-based searches for news stories, state laws related to mandated reporting. State required protocols for sexual assault case handling and SAFE/SANE Certification process requirements.

The Agency does not employ individuals who provide SAFE or SANE services. The Maine Department of Corrections contracts with one facility for residents to provide beds for residents transitioning back to the community. Where appropriate, the Auditor utilized information from random staff interviews to help in the determination of compliance in his review of standards. Maine DOC employs several individuals who have completed training on Investigating Sexual Abuse in a Correctional Setting and was a training site in 2014 and 2019 for the Moss Group training of the same topic. During the onsite visit, the Auditor reviewed the PREA investigations with the Detective.

The Auditor was also able to interview and observe an Intake Officer who completes the initial PREA screening and Correctional Care and Treatment Workers who complete the reassessments. The Auditor was walked through the intake process to understand how the tool is completed and the process of asking related questions needed to correctly score the tool. There were limited intakes due to COVID -19 preventing observation of the intake process. Intakes had just begun from county jails the week of the audit. Medical staff will also ask PREA related questions and share answers that differ from the intake officer. Wellpath, the Medical and Mental Health provider, has nurses ask PREA questions in addition to the intake officer. This allows for the disclosure to non-correctional staff and allows for and an additional layer of certainty in the initial scoring practice.

Specialized Staff Interviews	
Position described in standards	Title or agency who provided information to answer required questions.
Medical Staff	Wellpath Medical staff Eastern Maine Medical Center Mayo Hospital St Joseph Hospital
Mental Health Staff	Wellpath Mental Health Staff
Individuals who have done cross gender searches	No staff have completed cross gender strip or pat searches.
Intermediate or Higher-level supervisor	Sergeants Unit managers Captains
Individuals Working with Youthful residents	Not Applicable – MVCF does not service youth under 19 (Last Juvenile held at MVCF was March 2020)
Administrative Staff	Human Resources
SAFE/SANE	Eastern Maine Medical Center Hospital Representative St. Joseph Hospital Representative Maine Department of Health and Human Services Representative
Volunteers or Contractors who have contact with residents	Volunteers – Day One - Wellpath
Investigative Staff	MVCF Detective
Screening Staff	Intake Officer Medical Staff Correctional Care and Treatment Workers
Intake Staff	Intake officer
Local Rape Crisis Agency	Rape Response Services(RRS) Maine Coalition Against Sexual Assault (MECASA)
Individuals responsible for retaliation monitoring	PREA Monitor
First Responder	Random staff

The Auditor worked with the facility Administration to identify *Targeted inmates* for interviews to be completed. The current population makeup did not allow for the identification of inmates in each of the

targeted categories for a 250 to 500 bed Prison facility as promulgated by Auditor Handbook. MVCF does not house youthful inmates and has not used segregated housing to protect a victim of sexual assault in the past three years. The Auditor worked with PREA Monitor to find additional targeted populations. The Auditor ensured the *Random inmates* selected for interviews were a diverse representation of the population looking at ethnicity, age, gender, and housing locations. After completing the initial entrance meeting on day one, the Auditor was taken on a tour by the Warden, PREA Monitor, and PREA Coordinator of the facility. The facility also provided a staff person to act as a scribe to document the names and titles of the staff the Auditor interacted with along with a number of residents the Auditor had a conversation within each setting. During the tour, the Auditor spoke to residents who were at work, on housing floors, and in their cells. The Auditor attempted to interact with as many residents on the tour as possible to further assess the residents' perception of safety, their knowledge of PREA, how to report concerns, access to counseling services, and if they knew an audit was occurring. The Auditor toured all areas of the facility and walked all tiers to ensure residents in their cells had an opportunity to speak to the Auditor. The Auditor also took the time to notify individuals that they may be requested for an interview and how their interview would inform the audit process.

Resident Interviews for facilities with 251-500 population		
	# Interviews Required	# of Interviews Completed
Random residents	13	13 Completed 3-refusals
Targeted resident Interviews	13	13- Completed 1-refused
Youthful Residents	3	0 -NA at MVCF (U18 held only at LCYDC)
residents with Physical Disability residents who are blind, Deaf, or hard of hearing	3	2 Physical Disability 0 LEP in population 1- Cognitive refusal 1- Hearing impaired
Residents who are LEP		
Residents with a Cognitive Disability		
Residents who Identify as Lesbian, gay, or Bisexual	1	2 Completed
Residents who Identify as Transgender or Intersex	2	4 Completed
Resident in segregated housing for risk of victimization	1	0- (NA at MVCF 0 cases in 3 years)
residents who reported Sexual Abuse	3	1 Completed
Residents who reported victimization during screening	2	2 Completed
Total	26	26 completed 4 refusals
Informal resident conversations during the tour		

The tour took several hours to cover the expansive facility and allowed the Auditor to go into all areas of the facility. The Auditor noted lines of sight, cameras and spoke with staff in each area about potential



risk and how residents with victimization histories are kept away from individuals with perpetrating histories. In addition to custody staff, the Auditor learned about the therapeutic programs, educational opportunities, recreational outlets, and residents' work opportunities.

After the completion of the tour the Auditor began the interview process. The Auditor began seeing residents from the facility. The Auditor was always provided space to have confidential communication with residents. The Auditor began each interview with an introduction, the purpose of the audit, that their participation was voluntary, and that the information would be confidential unless there was an individual at risk of harm. Interviews and file reviews continued on days two and three.

The Auditor reviewed the required publicly available data on PREA Investigations on the agency website. The Auditor confirmed this information with Agency and Facility staff and residents while on site. The Auditor also confirmed with community agencies (hospitals and local rape crisis agencies) if they were aware of any incident of sexual assaults.

The Auditor, on day two, reviewed files of current residents and former residents' files during the audit process. Additional internal agency reports were shown to the Auditor in advance and on-site to support ongoing mechanisms in place to ensure that initial screening and 30-day reassessments of PREA risks are being monitored for timeliness. Day two included more interviews with staff and residents.

The Auditor provided to the Human Resources Department a chart to be completed on a random selection of staff names selected out of the nearly 170 employees and contractors at MVCF. The agency provided information on all 21 employees/contractors/volunteers providing information on dates of hire, background checks, initial and 5-year background checks, PREA education, and appropriate prior institutional employer checks. The Auditor reviewed training record rosters and used the information to further verify the training information of the remaining employees.

Documentation Reviews			
Client Files	Total population	323	16 current and closed files
Human resource files	Total Staff	168	14 employees/4 contractor/3 volunteer
PREA Grievances	zero Grievances filed		
A written request or third-Party Complaints	Reviewed MVCF allegation tracker for a source of complaints DOC PREA Hotline log		
Number of PREA Investigations	6 in two years		

At the closure of the third day, the Auditor held an exit meeting. In attendance were about two dozen personnel from the facility and the DOC administration, including Deputy Commissioner Ryan Thornell, the Deputy Director of Correctional Operations for Maine DOC David Porter, Manager of Correctional Operations Ryan Anderson. Warden Morin and PREA Coordinator Conner McFarland address the staff gathered and those watching online. The Auditor thanked the facility for a supportive audit process by which staff and residents were easily accessible. The Auditor reviewed some of the staff and resident comments during the audit process, which supported a positive environment where residents feel forced sexual abuse is not an issue. Residents reported the facility is safe especially related to PREA and could approach staff with a problem and felt it would be investigated. The auditor spoke on the education of residents and staff who clearly were able to answer the questions asked without hesitation. Finally, the Auditor described the post audit process which will require the Auditor to review the sum of all information provided including documents, interviews, and observations. The Auditor went on to state the process must include how all indicators of the PREA standards must be considered in determining compliance. The Auditor acknowledged that some measures appeared to support an exceeds standard designation.

During the post audit period the Auditor was provided some clarifying documentation and completed phone interviews with community agencies. During this time, the Auditor spoke again with the MVCF PREA Monitor and the DOC PREA Coordinator.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, 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 (MVCF) has been in operation for just over 40 years on 72 acres of rural land in Charleston, Maine. 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 installation. The land was once the property of the United States Air Force, serving as an early warning radar installation from the early 1950s to the late 1970s. The Maine Department of Corrections has consistently reassessed its system needs at Charleston. In various stages, the property has served male and female residents in a minimum setting as well as a fully secure Juvenile Detention. Since the closing of the Juvenile facility in 2015, the population includes medium and minimum residents living in either a secure portion or in a staff secure environment where residents work either on grounds or in the surrounding communities. The Mountain View Correctional Facility is about an hour Northwest of the Maine Correctional Administrative Offices in Augusta. The facility has 25 buildings, but due to COVID 19, one dorm was closed as the population has been reduced from its capacity of 449 beds. The Auditor went to all buildings, toured spaces looking for blind spots, and checked that doors to closets, offices, and other spaces were locked when not in use.

The Auditor was provided the current population roster for the facility on day one, which included 323 residents. The facility has been operating at a 12-month average of 338 residents. The Resident population security classification at MVCF includes medium, minimum, and community residents. During the site visit, the population was about equally divided between the staff secure setting and the full secure setting. The Housing units include 4 dorms with multi-person rooms, 5 general housing units with 2 person cells, 1 segregation unit, and one unit where residents are single-celled. The bathroom facilities varied in configuration and in layout. All showers and toilets not in cells had privacy barriers. The residents report female staff announces their own presence or the staff on the unit (officer) notifies them over the PA system. The Auditor required that they add additional shower curtains in units where they did not reach both side walls. The Auditor also requested taller curtains be added in the handicapped showers in the medium area be added to provide improved privacy from staff completing rounds. The Auditor recommended the facility consider moving the TV areas on some medium units, so the residents are not sitting facing the showers, which previously had doors when it was a juvenile facility.

The Facility has Special Management Units for residents with behavioral issues and puts aside other unit space to accommodate a potential COVID-19 outbreak. In two units, classroom space was forced to be converted to dormitory space to allow reserving other space to quarantine new admissions or

anyone who is positive. The units had good lines of sight from the staff workstation except for the oldest housing units on the minimum. Staff make routine tours of the unit's spaces and were aware of blind spots and the need to monitor areas where residents congregate. Management staff also make random tours in the facility, which were documented in unit logs. Staff report they are aware of individuals with aggressive histories and those who might be at a greater risk. This information is shared through unit management, but they might not know the specific reason for a particular status. Each unit has a case manager called a Correctional Care and Treatment Worker. The individuals often have offices on the medium units allowing easy access to residents and an additional set of eyes and ears to help in resident monitoring. The private office allows the individual to disclose a concern. CORIS, the electronic case management system, has built-in PREA protections to ensure individuals with high vulnerability scores are not roomed with individuals with high aggression scores. The facility uses a unit management team approach to ensure residents are grouped to allow more familiarity with their behaviors by staff.

In each of the units, there was PREA information posted, including the audit notice. The auditor did receive mail from two residents at MVCF prior to my arrival. The facility has PREA posters displayed in English and Spanish, but there were no LEP residents. In addition to housing, the posters were in the lobby and other common areas. The posters have numbers or addresses for residents to report PREA concerns to DOC or to an outside agency. The Auditor confirmed the phone numbers listed on the posters were accurate to the agencies listed. The Auditor tried a call to the PREA hotline, which all residents were aware of. Posters also offer the ability to report a PREA concern outside the DOC to the Penobscot County Jail (PCJ) PREA Coordinator. The Auditor confirmed this relationship with the named individual. The last reported concern to PCJ was in 2019. The Auditor did see the follow-up investigation completed because of this complaint.

The facility has hundreds of cameras to cover the facility's 25 buildings, including both interior and exterior views. Staff also wear body cameras in the facility and during cross-gender transports. The Security Director for MVCF reported the number of staff wearing them had increased since the last PREA Audit.

Residents are provided with access to an indoor gymnasium and outdoor recreation areas, Mental Health and Medical Services. The residents also have access to educational environments, religious services and library services. Residents also have access to education and entertainment on tablets. Residents have work opportunities at MVCF, including maintenance and dietary work along with vocational training in areas in both the minimum and medium portions of the facility. COVID-19 has put a hold on off-grounds work at different points during the pandemic. Supervisors in each working environment were able to describe how they maintain a sexually safe environment. They provided the Auditor with tours of their work areas describing how many individuals are allowed in each space, their access to cameras to monitor activity, their active supervision of the space, and how they learn information about clients through unit management on who may be at risk on their crews.

The dining area is broken into two mess halls one for secure and one for the staff secure section of the facility. The medical suite allows for a full array of services including dental and eye exams. Medical procedures can be completed on site but emergency care for significant injuries would have the resident taken to a local hospital. The medical suite has offices around a central nursing station and records room. A correctional officer is assigned to the area during clinic time. The staff who are employed by Wellpath provide supportive services to residents from routine sick call and medication

management to elder care. The facility medical and mental health services is equal to or greater than what would be publicly available to them in the community.

The facility is accredited by the American Correctional Association as an Adult Correctional Institution (ACI).

## 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, 115.34,

**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, 115.35, 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, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 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 an extended corrective action plan. 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 manner. There were issues discussed during the site visit and during the Auditor final review of materials while deciding

compliance. In one situation the Auditor requested improved shower curtains which were resolved in days of the site visit. Additional documentation was asked for and received in a timely fashion during the post audit period.

## 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)  
Documentation naming PREA Coordinator (b)  
Organizational chart showing PC role/authority with-in agency  
PREA Coordinator meeting with senior agency leadership  
Documentation that Supports who is the PREA Monitor (c)  
Documentation that Supports PM role/Authority in the facility  
MVCF organizational chart.  
Zero Tolerance posters/ notifications

#### **Individuals interviewed/ observations made.**

Interview with PREA Coordinator (PC)  
Interview with PREA Monitor (PM)  
Interview with Agency Head confirming PC authority/duties  
Interview with Warden confirming PM authority/duties  
Interview with Staff  
Interview with Residents  
Tour Observations

#### **Summary determination.**

**Indicator (a).** The Maine Department of Corrections has developed an agency-wide policy to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The policy is divided into seven sub-policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policies 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 states there is no consensual contact between residents and staff or between residents and sets forth sanctions for any staff, contractor, volunteer, or resident who violates the policy. It further identifies screening, education, and monitoring and other elements that support prevention, allows for detection, and ensures a full legal and medical response to any complaint. The Facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. In

addition, posters throughout the facility remind residents and staff of the Zero Tolerance expectation. Random residents reported a PREA safe environment and a Zero Tolerance Culture.

**Indicator (b).** Mountain View Correctional Facility is one of several Adult and Juvenile Correctional facilities run by the Maine Department of Corrections. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the duties of the PREA Coordinator to include coordinating and developing procedures to identify, monitor and track sexual misconduct incidents occurring in DOC facilities. The policy clearly supports the PREA Coordinator's access to various DOC division Directors. Supporting documents show the PREA Coordinator assignment, the role within the agency administrative chart, and meeting agendas with top correctional officials. Interviews with the PREA Coordinator and Deputy Director of Operations for the Department of Corrections confirm he has sufficient access to key correctional administrators, including the Commissioner, to influence policy and resources to ensure PREA safe environments in the Maine DOC system. The Manager of Correctional Operations who oversees the PREA Coordinator further supported his role in supporting PREA Compliance for the state and while providing aid to county facilities PREA efforts.

**Indicator (c)** The PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Monitor (pages 6-7). The policy requires the facility's administrator (Warden) to assign an individual to coordinate the facility's efforts to comply with PREA. "Each facility's Chief Administrative Officer shall designate a PREA monitor to coordinate the facility's compliance with PREA standards." The policy further states the responsibility within the facility as well as coordination with the Agency's PREA Coordinator in monitoring the facility's efforts to prevent, detect and respond to allegations of sexual misconduct. The Auditor was provided a facility flow chart showing the relationship between the PREA Monitor and Mountain View Correctional Facility leadership. Supporting documentation included meeting agendas showing the PREA Monitor having access to affect the facilities efforts to ensure a PREA safe environment. Interviews with the PREA Coordinator and Warden confirm she has sufficient access to key correctional administrators within the facility. The PREA Monitor's official title is a Compliance Specialist responsible for PREA and the facility's overall compliance with the standards of the American Correctional Association.

### **Compliance Determination**

The Maine Department of Corrections has policies that support compliance by defining the steps taken to prevent, detect and respond to incidents of sexual abuse and sexual harassment. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into seven sub-policies that direct the different aspects of the agency's efforts to provide safe environments. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct. Policy 6.11 goes on to define the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator, Conner McFarland, and Mountain View Correctional Facility PREA Monitor, Cheryl Preble, confirmed their roles to ensure PREA Compliance is maintained. Mr. McFarland and Ms. Preble believe they have the capacity in their jobs to advocate for a policy or procedural changes needed to support resident safety. This was confirmed with Warden Jeff Morin and the Deputy Director of Operations for Maine DOC David Porter. Observations on tour supported further support the role and familiarity of staff with both the PREA Coordinator and the PREA Monitor

The above-mentioned items support compliance with the expectation of this standard. The Auditor believes the facility and agency have exceeded the expectation in several ways. The policy clearly defines the role of the PREA Coordinator and the PREA Monitor. Interaction with management at varying levels in the organization supports the importance of these roles. Interviews with the Deputy

Director of Operations and the Warden support their roles have become an institutional aspect of the management of the facility and state correctional system. The Department of Corrections ensures PREA as an issue addressed in its surveillance of the state's county Jails. The DOC also worked with counties and advocacy agencies to raise the bar on resident education through the production of a video education for residents featuring staff from all across the state and some former residents. Finally, the Auditor considered the interviews with residents who clearly support a zero-tolerance culture exists.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*



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

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)

MOU with Waldo County showing requirement to be PREA Compliant

DETENTION AND CORRECTIONAL STANDARDS FOR MAINE COUNTIES AND MUNICIPALITIES

Documentation of the ongoing monitoring by Maine DOC

2018 PREA report of Waldo County Jail

2020 DOC Annual Report

2021 Waldo County DOC Inspection report

**Individuals interviewed/ observations made.**

Interview with Manager of Correctional Operations

**Summary Determination**

**Indicator (a)** The Maine Department of Corrections has one facility with whom it has an agreement for housing residents, The Maine Coastal Regional Reentry Center (MCRRC). The county Sheriff's Office runs this Waldo County facility. 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. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 9 support compliance. The policy requires the Director of Operations to ensure any new or renewal of contracts for housing of DOC residents requires the immediate adoption and compliance with PREA standards, including ongoing monitoring by DOC. The Auditor was able to review the MCRRC audit report from 2018 and the facility's annual PREA report, which included no substantiated or unsubstantiated PREA investigations. The facility is reportedly scheduled to be audited later this year.

**Indicator (b).** The Maine Department of Corrections has statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities. The Waldo County facility is the only current contract the DOC has for adult prisoner supervision. The Maine DOC PREA Coordinator collects data from these facilities and provides assistance as needed. The Waldo County facility residents can access the Maine DOC PREA hotline. The Auditor was provided documentation supporting an ongoing review process in addition to the posted Audit report. The PREA Coordinator receives information directly from the county jails on PREA incidents, and since he works for the Manager of Correctional Operations, he would be made aware immediately of any concerns with ongoing compliance at the Waldo facility. The Auditor was provided copies of information from a 2021 site visit by the DOC monitoring team. In this document, the Manager of Correctional Operations documented that PREA was part of the review and the facility's efforts to improve monitoring technology. The Auditor also reviewed the 2017 Maine state-required standards for DOC monitoring of county jails, including references to PREA.

**Compliance Determination**

The Maine Department of Correction has entered only one contract for adult resident beds. The documentation provided to the Auditor included policy requirements, contract, and monitoring reports support the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance as an expectation. The agency has shown sufficient evidence to support contracting and monitoring of facility consistent with the standard expectation. The interview with the state contract administrator

further confirmed both contractual compliance and a system for on-going monitoring. Compliance is based on information provided and interviews.

## 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)  
 Policy 3.11 Staffing Requirements  
 MVCF Staffing Plans  
 2021 Logbook entry's supporting unannounced rounds.  
 2021 Video Surveillance supporting Management Unannounced rounds  
 Memo from Security Director on no deviations from minimum staffing.  
 Camara locations  
 Daily Programming list  
 Staff Schedule  
 Staff schedule analysis  
 Documentation of annual review meeting

#### **Individuals interviewed/ observations made.**

Interview with Warden  
 Interview with Deputy Director of Operations  
 Interview with PREA Coordinator  
 Interview with Supervisory Staff  
 Discussion with Security Director  
 Observation on tour of logbooks and Supervisory movement  
 Interview with control officers  
 Interview with Residents  
 Allegation Tracker

### **Summary Determination**

**Indicator (a)** Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA standards. Page 7 of the policy describes the various things that should be considered in the development of a plan. The policy expects the plan to consider all required elements described in indicator (a), including findings of inadequacy, generally accepted correctional practices, supervisory staff deployment, programming, frequency of sexual assaults/complaints, the population make-up of the units and how video monitoring can support safety. Interviews with the Warden and the PREA Monitor describe the development

process used to complete the annual assessment of staffing. The Warden reports there were no judicial, federal, or oversight bodies' findings of inadequacies. He also confirmed the facility has not operated under the minimal staffing level, and there is a daily report which he receives 365 days per year that tracks staffing allotment. The staffing plan is based on 449 minimum, medium and community confinement residents. In the last year, with the pandemic, the facility has reportedly averaged just over 300 residents. The 7-page plan provided to the Auditor includes narrative description of things considered in the development of staffing for MVCF. The Auditor was also provided staffing schedules for custody, administration, contractors, and programming.

**Indicator (b).** The indicator is N/A as they have not failed to comply with the staffing plan. The staffing plan for the Mountain View Correctional Facility allows the management to adjust the deployment of staff as needed and in response to critical positions. When staff call out there is an ability to mandate staff to ensure the overall safety of residents. The Warden, Associate Warden and Deputy Warden would be notified of all critical events, including any situation impacting staffing minimums. These incidents are required to be documented in the shift report. As noted in indicator (a) the MVCF administration team reviews the overtime and staffing daily. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

**Indicator (c)** In Policy 3.11 Staffing Requirements, the Warden is required, as the facility's Chief Administrative Officer, to complete an annual review for staffing needs. Interviews with the Warden, PREA Coordinator and PREA Monitor all support a collaborative review process in the institutional and agency level. Policy 6.11 also requires the annual review to be completed by the PREA Coordinator with the facility staff "to protect residents against sexual misconduct." Discussion on tour supported the steps taken in the past three years in staffing deployment and the use of monitoring technology. The PREA Coordinator confirmed his consultation and documents reviewed by the Auditor shows the DOC PREA Coordinator involved in prior years report development. Discussions with the Deputy Director of Operations for Maine DOC confirmed that the PREA Coordinator is involved in discussions on technology and resource allocations to support safety.

**Indicator (d)** The Auditor was provided with documentation to support routine unannounced rounds are made by supervisory staff. This is required by the agency PREA policy (page 7) and in documented logbooks. The Auditor was able to review logbooks during the tours of each housing unit to confirm the practice. The Auditor also confirmed, with the line officers working the units and the control areas, that these tours do occur and that it is prohibited to notify staff of the tour. To further confirm the compliance the Auditor requested video evidence and corresponding log entries on five random dates in a two-month period. The Auditor selected the dates and the documentation provided included unit log entries and corresponding documentation from the facility video system. Supervisory staff, including Sgt. and Captains, spoken with during the course of the audit supported random tours are completed. The individuals spoken with describe varied routes are taken on the tour to limit predictability

### **Compliance Determination**

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 judgment for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. The agency has also invested in technology to support supervision and limit related PREA complaints. The facility utilizes cameras in addition to the

active supervision of residents. Captains and Sergeants complete tours of the entire complex several times per shift. In addition to custody staff, the case management, medical, mental health, education, trade, and vocational staff provide an additional resource of supervision and observation of residents' behaviors during the day.

## Standard 115.14: Youthful residents

### 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Maine Statutes related to Juveniles.  
DOC Website information on Long Creek Youth Development Center (Juvenile)  
Memo from Associate Commissioner  
Population report for MVCF  
Prior juvenile population records

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Warden  
Observation on tour

#### **Summary Determination**

**Indicator (a)** There are no sight or sound separation concerns at the Mountain View Correctional Facility as the residents are all over 18 years of age.

**Indicator (b)** There are no sight or sound separation concerns at the Mountain View Correctional Facility as the residents are all over 18 years of age.

**Indicator (c)** Since there are no youthful residents housed at MVCF there is not a concern about their access to programming, recreation or being housed in isolation.

#### **Compliance Determination**

The Maine Department of Corrections does not hold youthful residents in the Mountain View Correctional Facility any longer. Mountain View Correctional Facility's secure units originally serviced juveniles who were kept separate from the Community Confinement population. The Juvenile Detention Facility was converted to an adult facility in 2015. All individuals under 18 charged with adult offenses were then to be housed at Long Creek Youth Development Center in southern Maine. Youthful residents (Juveniles) are not allowed to have any contact with the adult population and are provided sight and sound separation. Juvenile were occasionally held overnight to attend court hearings in northern Maine between 2015-2020. The agency used a small cell block located in the staff secure portion of the facility and an adjoining fenced area with a privacy barrier to allow temporary sight and sound separation from adults. The agency policy 24.11 Co-located Facility (pages 2-4) addresses the requirement of indicator (a). A letter from the Associate Commissioner, who oversees of Juvenile Justice, confirmed that MVCF no longer is allowed to house Juveniles even for temporary housing for court. A review of prior facility records revealed the last Juvenile temporarily housed at MVCF was in March of 2020. The Auditor was able to see the space previously used to house this population and confirm that these cells are no longer part of the facility bed count. Because of the previous collocated

environment, the staff were trained to work with youth in addition to adults. The standard is compliant based on the policy and documents provided, observation on the tour of no youthful residents, the population reports provided and interviews.

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

#### 115.15 (c)

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

#### 115.15 (d)

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

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No



- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)  
 Transport policy 14.19  
 Cross gender training materials  
 Training records  
 Transgender resident case reviews  
 Unit Logs documenting cross gender announcements.  
 Memo from Security Director on no cross-gender searches

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
 Interview with Warden  
 Interview with random Staff

Interview with random residents  
Interview with Transgender resident

### Summary Determination

**Indicator (a)** The Maine Department of Correction PREA policy 6.11.2 Sexual Misconduct (Prevention Planning) (page 6) prohibits cross-gender strip searches of residents except in emergency situations. It sets forth a practice that searches, in general, should be conducted with two staff present but only one performing direct observation who should be the same gender as the resident. The policy also goes on to ensure documentation and description of the emergent situation requiring such search. The Mountain View Correctional Facility reports there has not been any exigent circumstance that resulted in a cross-gender strip or visual body cavity search. The Policy language for body cavity searches states, "Facility staff shall not visually search an anal or genital body cavity unless the staff are of the same gender as the prisoner or resident and all staff observing a visual search of an anal or genital body cavity shall be of the same gender as the prisoner or resident, except in an emergency, or unless an examination is being performed by medical staff for a medical purpose."

**Indicator (b)** PREA policy 6.11.2 Sexual Misconduct (Prevention Planning) (page 6) states "Facility staff shall not conduct an opposite gender pat search of a female prisoner or resident and all staff observing an opposite gender pat search of a female prisoner or resident shall be of the same gender as the prisoner or resident, except in an emergency." The indicator does not apply to Mountain View Correctional Facility as they do not house female residents.

**Indicator (c)** As noted in indicators (a) and (b), Policy 6.11.2 requires documentation of cross-gender strip searches of male and female residents including the emergent reason for the search. The facility does not house female residents so that portion of the indicator does not apply. The Mountain View Correctional Facility reports they have not had a situation in this audit cycle in which strip or body cavity cross-gender searches have occurred. The Director of Security confirmed this as all documented incidents would be reported to him. Interviews with residents confirm they are not required to be naked in front of opposite-gender staff.

**Indicator (d)** Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states "The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental to routine cell or room checks.". The Auditor was able to see opposite gender announcements being made on tour. The policy requires "The presence of staff or another person of the opposite gender from the prisoners or residents in any housing unit or other area with toilet or shower facilities shall be announced when the person enters the housing unit or other area with toilet or shower facilities, unless a person of the opposite gender is already present, and an announcement has already been made. This will be recorded in the housing unit logbook." MVCF documents these announcements in the unit log books, a sample was provided for units in the facility and the Auditor witnessed them being made during the tour and documented in the logs. Residents support that they are never required to be unclothed in front of opposite-gender staff. At MVCF, there is a variety of bathroom configurations including both wet rooms and dry rooms. Showers on the housing units also vary in configuration. When an individual is in the shower the curtain is opaque in the middle giving the staff the ability to only see the tops of heads and the feet of individuals utilizing the shower. In other spaces there were privacy doors obscure the individual from being seen below the shoulder or above the calf. The Auditor did review concerns on the width of the curtains and the height in some locations. The PREA Monitor added additional curtains that increased privacy. These modifications were made in the days after the

site visit. The Auditor also spoke to staff on the steps put in place to further limit instances of incidental observation during security rounds. The Auditor did suggest that the facility consider moving TVs on some housing units so resident feel more comfortable in the shower. TV are located between the shower entrances resulting in groups of residents being outside the shower/drying area.

**Indicator (e)** Maine DOC Policy 6.11.2 (page 7) set forth the requirement that transgendered individuals are not searched for the purpose of determining genital status. “Facility staff shall not search or physically examine a transgender or intersex prisoner or resident for the sole purpose of determining the person’s genital status. If the person’s genital status is unknown, it may be determined by discussing the matter with the prisoner or resident, reviewing medical records, and, if necessary, by a health care provider performing a general physical health assessment that is not viewed by other staff.” Intake staff know that strip searches for the purpose of identifying genital status are inappropriate and that they would find out information through interview. Most residents entering the facility have previously been housed in other correctional centers where transgender residents would have often been identified. MVCF reports no cases in which a transgender or intersex resident was searched to determine genital status. Intake staff interviewed stated that if the client were resistant to discussing the topic, they would be referred to the medical staff who the resident may be more comfortable with. The Auditor spoke with transgender individuals who report that they do not perceive that they have never been searched to determine genital status. They confirmed, no discipline is issued for not answering a question.

**Indicator (f)** The Maine Department of Corrections trains all staff to be respectful, professional, and in the least intrusive practice possible for searching residents. All DOC staff are trained to routinely use the back of their hand instead of the front when completing pat searches. The Maine Criminal Justice Academy provides training specific to working with LGBT residents, the training talks about communication that is professional and supportive of the resident. The training addresses the frequency of trauma in this population and how the facility can determine housing and search preferences through a multi-disciplinary process, including the resident’s preference for searches. MVCF staff are routinely refreshed on these procedures. The Auditor was provided with records showing staff training. Staff interviews supported the training included how to physically perform the search and the importance of communication before touching the resident.

### **Compliance Determination**

The Maine Department of Corrections has several policies to address the various elements in this standard, including 6.11.2 Sexual Misconduct Prevention and 23.8 Management of Transgender and Intersex Prisoners and Residents. In 6.11.2 Sexual Misconduct Prevention, elements in indicators (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, resident's right not to be naked in front of staff of opposite gender and procedures for working with Transgender and intersex 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 has occurred at MVCF in the past year.

Interviews with staff and residents were consistent with standard and policy expectations. There is no cross-gender searches and residents can change and perform hygiene without opposite gender observation. The Residents 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 staff arrival. The facility was responsive to the Auditors concern on the width and height of some shower curtains. Compliance was based on policy, interviews with random staff and residents, transgender resident interviews, training materials and staff training records.

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

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

#### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Policies and written/electronic documentation reviewed.**  
Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)  
Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs  
Policy 1.10 Staff Communication with persons of Limited English Proficiency  
Resident Handbooks- in English and Spanish and in large Print  
Intake notices in English and Spanish  
Agency PREA Video in English Spanish, Somali, and ASL  
Agency contracts for interpretive services

**Individuals interviewed/ observations made.**

Interview with Director of Operations for the agency head  
Interview with random Residents who are LEP or have Disabilities.  
Interview with Random Staff  
Interview with Intake Staff  
Interview with Facility PREA Coordinator  
PREA Signage in English and Spanish

**Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility takes appropriate steps to ensure that residents with disabilities or who are limited English Proficient have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. As a long-term correctional facility, the facility must be able to provide services to individuals with a wide variety of medical disabilities, including vision and hearing impairments. DOC Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) (page 3) states "education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hearing impaired, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be documented in CORIS for each prisoner or resident." MVCF provides informative supports to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. The Auditor was unable to speak with a limited English proficient resident as there were no individuals reportedly. There was signage throughout the facility in two languages about PREA safety and residents were aware of information in the handbook if needed. The Auditor was provided documentation to further support efforts to ensure all residents have an ability to benefit from the facility's efforts to prevent, detect and respond to sexual misconduct. The documentation included a contract with interpretive services, staff training materials, posters in multiple languages, PREA video available in 3 languages, including and closed caption option. Residents interviewed by the Auditor with physical disabilities, hearing or visual loss acknowledge an understanding of PREA and how to report a concern. The same residents supported the facility had staff who could aid them if they have a concern. The Department has caseworkers assigned to units who can aid individuals. Inmates with reading disabilities, cognitive concerns, low reading skills would likely be identified at their prior Maine DOC facilities. The Mountain View Correctional Facility has resources in place to aid these populations as well as experience with individuals with significant psychiatric impairments.

**Indicator (b)** The Maine Department of Correction has limited population of individuals with whom English is not the primary language. The DOC has contracted with agencies to provide interpretive services, produce the resident handbook in multiple languages, and have the PREA video available in four languages. The Maine DOC also has a policy 1.10 Staff Communication with persons of Limited English Proficiency, which further direct staff on the use of interpretive services and providing materials in the individual's native language. Documentation from the Deputy Warden states that there has been no need to use interpretive services for any intake in the past year. They also provided the Auditor with

the procedural steps' intake staff would do if a resident were presented who did not understand English. To further ensure compliance, the Auditor attempted to identify a diverse population from whom to complete the interviews. Resident Handbooks are printed on-site by a resident work crew allowing for modifications on a regular basis.

**Indicator (c)** Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in policy 1.10. which states that a resident "may never be used as an interpreter in any circumstance." Line staff knew to contact a supervisor if they needed to access an outside interpreter.

### **Compliance Determination**

PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those residents who have a disability or who have limited English proficiency. The Auditor was able to speak with multiple residents with disabilities. The disabilities included those with physical limitations, individuals who were blind, hearing impaired, 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 residents on tours, through random interviews with residents, and through interviews with staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help. Residents with disabilities support they understand how to access assistance if they had a PREA concern.

MVCF provides all residents with a video education about PREA upon admission. Video education is also available in the most common languages spoken in the Maine Correctional system. These videos were created with the Correctional staff and advocate from various facilities and agencies across Maine. In addition to the video, the facility has signage up on the units of how to report concerns in English and Spanish. The CORIS information system Maine DOC uses allows for information about languages issues, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and residents and administration as well as the hard materials (posters, handbooks, video) and policies that support equal access to all services. The educational materials 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 3.03 Personnel Selection and Retention

Policy 3.24 Pre-Employment Background Checks

Policy 3.05 Code of Conduct

PREA Employment questionnaire

Wellpath (contracted Medical MH service provider) policy on background checks.

HR documentation for 14 DOC staff, 4 contracted employees and 3 volunteers  
Bureau of Human Resources regulations

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Warden  
Interview with HR staff

**Summary Determination**

**Indicator (a).** Policy 3.24 Pre-Employment Background Checks page 2 addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting with individuals who have engaged in, or attempting to engage in, or administratively been adjudicated for sexual assault. Interviews with HR staff support the process of screening all applicants for employment at the Mountain View Correctional Facility including employees of the health care service provider Wellpath. Any approved volunteer undergoes the same screening process and the same acknowledgement form. The process includes the employees and contractors confirming that they have not engaged in any form of sexual misconduct described in indicator (a). This includes sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent. Agency policy 3.03 also addresses the requirements, "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has:

- a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution;
- b. been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- c. been civilly or administratively adjudicated to have engaged in an activity as outlined above."

The Auditor confirmed the questions are asked at time of hire and at promotional periods including the review of hiring forms that include the required questions.

**Indicator (b).** The Maine Department of Corrections subcontracts it is medical and mental health services through Wellpath. Both Wellpath and the DOC policy prohibit the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff person that the Maine DOC does perform the criminal background checks on these individuals. The DOC prescreening process for its employees would seek to find information on criminal offenses and the agency does reach out to former employers for other behaviors that might have caused discipline. The Auditor was able to confirm that if an MVCF candidate was up for promotion Human Resources, would review the employee's record for prior discipline, including incidents of sexual misconduct, at which time the information would be provided to the Warden.

**Indicator (c).** The Maine Department of Corrections completes criminal background checks on all employees. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Of the 14-employee's information requested, 5 had prior institutional employment. Random sampling allowed for confirmation of the practice. The Auditor also was provided with additional examples of criminal background documents took into consideration that the DOC has a track record of providing information on its former employees. The Auditor and the Human Resources staff person discussed elements that are required

to be maintained for future audits. The Auditor found that as newer background checks were done prior information was previously purged. The Auditor confirmed that the Maine Justice Academy, to certify a correctional officer, the individual must have completed a criminal background check. The Maine Bureau of Human Resources has policy language provided that also addresses the concerns of this indicator.

**Indicator (d).** MVCF completes criminal background checks on all Wellpath employees and any approved volunteers. Interviews with contracted staff and volunteers support they were required to pass a background check before allowed into the facility. As described in indicator (a), the policy language addresses the requirements for DOC employees and contractors, and volunteers.

**Indicator (e).** MVCF provided the Auditor with information of 10 random employees or contractors who were employed over 5 years who had criminal background checks completed in the last 5 years. The random sample was confirmed through a review of files onsite. All existing staff had records run in December of 2017.

**Indicator (f).** The requirements of this indicator are covered in policy 3.05 Code of Conduct (page 5). Included in the policy is a continual responsibility to self-report any misconduct. The policy requires all employees to not violate any state or federal laws. As noted in Indicator (a) all MVCF employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Maine DOC had all existing employees complete the form.

**Indicator (g).** Contained also in the PREA Employee Questionnaire is the following passage: “any material omissions regarding such misconduct, or provision of materially false information, shall be grounds for disqualification from employment or termination.” The forms reviewed in staff files confirm the process is routinely done.

**Indicator (h).** With proper releases of information, the Maine DOC allows for the agency to disclose to other institutions any PREA related concerns. Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they report they do not frequently receive similar requests for prior employees who go outside the DOC system. There were zero requests in the last year of a former MVCF staff member seeking employment at another correctional facility.

### **Compliance Determination**

The Maine Department of Corrections has a policy to address the standard requirements, including the completion of background checks and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The Auditor interviewed the Human Resources staff at the MVCF who is 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. The Maine DOC has implemented forms in policy to document staff understand the requirements related to Indicators in this standard.

The agency has several policies, including Department of Administrative and Financial Services policies and DOC Human Resource policies and Personnel Policies 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 employees and contractors at the Mountain View Correctional Facility undergo prior institutional employer checks, pre-

employment criminal background checks and subsequent checks every five years. The Auditor also reviewed the Online Job application, the Maine Justice Academy website, and the Human resources policies of the Department of Administrative and Financial Service Compliance for this standard is based on Policies, the several levels of documentation provided in advance and confirmed during the onsite visit as well as the interviews with the Human Resource Manager and the Warden.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11 Sexual Misconduct (PREA and Maine Statues)  
Policy language on Resident Transport

**Individuals interviewed/ observations made.**

Interview with the DOC Deputy Director of Operations  
Interview with the Warden  
Interview with the PREA Coordinator  
Observation on tour  
Random Staff spoken to on tours

**Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility is has not had any large construction plans in the past three years. Maine DOC policy 6.11 Sexual Misconduct (pg. 6) under duties of the PREA Coordinator, state the DOC intent for ensuring this standard. The policy requires the PREA Coordinator will “collaborating with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of prisoners or residents from sexual misconduct and harassment” The Warden spoke about some reassignment of spaces done in the facility to improve population management to improve safety and quality of life. One unit in particular was changed to house the elderly and disabled residents, which provided a larger common area, better supervision and easier access to outdoor recreation.

**Indicator (b)** The Mountain View Correctional Facility has not upgraded its camera system in the past three years. The facility did expand the use of body cameras in the facility to all responding staff. The Maine DOC has policy language requiring body cameras to be worn during transport. The policy requires the use of body cameras in several conditions during transport, including when the officer is of a different gender than the resident. These practices further support a PREA safe environment.

**Compliance Determination**

The Maine Department of Corrections is compliant with this standard. The Department of Corrections has policy that directs the agency PREA Coordinator to be a part of construction and technology improvements to ensure PREA is part of considerations. The Deputy Director of Operations described the current involvement in prison planning by the state PREA Coordinator on the agency’s newest projects. The Warden has also been involved in the building of the new Downeast facility. The interviews with the Warden support a commitment to regular review of MVCF’s physical plant needs and electronic surveillance as a way of enhancing resident safety. The facility has given senior and middle managers access to camera systems which allow for multiple layers of staff to observe staff and resident interactions. In addition, the Auditor took into consideration the written documentation and the agency policies that are in place.

**RESPONSIVE PLANNING**

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

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

### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

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



- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

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

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire

7.1 Criminal Investigations

6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.

14.16 Preservation of Evidence

18.03 Access to Health Care

Memo on statutes providing investigative authority.

Sexual Assault Forensic Exams and the Care of Sexual Assault Patients.

MVCF Sexual Assault Response plan

HSA Memo on zero Forensic exams in past 3 years

MOU with Rape Response Services

### **Individuals interviewed/ observations made.**

Interview with random staff

Interview with Wellpath Medical Staff

Interview with Sexual Assault trained Investigator.

Interview with RRS representative

Interview with Hospital staff about SAFE/SANE access and services

Interview with Department of Health and Human Services staff on SAFE training

### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections is responsible for the completion of criminal investigations including sexual assaults. The facility employs a Detective who is a trained law enforcement staff with full powers of a police officer. Statute information provided confirmed the authority on Correctional staff to investigate crime in the institution. The state of Maine has a protocol that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol and the Maine DOC investigative policy ensure uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would not complete the forensic exam. Instead, the resident victim would be sent to one of three local hospitals in the region with confirmed SANE staffing. Interviews with random staff confirmed they understand the importance of preserving evidence. They were able to identify steps needed to secure crime scenes and encourage the preservation of evidence on the reported victim and accused. The facility's Detective has received several trainings on crime scene investigative processing and is pursuing an international certification in this area.

**Indicator (b)** The protocol, as noted in Indicator (a) developed through the Attorney General's office covers procedures for youth, but the Mountain View Correctional Facility does not serve that population. The Protocol has a committee that reviews current practices and adjusts consistent with national trends for best practice. The Auditor reviewed the protocol and compared it to the U.S. Department of Justice document cited and found the topics similar. Officials in the state explained to the Auditor previously, the protocol is in the process of being updated.

**Indicator (c)** The Mountain View Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost. DOC policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) (page 3) states "sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner or resident is immediately transported to a hospital for examination by medical personnel skilled in the collection of sexual forensic evidence and is offered by the hospital the option of being supported by a victim advocate during the examination." The Auditor confirmed with the local hospitals on the availability of Sexual Assault Nurse Examiners and that services to victims were provided without



charge. The three area hospitals include Mayo Hospital (13 miles), Eastern Maine Medical Center (30 miles), and St. Joseph's Hospital (30 miles). A memo from the facility Health Services Administrator confirmed that no MVCF resident has been sent out for a forensic exam in the past three years.

**Indicator (d)** MVCF has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Rape Response Services (RRS) is part of the state coalition against sexual assault (MECASA) Maine Coalition Against Sexual Assault. The Auditor was able to review the MOU to confirm that it was current. The Auditor also was able to speak with a resident who reported abuse and the PREA Coordinator to confirm the indicator.

**Indicator (e)** Both hospital and PREA Coordinator staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, criminal justice interview, and provide ongoing support and referral to the victim. A Memorandum of Understanding was provided to the Auditor stating this was possible. The Auditor also was able to speak with Hospital, and Rape Response Services representative on services that would occur if an incident was to occur at MVCF. The RRS representative confirmed that they responded to a call from the facility in the weeks after the site visit and have been meeting quarterly with the facility to touch base and build the relationship. The RRS staff have reportedly been able to maintain full accompaniment services throughout the pandemic.

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

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

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

### **Compliance Determination**

The Maine Department of Corrections has three policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator, 6.11.3 PREA- Reporting and Investigating and 14.16 Preservation of Evidence. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Detective or the Special Investigations and Intelligence Unit (SIU) who investigates crimes at MVCF. The Detective is a trained law enforcement officer, has received training in the investigation of Sexual Assaults in a Correctional Setting from the Moss Group, and has attended the SANE nurses' training program. Residents who are victims of sexual assault can be taken to three area Hospitals for a forensic exam with a Sexual Assault Nurse Examiner (SANE). Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's Office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFE or SANEs. The Auditor spoke with hospital staff who confirmed the availability of SANEs. 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 interviews as part of the investigative process. 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 residents involved. As noted there were no sexual assault cases in the past three years for the Auditor to review the interaction between the hospital and the facility.

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

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

#### 115.22 (a)

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

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

- 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Maine Statutes related to Correctional Law Enforcement Powers.  
Policy 6.11.3 Sexual Misconduct  
Policy 07.01 Criminal Investigations  
Policy 07.03 Administrative and Personnel Investigations  
Third Party Referral (2019)  
Maine DOC Website  
Investigative files

#### **Individuals interviewed/ observations made.**

Interview with the Deputy Director of Operations  
Interview with Agency PREA Coordinator  
Interview with Warden  
Interview with Investigative staff

#### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Mountain View Correctional Facility Detective was interviewed on the process by which she is notified of all PREA related Investigations. A review of investigative files supports that all investigations occur immediately upon the report of an incident. The Mountain View Correctional Facility had five (6) investigations of potential sexual abuse and sexual harassment cases in the past two years. One of the six was for potential sexual abusive contact, which was not substantiated. The five other cases were for sexual harassment claims on incidents that did not meet PREA definitions. The facility investigates all sexual contact even consensual acts between residents as potential PREA incidents. The facility was able to substantiate a criminal investigation into sexual abuse that occurred post the Auditor's site visit and the case was referred to the local prosecutor for consideration. The Deputy Director of Operations confirmed how the agency ensures investigation of all potential Sexual Abuse or Sexual Harassment cases. The Auditor was also provided an example from 2019 of a referral received via the outside reporting source, the Penobscot County Jail.

**Indicator (b)** The Maine Department of Corrections has two policies that address the requirements of this standard, Policy 6.11.3 Sexual Misconduct, Policy 07.01 Criminal Investigations, and Policy 07.03 Administrative and Personnel Complaints. The Policies also comply with Maine State Statutes which

govern law enforcement duties. The Auditor was able to review the policies on the agency website Maine.DOC.gov.

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

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

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

### Compliance Determination

The Mountain View Correctional Facility 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. According to the Deputy Director of Operations, incidents involving staff members are investigated by a centralized unit, the Office of Professional Review or by the state's Bureau of Human Resources Office of Employee Relations. By using a different investigator than the facility's Detective guarantees an impartial investigation occurs.

The Mountain View Correctional Facility investigates all incidents of sexual contact by residents 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 residents are separated and interviewed again about the incident. Compliance was determined based on the published policy, the investigative information provided by the Detective and interviews with the Department of Corrections Deputy Director of Operations, and information provided by a representative of the Office of Employee Relations. Compliance is determined utilizing the above-stated information that meets Indicators' requirements (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, including those received through third-party sources, and ensures the impartiality of the investigation of staff-involved incidents.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

*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.*

### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
MVCF staff training records  
State approved training materials, power points program outline  
Maine Justice Academy/ Maine Coalition Against Sexual Assault videos  
PREA education cards

### **Individuals interviewed/ observations made.**

Interview with MVCF PREA Monitor  
Interviews with random staff

### **Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. In policy 6.11.2 Sexual Misconduct- Prevention (page 2), the DOC policy set forth training requirements, including a description of all the elements listed in Indicator (a). The Auditor reviewed the training materials to confirm the elements were addressed. The training material includes videos and PowerPoint developed in conjunction with the Maine Justice Academy, Maine Coalition Against Sexual Assault (MECASA), county jail staff, and Maine DOC staff. No matter what role in the institution, all employees are aware of their role in the prevention, detecting and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in interviews things they do day to day to keep residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized, the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on how to avoid getting into inappropriate situations with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the transgendered or intersexed resident's preferred name and pronouns. They were aware that a multidisciplinary committee review the transgender residents case individually to determine housing, canteen items they can have, search procedures and Medical or Medical mental health treatment planning.

**Indicator (b)** The Mountain View Correctional Facility is an all-male environment since closing the Juvenile bed space in early 2020. All staff are trained through the Maine Justice Academy in working with both male and female residents. All staff are provided training on signs and symptoms of victims of abuse. The DOC training explains the differences of how male, females, and juvenile residents may exhibit symptoms. The PowerPoint addresses both populations as the training is provided across institutions. Random staff were able to describe different examples of signs they would be on the look for victims of sexual abuse.

**Indicator (c)** The Maine Department of Corrections employees receive classroom training on PREA while in the state's Justice Academy, in the form of the onboarding process described in indicator (a) and through the Power DMS platform. The agency PREA Coordinator has provided some of the training to staff and participated with the facility's PREA Monitor on-site visits. Staff records and their knowledge of the training information indicators support they receive training frequently. Staff report they get a full PREA specific training annually and will get updates to policies regularly. The training roster showed participants which is consistent with the number of staff employed at the facility.

**Indicator (d)** Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for 190 staff/contractors who received PREA training in last year. Records supported over 120 staff had completed PREA refreshers in the first 5 months of 2021.

### **Compliance Determination**

All staff are trained in Maine DOC's Zero Tolerance policies toward sexual assault and sexual harassment. The employees, contractors and volunteers sign off confirming they have been trained on PREA and understand policy 6.11 Sexual Misconduct. Staff files reviewed as part of standard 115.17 showed this documentation. Ongoing training is documented through signatures for classroom activities and electronically for individualized learning through 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 standard requirements, 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.

A copy of the PowerPoint portion of the general PREA training was reviewed by this Auditor. All staff interviewed formally and as part of the tour confirmed regular training on PREA. Random staff member interviews confirmed they were aware of the different aspects of the training presentations and were able to give examples of information provided. MVCF has received in-person training during the pandemic, and staff reported the ability to refresh PREA issues through online training information through Power DMS. Training records and staff interviews support that PREA related education of staff happens regularly and signatures support they understood the training. Compliance determination was based on training records, the materials used in presentations (including video using actual staff and former residents from the states various facilities) 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**

*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.*

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention  
Volunteer List  
Contracted Staff List  
Training materials for volunteers and sign off on trainings  
Wellpath training materials  
Contractor Sign-in – (PREA acknowledgement of Brochure for 1 time or infrequent visitors)



**Individuals interviewed/ observations made.**

Interview with MVCF PREA Monitor  
Interview with Contractor  
Interview with Volunteer  
Observation on tour

**Summary Determination**

**Indicator (a)** All Contractors providing direct service to inmates at the Mountain View Correctional Facility are employed by Wellpath a Medical/ Mental Health treatment provider. As such they receive full PREA training that all DOC employees receive and the required specialized training in 115.35. All other contractors or volunteers who have routine access to the facility are required to undergo the DOC PREA education program. As part of that program, the individuals are trained on PREA consistent with the agency policy (6.11.2 Page 2), which outlines training expectations to inform them how to support a zero-tolerance culture and knowing when and how to report concerns. One-time visitors are provided a PREA Brochure that outlines aspects of the overall training and informs the individual how to report.

**Indicator (b)** The training, as noted in indicator (a), includes three distinct levels of training, all of which address how to report a PREA concern. Staff providing direct services to residents (Wellpath) undergo full DOC training. Individuals who have routine visits (religious staff, educational volunteers, canteen vendors, etc.) get an abbreviated educational program. One-time visitors are provided information about PREA at the time of entry to the facility. The Auditor was provided examples of orientation training materials for any new volunteers, including the handbook. Volunteers who provide services to residents confirmed in phone interviews or through email exchanges on the PREA training they received.

**Indicator (c)** PREA policy 6.11.2 Sexual Misconduct (page 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. Those one-time volunteers sign in and receive a PREA brochure upon entrance to the MVCF facility. The Auditor was able to see documentation on site showing this process in use. The Auditor was also given documentation to show the individuals who receive a more formal training are required to sign PREA acknowledgement forms like the ones signed by DOC employees at hire. A sampling of volunteer's files in human resources confirmed they had signed off on the form. The Auditor was also able to speak to volunteers and contractors as part of the audit process to confirm they were educated on PREA. The interviews were completed by phone or Email exchanges due to COVID restrictions preventing their current access to the facility.

**Compliance Determination**

MVCF is compliant with the standard expectations. The facility 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 they have received comprehensive training equivalent to their level of contact with the residents. Training records and interaction with contractors as part of the tour clearly support understanding the agency's Zero Tolerance to PREA related issues. The Auditor was offered information about PREA upon arrival at the facility and was required to sign for the information before entering the site. The Volunteer spoken with also support the facility volunteer services coordinator does a thorough job in educating individuals about PREA, including the facility's zero-tolerance culture and how to report a concern. Compliance was determined through supporting documents, random contractors and volunteer training records and interview with the contracted staff persons and a volunteers who were

able to identify training elements. They were all able to explain how they could report a PREA concern at the facility 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Maine DOC Website (PREA Education Videos)  
 Mountain View Correctional Facility Pre-Audit Questionnaire  
 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
 Resident handbook  
 Resident files showing they have received PREA educational materials  
 DOC Stoplight report showing timely education.

**Individuals interviewed/ observations made.**

Interview with Intake Staff Person

Interview with Unit case managers

Interview with residents

Observation on tour of PREA Signage in two languages

**Summary Determination**

**Indicator (a)** All residents are provided information about PREA upon admission to MVCF. The clients have often been exposed to PREA through the county Jail system in Maine and then when they enter the Maine DOC system at either the Maine Correctional Center or the Maine State Prison. Residents are provided a description of PREA and how to protect themselves, how to report a concern and what services are available if someone has been a victim. The Auditor observed the admission process during the audit including the information the intake officer goes over routinely related to PREA. In addition to written documentation about PREA that is reviewed at Intake all Residents see a PREA educational Video.

**Indicator (b)** All residents at MVCF are provided with a review of the facility specific PREA information with their case worker in the first few days in the facility. All residents are shown the video education in addition to the one on one introduction to PREA at admission. This is then reviewed with the case worker in the days after the admission. The video was created with former residents of the state and county correctional centers, DOC and County Correctional Officers, and Rape Crisis Advocates. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the residents' rights related to PREA and their right to be free from retaliation if they make a report. They are given an understanding of the steps DOC will take to investigate and support individuals if an incident occurs. Random residents confirmed education into PREA. Resident education is recorded in the DOC electronic case management system from which a timeliness report is completed. All Admissions in the 12-month prior were reportedly completed on time. Spot checks of files, the report, and resident interviews support compliance with the indicator.

**Indicator (c)** All residents at the Mountain View Correctional Facility have received an education into PREA and how to report any concern. Documentation Supports that all 233 individuals admitted the prior year received PREA education. Resident education is documented, and random residents confirmed that PREA was addressed immediately upon transfer from MCC or MSP. As noted in (a) the residents' support they have been made aware of PREA at previous Maine DOC facilities and at county jails. There are no residents who were in the Mountain View Correctional Facility prior to the PREA law implementation. Many random residents pointed to signage in the units that educate residents about PREA and others mentioned the resident handbook or the DOC video. Agency Policy requires PREA education on all admissions, including transfers from other DOC facilities.

**Indicator (d)** Education is available in multiple languages and forms from written to video to large print documents. One of the videos includes American sign language (ASL) though neither hearing impaired residents interviewed were able to sign. Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations or those who cannot read. Many residents stated that PREA was not a concern, but they knew the information was available and stated there were people who could help, including line officers, case managers, clinicians, and unit managers. The Auditor saw PREA Information in two languages during the tour.

**Indicator (e)** Records were reviewed for a random sampling of clients. The Auditor picked 10 current client files and also asked to see documentation from 6 other clients who were released in the past

year. The Auditor reviewed documentation to ensure the clients had signed for the PREA education provided at MVCF. The signed forms and resident interviews support they have received PREA education.

**Indicator (f)** Observations throughout the tour support there is materials available to residents continuously. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency. The Auditor suggested periodic video refreshers be made available to residents given the long-term nature of the institution. The facility has begun to utilize tablets for residents, to which the Auditor has suggested providing PREA material and possibly a capacity to file reports on PREA.

### **Compliance Determination**

PREA is a term most residents are familiar with from county jails in Maine or their prior stays at the Mountain View Correctional Facility. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, manners in which education is delivered and the requirement for materials for LEP and disabled resident education. Residents at MVCF confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. PREA information is reviewed with the resident by the Intake Officer, and they are provided a resident handbook that contains PREA information. The information reviewed is signed by the resident 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. Residents have access to handbooks that can be translated into multiple languages as needed. The handbooks inform residents about consequences for negative behavior, including sexual misconduct. It also informs the reader about PREA and the importance of reporting and seeking help. Information also includes phone numbers to the state PREA Coordinator and the local rape crisis agency.

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

Compliance determination considered the supporting educational documents, the residents' 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 that showed their education, the materials viewed during the tours, and the state website's videos.

## **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**

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
Training Material from Moss Group training on completing a sexual Assault Investigation  
NIC training for Investigation Sexual Assault in a Correctional environment  
Training rosters

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with trained Investigators  
Investigative files

#### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections employs its own investigative body. The Department of Corrections employs Special Investigations and Intelligence Unit (SII) and the Detectives are official Law Enforcement with full powers of arrest in the state of Maine. The Mountain View Correctional Facility employs a Detective who handles most criminal investigations and who is required by policy (6.11.3 pg. 2-3) to have received specialized training in completing Sexual Assault investigations. DOC Detectives have received training in completing investigations consistent with the Maine statutes and DOC policy. The Maine Department of Corrections was able to have a cadre of staff members trained in 2014 by the Moss Group on “How to complete sexual assault investigations of the correctional setting.”. In November of 2019, they again obtained a three-day training from the PREA Resource on “PREA Investigator Specialized Training”. MVCF had four staff participate in the fall course. The course was completed by 25 DOC employees including the Manager of the Office of Professional Review, who would oversee investigations of staff misconduct. The training also involved in state resources, including the former Director of SAFE certification for the Maine Department of Health and Human Services.

**Indicator (b)** The Auditor reviewed the slides developed by the PREA resource center to ensure the content was consistent with the standards required by the standard. The training materials and the interview with a trained investigator confirmed the training covered how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. The materials also used examples from Maine DOC case files.

**Indicator (c)** Training records were provided for onsite staff who complete investigations and for staff from the Office of Professional Review who would complete investigations on staff-involved incidents. Copy of the Detective's certificate was also included in the file.

**Indicator (d)** The Auditor is not required to review this indicator.

### **Compliance Determination**

The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized trainings on investigating sexual assault in a correctional setting. The Detective at MVCF has extensive training on crime scene investigations. In addition to training on Criminal Investigations of Sexual Abuse in a Correctional Setting, the Detective has also taken a course with Sexual Assault Forensic Examiners (SAFE), which allowed them to see the training SAFE undergo. The SII team members have also undergone the 2019 classes, which further ensures proper steps are taken immediately after the event if the Detective is not on-site at the facility.

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 the staff the agency's Office of Professional Review would be brought in to investigate and ensure an impartial process. Given the number of DOC-trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility exceeds the standard expectations. Samples of investigations completed and 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
Wellpath PREA training materials  
Documentation of staff training  
MVCF PREA response plan

#### **Individuals interviewed/ observations made.**

Interviews with Medical and Mental Health staff  
Interview with local hospitals

#### **Summary Determination**

**Indicator (a)** the Mountain View Correctional Facility employs the services of Wellpath, a private Correctional Medical and Mental Health Services Provider. The agency is formally known in Maine as Correct Care Solutions, trains staff on PREA specific considerations from the medical and mental health provided perspective. Included in the training materials was information that the training

addressed signs and symptoms of abuse, communication with a victim, reporting an allegation, and preserving evidence. Interviews with nursing staff support awareness that they should not clean any injuries and only treat critical health concerns before transport to the hospital for a rape kit. Wellpath staff knew who to report PREA concerns to in the DOC and within their supervision chain. Supporting documentation considered included the facility's PREA response plan.

**Indicator (b)** The staff do not complete a forensic exam. Discussions with the three local hospitals confirmed the availability to have trained nurses perform sexual assault exams. Nurses spoken with formally and informally confirmed their training discussed steps to protect DNA.

**Indicator (c)** Documentation was provided to the Auditor for the Wellpath staff confirming the specialized training was completed. The Auditor reviewed the training materials and considered the staff knowledge of the materials. Individuals in both the Medical and mental health staff confirmed they had completed the specialized trainings as well as the DOC training on PREA.

**Indicator (d)** A review of the training record and the interview with staff confirms that all Wellpath staff receive the same training as the DOC employees annually as well as the training described in 115.32. DOC training records reviewed by the Auditor further support compliance.

### **Compliance Determination**

Medical and Mental Health Staff at Maine DOC facilities are employed by Wellpath. Wellpath provides PREA training with a medical and mental health focus for their employees and provides the PREA Monitor with the documentation. The PowerPoint reviewed by this Auditor addressed how to detect, assess 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 Wellpath staff and asked other Wellpath staff questions 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 prison. Medical and Mental Health Staff knew to also report any concerns to the Department of Corrections investigators or PREA Monitor. The contracted staff reported they also take the same PREA classes from Maine DOC as state employees. Wellpath staff will not do forensic medical examinations but are aware of how to protect evidence and what facilities they would refer residents 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 Wellpath training program materials for Medical and Mental Health Staff and training records for the Wellpath staff figured into the compliance. The Auditor also took into consideration the coordinated response plan and the availability of SAFE nurses in the local hospitals.

## **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*)
- 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention  
Policy 05.02 Computer Systems  
Policy 18.4 Health Screening and Assessment  
Population report for MVCF  
Initial and follow up assessments for residents.  
PREA Coordinator Screening report  
Memo on No ICE detainees  
Memo on security of CORIS Data  
DOC Screening and Assessment report

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interviews with Wellpath staff.  
Interview with Warden  
Interview with an residents  
Observation on tour

#### **Summary Determination**

**Indicator (a)** All residents who are admitted to Mountain View Correctional Facility are transfers from one of the agency's other correctional facilities. At MVCF, a trained intake officer completes PREA education and screening with all admission using an objective screening tool on the agency's electronic case management system (CORIS). This requirement is outlined in policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) it holds the PREA Monitor responsible to “ensuring the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening” “assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake”. The 24 hours is a higher standard than the indicator. Files reviewed and electronic report support compliance.

**Indicator (b)** The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports supports this practice standard is met. A review of a report from January-May had 4 cases that were not completed in the first 24 hours (out of 298 admissions), all but one was completed within the 72- hour timeframe The same report run at time of the audit showed one hundred percent compliance with the 24-hour policy expectation in the month prior. The Auditor requested the facility to continue to provide the report and corresponding admission documentation to support the correction had continued to become institutionalized. The Auditor reviewed 16 files of current and former residents file for compliance with the timeliness and reviewed the DOC report which looked at over 250 admissions of which 98% were completed in under 24 hours and 100% of the files were completed in under 72 hours.

**Indicator (c)** The tool developed for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from another correctional setting, and the clients self-reported information. The Auditor was provided with the materials on how to administer and score the tool to ensure that the application is objective. The Auditor also asked the Intake officer to show the process by which the questions were asked. Five files were reviewed in advance of the audit. The Auditor reviewed another 10 files on site.

**Indicator (d)** A review of the objective tool used in Maine DOC facilities shows that it accounts for all 10 elements required in this indicator. The tool is built into the state CORIS system and contains elements to identify individuals at risk of victimization and those who may be potential perpetrators of sexual aggression.

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

**Indicator (f)** The DOC policy requires assessment in 14 days instead of the standards requirement of within 30 days. The Policy states “the PREA assessment of all prisoners or residents transferred to a facility is administered by a case manager or other staff trained to administer the assessment between five (5) days and fourteen (14) days after the PREA screening; The DOC timeliness report allows the PREA Monitors to keep track of consistency with the standard. They can run a report that picks up the information from the electronic case management program. The Auditor was able to review the report and client files to ensure compliance with the standard. The report showed a 93% compliance with policy and a 100% record of completing the follow up assessment in under 30 days.

**Indicator (g)** The Auditor was able to ask staff in formal interviews and review documentation to support PREA reassessments occur for several reasons. The resident would be reassessed if they were either the victim or the perpetrator of sexual violence, if they engaged in consensual sex in violation of facility rules, if additional information becomes known that would affect the scoring. The Auditor was able to review 7 files in which the screening was redone for cause.

**Indicator (h)** The Auditor confirmed that residents are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor spoke with intake staff who complete the initial screening, case managers who complete the re-assessment, and the random sampling of residents who also confirmed you could not get in trouble for not answering these questions.

**Indicator (i)** The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits who may have access to the screening information, especially the client's more sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff. Limited information is shared through the Unit management structure to ensure safety, but critical information that might be used to exploit a resident is kept to a limited few individuals.

### **Compliance Determination**

The Mountain View Correctional Facility ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents be 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 Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is also done when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the resident 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 had clear guidelines for its use. The tool accounts for all factors required in indicators (d) and (e). They have also implemented a system to ensure that the residents are asked about sexuality, victimization history, and perceived safety after the initial screening. The Intake officer, who was spoken to, confirmed residents could not be punished for refusing to answer questions about sexuality, prior victimization, and vulnerability. The Auditor also confirmed this with residents as part of the formal interviews. Interviews also confirmed that only case management and administrators, and treatment professionals know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of resident screening and the importance of using the information. Medical staff will also ask PREA related information at the initial assessment and pass any new information back to the intake staff to ensure the screening encompasses all information obtained at intake. Compliance was determined based on the sample screens provided consistent with time requirements in the standard. Interviews with staff and residents further support that the appropriate questions are being asked. Further supporting compliance is the use of CORIS to ensure residents with contradicting scores are prevented from being housed together. Maine DOC has given a reporting 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 residents.



## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

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

#### 115.42 (d)



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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*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.*

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.2 Sexual Misconduct – Prevention) DOC  
Policy 23.8 Management of Transgender Residents  
Transgender review documents  
Memo confirming no use of segregation for potential victims.  
Unit Management Notes  
CORIS Housing assignments  
Facility Population

**Individuals interviewed/ observations made.**

Interview with Facility PREA Monitor  
Interview with Intake Officer  
Interview with Case manager  
Interview with Unit Manager  
Interviews with trade Supervisors  
Interview with Random Staff  
Interview with random residents  
Interview with transgender residents  
Observation on tour

**Summary Determination**

**Indicator (a)** The DOC PREA policy that addresses prevention covers the 5 elements of this standard indicator (Policy 6.11.2 Pages 4-6). Policy language includes, “ information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized.” The PREA screen used at MVCF provides immediate assistance in determining the appropriate housing unit for any new Resident. If an individual is a known perpetrator of sexual offenses, they would be prohibited by the agency’s electronic case management system from being placed in the same cell as an individual with a known victim history. If residents have a sexual offense history, they may be required to undergo treatment as part of their program. Individuals with victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency RRS. Unit staff determine, through a multi-discipline team, when a resident is ready to transition to either work or educational programming. During these team meetings, potential conflict would be identified between the known individuals on each side. Discussions on tour with the Warden, PREA Monitor, and Unit Managers confirm how the information provided by screening tool are used to ensure residents at risk of being victims are protected from contact with those individuals with abusive history including; housing, room, work, programming, and education.

**Indicator (b)** Safety of the residents is considered throughout the resident's stay. Unit management allows for residents to be grouped in smaller subsets where the teams can focus on the resident's needs

and learn their behavioral norms. Staff find this important in being able to identify when the behaviors change. The random residents interviewed supported that staff are approachable, would take any threat seriously and they confront negative behaviors including any form of sexual harassment. Interviews with staff also confirm they would act if the resident voiced concerns. During the initial screening process residents are asked about perception of safety by custody and medical staff. Residents also have an opportunity to discuss concerns with mental health and with case management staff during the reassessment period.

**Indicator (c)** Currently the Mountain View Correctional Facility has five transgender or intersex individuals. Policy 23.08 Management of Transgender and Intersex Residents states, The determination whether to assign a transgender or intersex prisoner who has not fully completed sex reassignment surgery to a facility for male or female prisoners and other housing and program assignments shall be done on a case-by-case basis, taking into account the views of the prisoner, and shall be based on protecting the prisoner's safety and mental health and preventing security issues, including, but not limited to, risks to the safety of others." The Maine DOC has moved transgender individuals to facilities that coincide with their preference, The transgender case files reviewed supported the process for making decisions is on a case by cases basis for their needs at MVCF and the files show both structured reasoning around supporting or denying a resident's request based on factual information, behavioral actions and clinical observations. The documentation clearly supported considerations of the resident's personal safety and of emotional well-being.

**Indicator (d)** Records show that these meetings have occurred twice a year. The meeting note supports a wide participation of facility administration, custody staff, along with medical and mental health professionals. Meeting notes discuss various aspects of the resident's life and any change or new request. The reports document a variety of decisions on programming, housing, personal items approvals, search procedures and medication approvals. Interviews by the Auditor with Transgender residents confirm these meetings occur. The Auditor was also able to review several examples of these meetings.

**Indicator (e)** Transgender residents interviewed confirm there is a meeting that occurs shortly after admission with a multidisciplinary team to discuss the supports and considerations the resident wishes to request. Transgender individuals support the process allowed for them to make requests as to housing programming searches, medication, and personal items to improve their overall comfort in the facility. As Residents progress in their treatment, the multi-disciplinary team continues to assess the most appropriate housing. As stated in indicator (b) resident's feeling of safety is part of the process considered by the multi-disciplinary team when planning. If the request is denied, the resident is provided the reasoning behind the denial.

**Indicator (f)** DOC Policy 6.11.2 requires that transgender residents can shower separately from other residents. In the plans reviewed, the transgender resident showers while other residents are in lock-up. There is different shower setups depending on the unit you are in at MVCF. In units with-in room toilets there were showers away from other cells, In other units there are shower stalls in bathrooms off of each walk. In units, privacy is maintained through opaque shower curtains or solid privacy doors that allow only the feet and the tops of the resident's head to be seen. The Auditor confirmed that Transgender residents shower separately from the rest of the population.

**Indicator (g)** The Maine Department of Correction does not, by policy, practice, or legal requirement, house all LGBT residents in one housing unit. There is no legal judgment requiring such a condition to exist. This was confirmed with interviews with the PREA Monitor, random staff, and gay and transgender residents. The Auditor was also provided with screening information of LGBTQI residents housed throughout the Mountain View Correctional Facility. Policy 6.11.2 (page 7) states, “Lesbian, gay, bisexual, transgender, or intersex prisoners or residents shall not be housed in dedicated facilities, units, or wings solely on the basis of such identification or status.”

**Conclusion:** Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining Indicators are covered in 23.8 Management of Transgender and Intersex Residents. The electronic case management system of Maine DOC (CORIS) will prevent the 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 Auditor confirmed with the PREA Coordinator, and the Warden multidisciplinary teams meet to discuss each transgender resident’s needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender residents have privacy during showers or bathroom use. Documentation supports that LGBTI residents are not all housed together or denied programming or work. Interviews with transgender residents and other LGBTQI residents support the MVCF has systems in place to ensure their safety.

Through the Unit Management process, service providers, education staff, and Correctional Industries Supervisors are made aware of who is at risk for victimization in their program. The Auditor discussed with several of these staff members how they take steps to manage residents on the job site during the tour. Line custody staff also understand the need to protect potential victims from potential aggressors and discussed how they get to know the residents, observe and address any behaviors during the informal and formal interviews.

The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. The Auditor finds that practices are in place to use screening information, and there is good communication about those at risk.

## 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire

The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) DOC Memo from Facility Director of Security Confirming no Protective Custody.

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

Interview with Warden

Interview with Staff in Segregation Unit

Interview with the PREA Monitor

Observation on tour

#### **Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility refrains from placing residents at high risk for sexual victimization in involuntary segregated housing. Policy (6.11.2) allows, consistent with the standard for protective custody housing, for a period of 24 hours while the situation is assessed. MVCF will, if needed, put residents on Extra Observation Status (EOS), which is a temporary status to allow assessment of needs but does not necessarily require a housing unit move. DOC policy states protective custody should only be used when there is no other mean possible to protect the resident. MVCF administration reports that there have been no cases of protective custody for individuals at risk of sexual abuse.

**Indicator (b)** Since it is not the practice of the Mountain View Correctional Facility to place individuals in involuntary segregation as a means of providing protection from sexual abuse, the elements of indicator (b) are difficult to assess. The DOC policy states, “Prisoners or residents screened or assessed as high risk for sexual vulnerability shall not be placed in a special management housing unit or protective custody housing unit due to this risk unless there has been a consideration of all possible available alternatives, and it is determined that there is no available alternative means of separation from likely perpetrators.” The policy goes on to state the following on access to programming. “Any prisoners or residents placed in a special management housing unit or protective custody housing unit due to this risk shall have access to programs, privileges, education, and work opportunities similar to

prisoners or residents in the general population, except to the extent that they must be limited consistent with reasonable precautions designed to protect prisoner or resident safety.”

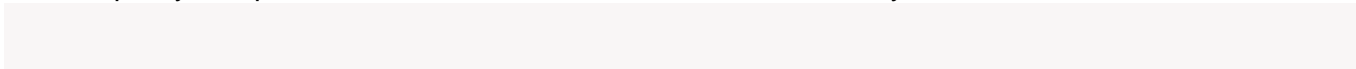
**Indicator (c)** The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MVCF not to house the victims or those at risk in segregation as a manner of protection unless there are no other means and that the situation is reassessed every 30 days.

**Indicator (d)** Since MVCF has not used segregated housing to achieve protective custody of individuals at risk of sexual misconduct in the past three years, there is no documentation to review.

**Indicator (e)** The Department of Correction has a policy that (Policy 6.11.2 Sexual Misconduct – Prevention) addresses the requirements of this standard in protecting residents and staff who report PREA incidents from retaliation. The policy requires MVCF not to house the victims or those at risk in segregation as a manner of protection unless there is no other means and that the situation is reassessed every 30 days.

**Compliance Determination**

Interviews with the Warden, Director of Security, and the facility PREA Monitor confirm that the facility has not had to use involuntary segregation to ensure the safety of any victims of sexual assault. The Warden confirms that the aggressor would be the individual moved to segregation or a higher custody level. Investigative reports support there is no practice of segregation of victims and is consistent with the Warden’s interview. In addition to discussions with the residents, staff, and administration during the tour, the disciplinary segregation staff confirmed that no individual was in the unit for protection from sexual assault. The standard is compliant based on the information provided, the tour, the interviews, and the policy and practice of the 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.*



**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.3 Sexual Misconduct (PREA and Maine Statues)– Reporting and Investigations  
Sexual Assault Brochure  
Resident handbook  
PREA Posters  
Memo confirming the facility does not house civil immigration holds  
MOU with County Jail as alternative reporting source

**Individuals interviewed/ observations made.**

Interview with Random Staff  
Interview with Contracted staff  
Interview with County Jail  
Observation on tour

**Summary Determination**

**Indicator (a)** Policy 6.11.3 Sexual Misconduct – Reporting and Investigations states, “The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties.” Random resident interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Residents knew of the postings and information in the resident handbook that describes options to report a concern including directly to a staff they trust, to any case manager or medical or mental health staff, by writing the Warden or by calling the DOC PREA ‘hotline’ (agency PREA Coordinator). The posters also informed residents on the option of reporting to the county jail PREA Coordinator. The Auditor was able to review investigations that were initiated by residents directly to staff, through the county jail, and through PREA Hotline.

**Indicator (b)** The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. The Phone numbers for the local rape crisis agency are posted prominently in each housing unit. The Poster also has the address of the PREA Coordinator of the local county jail if they do not feel comfortable reporting to DOC staff. Residents were aware of these options and stated they could call attorneys or family members to report a concern. The residents were also confident if a family member called to report a concern, the staff would take it seriously, and it would be investigated. The Auditor confirmed with the outside agencies that there were no complaints in the past 12 months. The PREA Coordinator for Penobscot County Jail confirms that the last reported complaint from Mountain View was in 2019. Each agency would notify the DOC of concerns while allowing the individual to remain anonymous. The Mountain View Correctional Facility does not house residents for immigration violations. The Auditor confirmed access to the PREA Hotline. Most prisoners were not sure about who on the other end but felt it was an option for them to report a concern. The Auditor called the Hotline, and the state PREA Coordinator confirmed he received a voicemail in minutes.

**Indicator (c)** Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 3) that all staff take any report of a PREA related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew that they had to report the claim no matter the source of information, including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that after giving notice to a supervisor they were required to file a written report on the claim. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that leads to a sexual assault.

**Indicator (d)** The Maine Department of Correction provides several avenues for staff to report a concern of sexual assault or sexual harassment. Beyond reporting an incident to their immediate supervisor, if the staff had a concern about the supervisor or another staff being involved with a client they report to another supervisor or to a higher-ranking individual, they can make a report using either the posted phone numbers to RRS or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew they could report out of the chain of command without consequences.

### **Compliance Determination**

#### **Compliance Determination**

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 policies 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)).

Residents interviewed were aware of multiple ways to 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 viewed on housing units during the tour directed residents 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 resident handbook. Residents spoken to formally and on tour reported comfort in speaking with staff, including the unit staff if they had a concern. Custody staff reported knowing how to privately report PREA concerns to the 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, written documentation provided and viewed on tour, and the interview findings of random staff and residents 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 Policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances  
 Policy 29.01 Client Grievance Rights  
 MVCF Handbook on filing a PREA Grievance

#### **Individuals interviewed/ observations made.**

Interview with facility PREA Monitor  
 Interview with Warden  
 Interview with Grievance Officer  
 Interview with Random Residents  
 Observation on tour

#### **Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility is not exempt from the standard; residents can file a grievance on conditions that violate their rights or prison rules. Sexual misconduct is a reason for which a resident can file a grievance. The Agency has a policy on grievances, and residents are informed specifically in the PREA section on how to file a PREA related grievance. Of the 65 grievances filed at MVCF in the 18 months prior and zero were for sexual harassment or sexual assault claims.

**Indicator (b)** Agency policy and client handbooks support the resident can file a grievance to a person who is not the subject of the grievance. There is no requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 6) set forth these conditions, “There is no time limit on the filing of the grievance, and there is no requirement that the resident attempt an informal resolution of the grievance.” It is in the DOC PREA policy but not covered in the PREA section of the handbook. To correct this measure, the DOC issued a policy modification within hours of the tour. A large notice was posted on each housing unit with corrections slated for the next publishing of the handbook, which occurs frequently.

**Indicator (c)** The facility has a grievance officer who residents can send sealed mail. If the grievance officer is the subject of the complaint, the residents can send the grievance directly to the facility administrator. Residents confirmed they could use the grievance process without submitting to the individual who is the subject of the grievance or required to undergo an informal resolution process. Residents spoke with confirmed they can send letters directly to the Warden.

**Indicator (d)** Policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES. (Pages 4-7) sets forth the requirements for response and appeal consistent with the standard. As noted in Indicator (b), there was one issue that the Auditor required notification to residents to ensure consistent understanding of the reporting and responses requirements. The two policies mirror requirements but the PREA policy clarifies there is no time constraint for PREA grievances of sexual assault.

**Indicator (e)** Policy 6.11.4 (page 6) states, “The prisoner or resident may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the prisoner or resident is permitted to have contact. Such a person may also file the grievance on behalf of the prisoner or resident, provided that the prisoner or resident consents to the filing. If there is any question about consent, the Grievance Review Officer may personally speak to the prisoner or resident to ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Review Officer shall document that fact and shall not respond to the grievance.” The agency Grievance policy 29.01 also provides similar language and sets forth the requirements of Correctional Treatment Workers to aid those with disabilities in filing or provide access to interpretive services for those with language barriers. Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff was also aware they need to accept all complaints or grievances from third-party individuals.

**Indicator (f)** Pages 6 and 7 of Policy 6.11.4 describe the provisions for an emergency grievance. Any emergency grievance or grievance where there is imminent risk for sexual misconduct requires immediate notification to the facility’s chief administrative officer. There were no incidents in which an emergency grievance was filed in the last 12 months. The handbook information provided to clients instructs them that all PREA grievances should be marked as emergency grievances. Facility and agency administration confirm they will treat and sexual misconduct as an emergency grievance.

**Indicator (g)** Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if they are not through the grievance process. The facility grievance form has a location in which the Grievance Officer can document if he believes the individual is abusing the intent of the grievance process. An Investigation by the SII or the Detective would still occur to determine the bad faith filing.

### **Compliance Determination**

Mountain View Correctional Facility is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has a policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. It is reported that there have been no grievances in the past year related to PREA. There were no instances in which an emergency grievance was filed. Grievance Logs reviewed support that residents routinely use this process to resolve concerns

in the institution. Residents knew they could file a PREA related concern through the grievance process but acknowledge it would not be as quick in resolving as telling a staff person directly. Residents report they can get assistance from other residents in completing forms if needed. Residents reported comfort in telling staff directly about concerns, and if they felt it was not addressed, they would go send a request to the Warden or to a Detective to discuss concerns. Compliance determination relied on the policy and interviews with the PREA Monitor, the Warden, and random residents who were aware of the grievance process as a possible avenue to report a Sexual Misconduct concern.

## 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**

*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.*

### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11. Sexual Misconduct – PREA and Maine Statutes) General  
Policy 21.04 Prisoner visitation

### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Warden  
Interview with residents who Utilize services  
Observation on tour

### **Summary Determination**

**Indicator (a)** Maine Department of Corrections Policy 6.11 Sexual Misconduct requires on page 6 the agency to ensure a current MOU with the state rape crisis organization. The Mountain View Correctional Facility provides access to the local rape crisis agency, but on-site access has been curtailed during the COVID-19 crisis. The Rape Response Services (RRS) is the local rape crisis provider in Penobscot County. The Agency's employees are considered professional visitor status, which allows for confidential communication. The Maine DOC policy 21.03 to specifically addresses the professional status of the state's rape crisis network. The Mountain View Correctional Facility does not house individuals for civil immigration violations. RRS staff can see individual residents in a professional visiting space.

**Indicator (b)** All residents are informed at the inception of services that confidentiality is limited when an individual has been victimized in the institution. All MVCF residents sign acknowledgment forms with Wellpath as part of their service introduction for both medical and mental health services. Residents were aware the phone calls were not recorded if they called the rape crisis agency. Due to COVID-19, residents did acknowledge it was harder to have personal support meetings over the phones as there is some limitation on topics that can be discussed on unit phones or in a case manager's office. The Auditor conformed with residents and advocacy organizations that professional visit opportunities outside of the COVID restrictions would allow for a more open dialog.



**Indicator (c)** The Department of Correction has a Memorandum of Understanding with RRS, which covers both the Mountain View Correctional Facility and the Long Creek Youth Development Center. The agreement is renewable. The DOC also has an agreement with the statewide rape crisis agency Maine Coalition Against Sexual Assault (MECASA). The MOU with RRS was signed by the organization's President and the DOC Deputy Commissioner on 4-23-19 is good for a two-year period. The Auditor was provided information about the renewal process that was in action during the site visit. The Auditor confirmed the MOU has been renewed with a representative of Rape Response Services and a copy of the document was provided by the State PREA Coordinator.

### **Compliance Determination**

Resident victims at MVCF 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 the Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU with both MECASA and RRS. As part of the audit process, the Auditor spoke by phone to MECASA and RRS representatives, who confirms their ability to provide service at DOC facilities. COVID-19 has impacted any onsite visits at the DOC facilities or at local Hospitals. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from the pay phone in the facility or with their case manager. The handbook tells residents they can call or write RRS who could come to the facility to provide services as a professional visit when the COVID crisis is resolved.

Requirements for compliance with this standard are covered by agency policy 6.11.4 Sexual Misconduct. In determining compliance, the Auditor also considered interviews with the Rape Crisis agencies and the Residents accessing services. Residents could identify how confidential the communication is within the facility, including mail and telephone contacts. Residents knew that outside counseling staff could be spoken to in a professional visiting setting normally. 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) as well as information in the resident handbooks. COVID-19 has, at some level, impacted the manner in which outside ongoing supportive services occur. The RRS representative further supported compliance in describing the steps in place for regular communication with the facility and the agency PREA Coordinator.

## **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**

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes  
 Maine DOC Website  
 PREA Posters on Housing units  
 Memo on third party complaints  
 Logs of the PREA report Hotline  
 Information from Cumberland County Jail on reports made.

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
 Cumberland County PREA Coordinator  
 Random Staff Interviews  
 Observation on tour

#### **Summary Determination**

**Indicator (a)** 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 given 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, inmate handbook, and website noted above. The residents are provided information on how to send complaints to the local county jail. Staff was aware that they must take all reported concerns about PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication mail and visiting 16.3 and Sexual Misconduct policy 6.11 and 6.11.5 address the requirements of this standard.

#### **Compliance Determination**

Maine Department of Corrections has put in place multiple resources for residents and families to report a PREA related concern. The PREA Coordinator shared the log of calls that had come into the state hotline, of which only one case was a third-party report. 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 residents could make complaints. The Auditor also tested the unit Phones to ensure the phone numbers on the poster could be accessed. Compliance was based on policy and the systems Maine DOC has put in place to support the residents and that residents were aware they could make a complaint on behalf of another resident. Random staff interviews further supported compliance as they knew that they needed to report all third-party complaints no matter the source. Finally, the Auditor took into consideration the systematic logs of information on all calls to the PREA Line. The Auditor was able to see how the call log also documents the referral back to the institution for the initiation of an investigation including when the call is anonymous.



## 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 Policy 6.11.5 Sexual Misconduct – responding  
 Policy 6.11.3 Sexual Misconduct – Reporting and Investigating  
 MVCF Sexual Assault Response Plan  
 DOC PREA Hotline logs  
 Medical Consent forms  
 Investigative files  
 Information from inmate at Piscataquis County Jail

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
 Interview with random staff  
 Interview with facility Investigator  
 Interviews with Medical and Mental Health staff

#### **Summary Determination**

**Indicator (a)** In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes), staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. Staff understood, as evident in random staff questioning, the expectation around reporting all incidents related to sexual harassment or sexual abuse. Random staff reports these notifications would be completed immediately and include when a resident discloses information about abuse in a prior institution or even if they do not believe the event to have occurred. The staff were also clear that staff misconduct through actions or inactions leading to abuse must be reported.

**Indicator (b)** Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Supervisor on duty and appropriate medical or mental health staff who may respond. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy. The policy states, "The reporting staff person, volunteer or student intern shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative, personnel, or criminal proceedings."

**Indicator (c)** As noted in previous standards, the Wellpath Medical and Mental Health Staff ensure client confidentiality unless there is a risk that another could impact the safety of individuals. Staff report residents sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. Residents confirm that the information shared with Wellpath is confidential unless someone is in danger. The Auditor reviewed consent forms that residents sign that informs them of the limitations on confidentiality.

**Indicator (d)** The juvenile aspects of indicator d) does not apply, as they are not housed at MVCF. Crimes against senior residents or others with developmental disabilities are reportable to Maine's Department of Adult Protective Services. Crimes against these protected populations may result in additional charges. It was reported that the Attorney General's Office would potentially become involved in the case.

**Indicator (e)** All staff are clearly aware that the Detective or the SII team must be called as part of the response plan. Documentation reviewed in the investigative files and documents loaded into POWER DMS support that staff refer all information on potential sexual offenses in a timely fashion and that the investigative teams are put into action immediately.

### **Compliance Determination**

There are 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 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment, including third-party and anonymous complaints. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault.

All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report, and the importance of confidentiality except to supervisory and medical to aid in getting access to treatment or allowing investigation. The Detective confirms that crimes against vulnerable adults or individuals with diminished capacities will be reported to the appropriate state agency. Residents' interviews supported an understanding on the limits of confidentiality that medical or mental health professionals have. Compliance is based on interviews, the policy, and supporting documentation that

shows investigations are initiated immediately upon knowledge of the facility of an incident. The Auditor was also able to see how the agency PREA Hotline is used as an outside reporting resource for the county jails in Maine and how the PREA Coordinator refers the case to local law enforcement for investigations. As previously noted, the Maine DOC has statutory relationships with the county jail system, and the PREA Coordinator for DOC works for the Manger of Correctional Operations who oversees county jail monitoring.

## 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes)  
Population report for MVCF  
Investigative files

#### **Individuals interviewed/ observations made.**

Interview with the Director of Operations  
Interview with Agency PREA Coordinator  
Interview with Warden  
Interviews with random residents

### Summary Determination

**Indicator (a)** The Mountain View Correctional Facility has not had to protect a resident in imminent risk of sexual abuse in the past three years. The Deputy Director of Operations for Maine's Department of Correction and MVCF's Warden acknowledged the agency response would be immediate. Efforts would include both housing changes, investigation, and other facility-based or, if the needed movement of residents as needed to increase safety. The agency PREA Coordinator who works for the Manager of Correctional Operations would also be notified of these events. If the agency believes a resident might be at risk, the facility can place them on EOS (extra observation status). This is a temporary limitation of movement and allows them to be housed in a unit with single cells. This allows time for the facility investigators to determine the validity of and level of risk to the resident. The Warden supports the practice is to limit the aggressor, not the victim. The Auditor was able to see how in staff involved allegations, the staff was removed from contact during the investigation. The Auditor also reviewed client on client complaints where residents were immediately separated. In the unsubstantiated staff/resident case, the resident and the administration confirmed the resident was offered a transfer to another equal-level facility. Audit reports support immediate response to allegations of Sexual Abuse and Sexual Harassment. A review of the records supports separation of parties involved but in no cases were potential victims placed in any protective custody.

### Compliance Determination

The Maine Department of Correction is committed to resident safety. The administration supports that they have several housing options to protect a resident from potential abuse rather than placing them involuntarily in administrative segregation. In extreme cases, one of the residents could be moved to another institution. Random staff interviewed identified what to do in situations of imminent risk, including immediate separation of parties, increased 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. The Auditor also took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct. The Auditor reviewed incident reports to determine compliance weighed significantly on the interviews and the staff's clear understanding of what to do if a resident approached them and the importance of responding immediately to the perceived risk. The Auditor also took into consideration that residents expressed staff were approachable and would take a complaint seriously.

## 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.*

### Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire  
6.11.3 Sexual Misconduct- PREA -Reporting and Investigations  
Documentation supporting notification to other facilities  
Documentation of Information received about former MVCF client.

### Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator  
Interview with Warden  
Interview with the Investigator

### Summary Determination

**Indicator (a)** The Maine Department of Correction Policy outlines the requirements if and individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires the notification by the PREA Monitor, the Facility administrator or designee. The policy states, "If the report is of alleged sexual misconduct or sexual harassment of a prisoner or resident while confined at another detention or correctional facility, regardless of whether it was a Department facility, in addition to forwarding a copy of the report to the Department's PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of



the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided.” The Auditor was provided documentation about a complaint of a resident at MVCF on an incident at another facility. Interview with the PREA Monitor, the Detective, and the Warden support that MVCF has the culture to ensure all allegations, including ones that occurred in another setting, are reported promptly. The PREA Coordinator is also aware of

**Indicator (b)** The PREA Monitor and the Warden were both aware in their formal interviews that notifications to outside facilities should be made as soon as possible but no later than 72 hours. There were two PREA investigations the Auditor reviewed that involved outside facilities in the past three years. DOC policy states, “ If the report is of alleged sexual misconduct or sexual harassment of a prisoner or resident while confined at another detention or correctional facility, regardless of whether it was a Department facility, in addition to forwarding a copy of the report to the Department’s PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report by the Chief Administrative Officer, or designee. “ The incident reviewed by the Auditor supported a timely notification.

**Indicator (c)** The DOC coversheet for PREA investigation documents the date of notification as do emails documenting the notifications even if the report was made verbally. The Auditor reviewed documented files from the past two years to confirm the existence of the documentation.

**Indicator (d)** DOC policy requires all claims are to be investigated. Documentation of files and discussions with the facility’s investigator support investigations occur each time a report is made, no matter the source of the allegation or if the client is at another facility. The Auditor review a complaint received from another institution about an incident at MVCF that was investigated.

### **Compliance Determination**

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 and within 72 hours. Interview with confirmed he is Warden was aware of responsibilities, including the documentation of notifications. The Warden discussed the expected response if notice from another site was to occur including ordering an investigation and notification to the facility PREA Monitor. Documentation provided showed the initial steps to support an investigative process including coordination with other facilities. Compliance with this standard was based on the agency policy, investigative file information, the Warden’s knowledge of his responsibility and interview with the PREA Monitor and the Investigator for MVCF.

## **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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations

Facility Response Plan  
Investigative files

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with investigative staff  
Interview with Random Staff

**Summary Determination**

**Indicator (a)** 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.

All random staff interviewed were aware of the duties of the first responder. The Maine DOC trains all individuals working in the facility, including contractors, on how to respond as a first responder. Interviews confirmed staff knew the steps needed to preserve evidence, including evidence on the victim and the perpetrator. The staff were able to give examples of things they would do to maintain evidence, including suggesting the victim does not wash, drink, brush, shower, or change. They also confirm the alleged perpetrator would be placed in a dry cell to limit their ability to degrade evidence.

**Indicator (b)** As noted above, staff in the Department of Corrections are all trained on how to protect evidence in the event of a sexual assault. The staff interviewed recognized the importance of closing off the crime scene, separating individuals, instructing the individuals not to eat, drink, wash or use the bathroom. They also know not to have them change clothing. The Auditor also took into consideration the investigative files' information on evidence protection. Medical staff also explained how they would also work to support the client medically and emotionally. Nurses knew that they should provide care to ensure stability for transport but to limit activities that may degrade DNA evidence.

**Compliance Determination**

The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who were able to identify steps 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the 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. None of the staff persons interviewed reported having to complete first responder duties in the 12-month prior. The staff have separated individuals while investigative teams complete investigations but none of the cases involved an incident where the individual needed to go out for a forensic exam. Compliance is based on policies, interviews, and investigative files supporting the 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General  
Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding  
MVCF Sexual Assault Response Plan

#### **Individuals interviewed/ observations made.**

Interview with Facility and Agency PREA Coordinator  
Interview with Warden  
Interview with Investigators  
Interview with Medical Staff  
Interview with Hospital with SAFE/SANE staff  
Interview with local Rape Crisis Agencies  
Interview with Supervisory Staff

#### **Summary Determination**

**Indicator (a)** The Maine Department of Correction updates its facility preparedness plan in 2020 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is made the same way each time. The eight-page plan is individualized at the facility level to increase staff response time and accuracy of information needed including, local hospital numbers and local rape crisis agency contact information. Policy 6.11. (page 7), in the described duties of the PREA Monitor sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a Sexual Assault or Sexual Harassment case.

### Compliance Determination

Mountain View Correctional Facility is compliant because of has developed a coordinated response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan 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. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews with the Warden, PREA Monitor, Unit Managers, Captain and Medical staff all confirm knowledge of their roles in the plan. Compliance is based on the policies, the plan that was provided, the available community resources and staff knowledge of the plan.

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

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

#### 115.66 (a)

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

#### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*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.*

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
The Department of Correction has a policy that (Policy 6.11.5 Sexual Misconduct AFSCME and MSCA Union Contracts

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Warden  
Interview with an Investigative Staff

**Summary Determination**

**Indicator (a)** Maine Department of Corrections has union employees, but the contracts consistent with Policy do not prohibit the agency from putting a staff person out on administrative leave. Investigative file support staff was placed in a non-contact position with the resident who had made an allegation.

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

**Compliance Determination**

The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor did not find any language 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. The Director of Operations for Maine DOC and the Warden 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 inmates 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating  
Investigative file tracking form  
Retaliation monitoring forms

#### **Individuals interviewed/ observations made.**

Interview with the Director of Operations  
Interview with Agency PREA Coordinator  
Interview with PREA Monitor  
Interview with Warden  
Interview with an Investigative Staff  
Interview with residents who made PREA Complaints.

#### **Summary Determination**

**Indicator (a)** Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. It states, " The



Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored. 2. The Chief Administrative Officer, or designee, shall also ensure that any prisoner or resident or staff, volunteer or student intern who cooperates with an investigation into alleged sexual misconduct is similarly monitored if the person expresses a fear of retaliation or it is otherwise deemed appropriate.” At MVCF, the Unit Managers and the facility PREA Monitor have the responsibility to track for retaliation. Staff members would be monitored by the Warden or Associate Warden.

**Indicator (b)** The Warden supported the facility is large enough with sufficient housing units to ensure individuals who have been separated post a PREA Incident can be safely managed to ensure no retaliation. Residents would routinely be offered counseling services, and case workers would provide routine check-ins to ensure the client is feeling safe. The Auditor was able to review examples where the facility took steps to separate the reported victim from the alleged perpetrator.

**Indicator (c)** As noted in Indicator (a) the Department of Corrections policy supports all individuals (Residents and Staff) who report a PREA Incident are monitored for changes in behaviors that might be a symptom of their being retaliated against. The form developed also addresses the elements of this indicator. The individual completing the form must document if they reviewed discipline, if housing moves occur or requested, programmatic or job performance changes, and document if face-to-face communication has occurred or if a mental health follow-up was requested from any of the monitoring concerns. The Auditor was able to see this form completed over the 90-day monitoring period

**Indicator (d)** The occurrence of status checks can be documented through the form as well as the unit management team notes. The reports document at a minimum, a weekly review of discussions with the client and their records to see if there are concerns on discipline, housing, medical or Mental health programming, and overall performance. Residents who were monitored confirmed they were periodically met with to see how they were doing since reporting an incident.

**Indicator (e)** As noted in indicator (b) the facility has sufficient means to protect a resident. The facility's Warden supported the facility's ability to protect individuals and hold aggressors accountable. The random staff were able to describe actions they would take to protect a resident who comes to them with any safety concerns. The random residents interviewed supported that they could go to staff if there was a concern about their safety and felt the staff would take the issue seriously and would keep them safe.

**Indicator (f)** The Auditor is not required to review this indicator.

### **Compliance Determination**

The Department of Corrections has policy in place to address the elements of this standard. Documentation supports the facility has been compliant with monitoring expectations. The facility did have cases in which the residents have been monitored. This included the monitoring of a resident who had reported a incident at his previous facility but had not completed the 90 day monitoring period

before the transfer. The Human resources staff are aware of the standard, and the Warden would also utilize his administrative staff to further monitor staff.

The Deputy Director of Operations for Maine DOC, who was interviewed on behalf of the Commissioner and the Warden, described multiple mechanisms that would be put in place to protect individuals who report sexual assaults. They reported efforts would include changing housing, preventing contact between the accused and the victim, and monitoring reports about the resident or staff to see if there is any change in behaviors.

Unit management notes would also support this practice. The facility has a monitoring form to document monitoring efforts and an administrative report available to supervisory staff on residents that need to be kept separate. The PREA Monitor and Warden were aware that protection monitoring should be done with all individuals who cooperate with the investigation. 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 resident 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) -Prevention

**Individuals interviewed/ observations made.**

Interview with Wardens

Interview with Random Staff

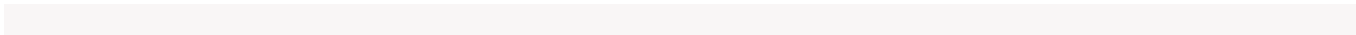
Interviews with Random Residents

**Summary Determination**

**Indicator (a)** The Maine Department of Corrections Policy states segregated housing for victims should only be used in rare instances for short periods until other safe housing can be determined. Policy states, "the prisoner or resident may be housed in a special management housing unit or protective custody housing unit for no more than twenty-four (24) hours, pending the determination. 3. If a determination has been made that there is no available alternative means of separation from likely perpetrators, the initial placement in a special management housing unit or protective custody housing unit shall only last until there is available an alternative means of separation and, in any case, the initial placement shall not exceed thirty (30) days." The policy goes on to ensure regular reviews and to required access to all programming.

**Compliance Determination**

In discussion with the Warden, it was confirmed the documentation from the audit file stating he has not used segregation of any victims of a sexual assault in the past year. The Warden stated that given the facility's size and the various housing options, they would have more options for the victim than the accused aggressor, who would be placed in disciplinary housing. Residents who need to be separated from the population are placed in a smaller set of cells in a larger unit. The Warden confirmed the practice is to ensure limited impact on the victim. A resident who claims to be a victim may be placed on Extra Observation Status (EOS) for a brief period, but it is not done in the disciplinary unit and may be completed in their current housing unit. The standard is determined to be compliant based on policy, the 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

*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.*

### Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and the MAINE Statutes) Prevention Planning

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

Policy 7.1 Investigations  
Policy 7.03 Administrative and Personnel Complaint Investigations  
Policy 11.06 Prisoner Records  
Memo from the Office of Professional Review  
Memo on nonuse of Polygraph  
Sexual Assault Response Plan  
Investigative file tracking form  
Retaliation monitoring form

**Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator  
Interview with Interview with PREA Monitor  
Interview with Warden  
Interview with an Investigative Staff

**Summary Determination**

**Indicator (a)** Maine Department of Corrections has trained law enforcement staff, and as such, the agency is responsible for both criminal and administrative investigations. Policy 6.11.3 (pages 4 to 6) defines the investigative team's responsibilities, including the need for a prompt thorough investigation of the facts and a complete report outlining the processes undertaken and the reasoning behind the findings. The Policy and the Sexual Assault Response Plan define duties, and agency policy requires investigation of all allegations, including those from third parties or anonymous sources. The Department of Corrections further supports the objective investigatory process through its Office of Professional Review or by the State's Bureau of Human Resources. These offices will complete an investigation of any staff-related complaints instead of having the investigative team associated with the facility lead the investigation. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred.

**Indicator (b)** As noted in 115.34, the Maine DOC has some twenty-five (25) staff who have completed a course through the Moss group on Investigations of Sexual Assaults in a Correctional Institution. The training included four (4) members of the current employed at MVCF.

**Indicator (c)** Investigative staff interviewed, residents who were part of an investigation confirmed, and investigative files reviewed supported the requirements of this indicator. The Detective and SII team members for MVCF know how to collect evidence from a crime scene to ensure evidence, including DNA. Line staff are also trained to preserve evidence, including locking potential crime scenes and encouraging the victim not to do anything that would degrade the quality of the DNA evidence. As noted in 115.21, a forensic exam of the victim would not occur at MVCF but at a local hospital with SANE-trained nurses. The investigation file also confirms the interview of the victim, alleged perpetrator, and witness are done routinely as part of the investigation. The Detective was able to describe the process she undergoes in completing an investigation, including how she may take into consideration historical information.

**Indicator (d)** The investigator supports that compelled interviews have not occurred in the current cases and that they would work closely with the local prosecutor on the case. Policy 6.11.3 describes the expected interactions with the prosecutorial authorities (page 5). The document goes on to further state,

“If authorized to do so by the Commissioner, or designee, and by the Attorney General, or designee, either generally or in connection with a specific criminal investigation, a criminal investigator may issue an administrative subpoena(s).” In reviews with the Auditor, the Detective, discussed where in the process she would inform the prosecutor.

**Indicator (e)** The investigator interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what policy requires (6.11.3 -page 4). “The Investigating Officer will assess the credibility of each individual involved in the case without biasness toward their position as a staff or resident.”

**Indicator (f)** All criminal investigations can potentially include a referral to Office of Professional Review if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct investigations can result in a discipline outside of termination. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached.

**Indicator (g)**. All criminal investigations completed by the MVCF investigative teams result in a written report as required in the agency's related policies. The investigative files reviewed by the Auditor included documentation of interviews, physical evidence and videos or other documents reviewed as part of the investigatory process. All files also have an investigation checklist to allow tracking of information obtained.

**Indicator (h)** Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). It states “If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department's PREA Coordinator of the referral.”

**Indicator (i)** The Maine Department of Corrections record retention requires a greater retention period than five years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview. The Agency PREA Coordinator has access to a database that all investigations are kept.

**Indicator (j)** Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The Detective for MVCF is a trained law enforcement officer as defined by the Maine Justice Academy with full police authority to go outside the institution to continue to pursue information related to the case.

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

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

### Compliance Determination

The Maine Department of Corrections, under 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, allows for prompt sexual abuse and sexual harassment investigations in Maine's DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Mountain View Correctional Facility has sufficient and appropriately trained individuals who can complete sexual assault investigations. Maine DOC investigates all potential sexual-related incidents as possible PREA events even if the residents report consensual actions. The Auditor reviewed files reviewed that were precipitated by staff reports, resident direct reports, reports to the hotline, and the outside reporting entity. At Mountain View Correctional Facility, there were six investigations in 2019 and 2020 and one 2021 incident, which occurred two weeks after the site visit. There were no substantiated incidents in the 2019-2020 investigations. Consistent with stated practice, the staff involved allegation was investigated by an individual from outside the facility.

In the Auditor's interview, the Detective described the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that a polygraph exam would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports would be completed on all administrative and criminal investigations. The agency has implemented some forms that direct consistent report content. As part of the audit process, the Auditor reviewed 6 correctional investigative files. The Auditor found consistent reports with physical testimonials and documentation of evidence used in determining the outcome. In determining compliance, the Auditor considered the stated information found in policy and actual investigative files as well as interviews with the investigative staff and residents who had been involved in the investigations.

## 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



*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.*

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.4 Sexual Misconduct

**Individuals interviewed/ observations made.**

Interview with an Investigative Staff

**Summary Determination**

**Indicator (a)** Maine DOC Policy 6.11.4 (Page 4) states, "The burden of proof for determining whether there is substantiated allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is a preponderance of the evidence." This standard was confirmed by the facility's Detective.

**Compliance Determination**

The Department of Corrections has several staff trained in the investigation of Sexual Assaults at the Mountain View Correctional Facility, as noted in 115.34. Throughout the Maine Correctional system, the investigative staff consistently report no greater standard than a preponderance of evidence in making a determination on cases. The Detective reviewed PREA case files with the Auditor, which supported this standard was used. Compliance was based on the policy and the interview with the Investigative Officer and his explanation of case files. The Auditor previously has confirmed previously with the DOC Office of Professional Review that the standard is a preponderance of the evidence.

**Standard 115.73: Reporting to inmates**

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

**115.73 (a)**

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

**115.73 (b)**

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

**115.73 (c)**

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations  
MVCF PREA Update  
DOC 2019 Annual report

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Staff  
Interview with PREA Coordinator  
Interview with PREA Monitor

#### **Summary Determination**

**Indicator (a)** Maine DOC provides notification to all residents on the outcome of their investigations into sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 6 requires the notification to residents if the allegation was substantiated, unsubstantiated or determined to be unfounded. Interview with the Investigator supports that she comes to one of these three conclusions in all sexual abuse or sexual harassment cases. The policy states, "Following an investigation into a prisoner's or resident's allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee."

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

**Indicator (c)** The policy (6.11.3) also requires notification if the accused perpetrator is a staff person, contractor or volunteer if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody. The resident who had made an allegation confirmed the staff member and he had no contact during the investigation. The Warden also confirmed that he would suspend access to contractors and volunteers who are the subject of an allegation during allegations. This was the reported action taken in the investigation that occurred weeks after the PREA audit site visit.

**Indicator (d)** The Policy language covered in indicator (c) requires notification on all cases and does not differentiate between if the perpetrator is a staff person/contractor/volunteer or another resident. The policy requires notification on all indictments and convictions. It states, “The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct.”

**Indicator (e)** The Auditor was provided the notification letters provided to the three residents who remained in the custody of MVCF. The forms are set up to notify the residents at various points of the investigation, consistent with the standard. The information from communication with residents who had filed a PREA complaint supports that there is notification even if they are not in agreement with the outcome.

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

### **Compliance Determination**

The Auditor was able to review documents in investigative files that support resident notifications occur. Clients who had made PREA allegations confirmed they were notified of the outcome. The Auditor was also able to confirm that an MVCF resident was informed of the outcome of an investigation into alleged abuse at another DOC facility. The Auditor finds the facility in compliance with the standard, based on policy, the documentation, interviews with the investigator, the PREA Monitor, and the resident who had previously filed PREA allegations.

## **DISCIPLINE**

### **Standard 115.76: Disciplinary sanctions for staff**

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

#### **115.76 (a)**

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

#### **115.76 (b)**

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

#### **115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and

circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances  
Policy 3.15 Disciplinary Sanction  
MVCF Allegation Tracker  
Memo from MVCF Security Director on no staff discipline

#### **Individuals interviewed/ observations made.**

Interview with an Investigative staff Office of Professional Review  
Interview with Human Resources representative  
Interview with Warden

#### **Summary Determination**

**Indicator (a)** Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary policy, the DOC states that sanctions are to "enforce the high standards and ensure safe and efficient correctional operations".

**Indicator (b)** The PREA policy 6.11.4 on page 4 states that employees “who engage in, attempt to, threaten to, or request an act constituting sexual misconduct will be subjected to termination as the presumptive disciplinary sanction.”

**Indicator (c)** Maine Department of Correction Policy allows for other sanctions to occur besides termination if the incident is of a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DOC would review the individual’s history and make suitable sanctions consistent with laws and their bargaining unit agreement.

**Indicator (d)** The Auditor was able to confirm that any termination or resignation would not stop the case from being referred for prosecution. In the current investigation, the agency has notified the employer who will provide notice to the state licensing board

### **Compliance Determination**

The Department policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination, which will be presumed for a substantiated finding of sexual abuse. Compliance is based on policy, interviews, and the 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**

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
 Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer  
 Human Resources representatives  
 Interviews with Contracted staff and Volunteer  
 Interview with Warden  
 Interview with PREA Coordinator

#### **Summary Determination**

**Indicator (a)** Maine DOC provides notification to all contractors and volunteers about the agency’s zero tolerance for sexual misconduct with residents. Any violation of agency policies can lead to an immediate cessation of privileges. In Policy 6.11.4 it states, “If the violation is that such a person engaged in, attempted, threatened, or requested an act constituting sexual misconduct, barring that person from Department property and from contact with prisoners or residents and, if possible, persons under the supervision of the Department in the community shall be the presumptive action.” If the investigative process reveals, the actions were criminal in nature, the case would be referred for prosecution and in the case of Wellpath staff the appropriate state licensing body would be informed. Random contracted staff and volunteers were aware that any sexual contact with a resident could result in criminal prosecution. It has been reported in the newest case the contractor’s access was removed immediately upon the facility becoming aware of the incident.

**Indicator (b)** Interviews support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it were appropriate to continue services. The Agency policy and stated practice would be to bar entry while an investigation occurs. As noted in indicator (a) the agency is committed to limit the individual’s contact with any victim at its institutions or under its supervision in the community.

### Compliance Determination

The Mountain View Correctional Facility has contractors sign an acknowledgment form that 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. 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. There were no incidents requiring the removal of a contractor or volunteer for Sexual Assault or Sexual Harassment, according to the Investigator, the Warden, 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 volunteers and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and interviews, and notification on the current investigation.

## 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

*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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances  
Policy 20.1 Resident Discipline  
Policy 18.06 Mental Health  
Policy 23.06 Resident Privileges  
Resident Handbook  
MVCF Investigative file including discipline.

#### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer  
Interview with Residents

Interview with Warden  
Interview with PREA Coordinator

### **Summary Determination**

**Indicator (a)** Residents who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for facility disciplinary hearing. Two policies address prisoner discipline for Maine DOC, Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances and Policy 20.1 Resident Discipline. Policy 20.1, pages 6 to 15, defines the disciplinary hearing process and the levels of sanctions.

**Indicator (b)** Residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also goes on to state that the hearing officer should review resident records to determine if prior disciplinary history, cognitive abilities, or other mental health issues should be considered in the process. Residents with frequent discipline can receive additional sanctions. Interviews with the Warden confirm this practice expectation.

**Indicator (c)** As stated in indicator (b), page 9 of the Resident disciplinary policy (Policy 20.1) requires the cognitive abilities and mental health impairment in determining any mitigation of consequences. In her interview, the Warden confirmed this expectation.

**Indicator (d)** MVCF residents have access to a full array of Mental Health Services from Welpath. Victims and perpetrators of sexual violence are offered treatment services during their stay in DOC facilities. Policy on mental health services describes the role of MH in providing diagnostic services in emergent and non-emergent situations.

**Indicator (e)** The investigative staff and facility PREA Monitor confirmed residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. There were no cases in the 2020 of staff, and resident substantiated sexual encounters, and the 2021 incident has not been concluded.

**Indicator (f)** Page four of Policy 6.11.4 states a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative team must conclude this then the resident would be subject to a Class A violation for Deception. Class A events can result in disciplinary restrictions, loss of privileges, and loss of good time. There were no cases in which a resident was disciplined for making a PREA allegation in bad faith.

**Indicator (g)** Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. "Sexual activity not by force or under duress" is considered a class B offense. An individual may receive similar sanctions to Class A behavioral offenses but for shorter periods.

### **Compliance Determination**

Maine DOC policy 20.1 Prisoner Discipline, 6.11 Sexual Misconduct (general), and 6.11.4 Sexual Misconduct (administrative sanctions) address the requirements of this standard. Policy 20.1 addresses the requirements of indicators (a)- (d) relating to disciplinary hearing, the consideration of the resident's mental health in determining consequences, the requirement of ongoing treatment, and that sanctions in the facility will be proportional to the offense. The Maine Department of Corrections prohibits

consensual relationships between residents and between residents and staff, which is also stated in the resident handbook.

Residents who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Residents can be disciplined for making an intentional false report related to PREA. The Auditor was able to review a PREA investigative file which included the resulting resident discipline. Compliance was based on policies, interviews and documentation provided.

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

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

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

## 115.81 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
18.4 Health Screening and Assessment  
18.5 Healthcare  
18.6 Mental Health Services  
Resident intakes showing referral to Mental health  
Resident records  
Documentation of referral to MH for a positive PREA screen

#### **Individuals interviewed/ observations made.**

Interviews with Medical Staff  
Interviews with Mental Health Staff  
Interview with Residents  
Observation of the medical unit

#### **Summary Determination**

**Indicator (a)** Residents who identified through the screening process or admit a history of sexual trauma can be referred to either Wellpath Mental Health Services or the local rape crisis agency. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with resident and Mental health and case management staff. DOC Policy 18.04 Health Screening and Assessment (pages 3-4) sets forth the requirement to refer all individuals who are admitted with past

histories of sexual assault or Sexual victimization to mental health who will follow up within 14 days. Sample cases reviewed supported follow-up occurring much sooner than the required 14 days. Residents with prior history confirm they were offered mental health services

**Indicator (b)** Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. Some individuals may be placed in specific programming for sexual offenders. MVCF does have a resident with both know history of being abused and being an abuser. Mental Health services are offered to these individuals.

**Indicator (c)** As noted in indicator (a), residents with prior victimization history are to be seen by the appropriate medical/ mental health provider to ensure the unit team has sufficient information to plan for the client's needs in the first 14 days. The DOC requires the PREA reassessment be completed by this date. MVCF intake staff confirmed that any individual who scores with prior history of abuse either in an institution or the community would be referred to mental health.

**Indicator (d)** The Auditor confirmed through interviews with intake staff, case management staff, medical staff, mental health staff, unit management, and the PREA Coordinator that sensitive information is protected. Custody staff do not have access to information in the medical or mental health records of Wellpath. Information obtained and documented in CORIS is also limited in access to those individuals who need to know. Through the unit management process line staff are provided only the specific information about who may be a potential or known victim or perpetrator. The Health Service Administrator provided information on Wellpath's efforts to ensure confidentiality of information that could be used against a resident. Residents interviewed supported that information given to counseling staff is kept confidential. CORIS information also protected by permission levels which limits staff access to certain aspects of resident information.

**Indicator (e)** All residents sign with Wellpath staff an understanding of the limits of confidentiality related to criminal behaviors. Residents interviewed confirmed that they had signed acknowledgement forms and verbally understood why a medical or mental health staff must disclose actual sexual abuse or imminent risk situations.

### **Compliance Determination**

All residents are screened when they arrive at the Mountain View Correctional Facility. Residents are seen by medical and mental health staff and the screening process is reviewed in a Unit Management team meeting within 14 days of admission. Residents with sexual assault histories and sexual victimization histories are offered treatment. Wellpath Medical and Mental Health staff see residents who are admitted to MVCF. In addition to the DOC PREA screening, Wellpath staff have several intake questions that are PREA related. The secondary questioning allows residents who did not disclose concerns at admission a second opportunity to disclose in a medical environment. Resident medical and mental health records are not accessible to the custody staff. CORIS, the DOC electronic case management system, has access controls and similarly the Wellpath Electronic Medical Records (EMR) limits access to the most vulnerable information protecting the residents from having information exploited. Supporting documentation provided to the Auditor showed how medical or custody staff informs Mental Health who follows up on any disclosure of sexual abuse or victimization histories. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up within 14 days, 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*)
- 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.*

**Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding  
Policy 18.4 Health Screening and Assessment  
Policy 18.5 Healthcare  
Policy 18.6 Mental Health Services  
Resident records  
Resident screenings

**Individuals interviewed/ observations made.**

Interviews with Medical Staff  
Interviews with Mental Health Staff  
Interview with Residents  
Interview with PREA Coordinator  
Observation of the medical unit

**Summary Determination**

**Indicator (a)** The Mountain View Correctional Facility has a full-service medical clinic that operates around the clock. Registered Nurses are always available, and there is after-hours availability of on-call medical and mental health practitioners. The services are diverse and consistent with community health clinics. Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident must go out of the building for emergency services to facilitate that trip. The Wellpath medical staff state the facility administration is supportive of the work they do, and they work to resolve issues when they arise. In the event of a sexual assault, residents at MVCF would go to one of three area hospitals with SANE trained nurses and support from local rape crisis agencies.

**Indicator (b)** Medical services are available 24 hours per day at the Mountain View Correctional Facility. Random staff knew as part of their first responder duties that immediate notification to medical was required. This is also stated in the facility's Sexual Assault Response plan.

**Indicator (c)** Discussions with both Hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications and emergency contraception. The Auditor confirmed the same medications would be offered to the resident again upon return from a forensic exam even if they initially denied it. Medical staff confirmed they would educate the resident on the importance of such medications for continued health.

**Indicator (d)** The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. Policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) Responding (page 2) states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident" The Auditor also confirmed that victims of sexual assault are provided initial and follow up

services at a local hospital through funding from the state. This is done to encourage all victims to come forward for help. The clinic at MVCF would function in the same way by providing follow-up care.

### **Compliance Determination**

Maine Department of Corrections can quickly respond to and provide emergency care and referral to a local hospital for forensic services. Each DOC facility's response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help to facilitate the referral to an outside medical provider.

Wellpath and Maine DOC will follow the requirements as outlined in Policy 6.11.5 Sexual Misconduct and DOC Health care policies 18.4 Health Screening and Assessment, 18.5 Healthcare, 18.6 Mental Health Services. The two local hospitals confirmed SAFE or SANE capabilities. As part of the audit process, the Auditor spoke to a community representative to confirm the access to SANEs and the services provided to victims of sexual assault. There is no financial cost to any resident in DOC. The State of Maine Website has the document: SEXUAL ASSAULT FORENSIC EXAMINER PROGRAM GUIDELINES for the CARE OF THE SEXUAL ASSAULT PATIENT, which covers the need to offer victim patients prophylaxis treatments for STD and emergency contraception. Compliance determination took into consideration the access to services, Wellpath and DOC policies, information from the State of Maine on Forensic exam requirements and interviews completed and Investigative client file information.

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

#### **115.83 (d)**



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

#### 115.83 (e)

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

#### 115.83 (f)

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

#### 115.83 (g)

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

#### 115.83 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding  
Policy 18.4 Health Screening and Assessment  
Policy 18.5 Healthcare  
Policy 18.6 Mental Health Services  
Documentation of medical and mental health follow up.

**Individuals interviewed/ observations made.**

Interview with Medical Staff  
Interview with Residents  
Interview with RRS  
Interview with PREA Coordinator  
Observation of the medical unit

**Summary Determination**

**Indicator (a)** The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. Wellpath staff will provide the appropriate level of care depending on how long ago the abuse occurred. If the incident has occurred recently the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event that occurred in another institution or in the community, the medical and mental health teams will complete a health assessment and mental health referral for services. If the resident is more comfortable discussing the abuse with a rape crisis agency staff person a mental health referral can be made to RRS to provide the appropriate level of supportive counseling.

**Indicator (b)** Residents who are victims of sexual assault in a Maine correctional institution are immediately referred to mental health services as well as medical services. Even if the assault occurred in the community or at a county jail; the resident, once identified, is referred to Wellpath for follow-up services. If the resident prefers, they can be referred to RRS for support services post an incident of sexual misconduct. The Wellpath Medical and Mental Health staff confirmed, as did the RRS representative that they would make referrals to ensure continuity of care if the resident were released home or transferred to another facility.

**Indicator (c)** As noted in indicator (a), the medical clinic at the Mountain View Correctional Facility is equivalent to an urban community medical clinic. The facility offers a full array of medical and mental health services, including dental and vision. The infirmary addresses the needs of illnesses associated with the wide age range at MVCF. The facility provides mental health services, including counseling, medication management, and, when needed, the extra support of the mental health unit or direct observation room in the clinic space.

**Indicator (d)** The indicator is N/A, MVCF is an all-male facility.

**Indicator (e)** The indicator is N/A, MVCF is an all-male facility.

**Indicator (f)** The Auditor confirmed with both, the medical staff at MVCF and the representatives of the three area hospitals used by MVCF that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge, consistent with agency policy.

**Indicator (g)** Treatment services are provided to victims of sexual abuse without cost to the resident, including if the resident must go out for a forensic exam. Maine has a victim’s compensation fund that will absorb the cost of the exam. This is reportedly done to ensure finances are not a barrier to victims seeking treatment. Policy 6.11.5, as previously discussed in standard 115.82, set forth that there is no cost to victims of sexual abuse for treatment.

**Indicator (h)** All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments if the individual chooses not to speak to Wellpath staff they can also be referred to the local rape crisis agency Rape Response Services. (RRS)

### **Compliance Determination**

The Maine Department of Corrections ensures residents have ongoing access to services. The DOC has several policies that address the healthcare needs of residents, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators along with information from the PREA policies. Wellpath, the DOC health services provider would provide follow-up medical and mental health services for victims of sexual assault or perpetrators of sexual offenses. Wellpath would ensure that all medical needs and follow-up treatment were provided after an initial referral to Mayo Hospital, Eastern Maine Medical Center, and St. Joseph’s Hospital in Bangor for a forensic exam. Medical staff confirms that they could educate residents about the importance of testing and prophylactic treatment if they initially refused these treatments at the hospital. Compliance is based on the resources available on site and community-based services, the interviews with medical and mental health staff, and interviews with representatives of RRS.

## **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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### Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

## Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)

Incident review forms

MVCF PREA Update

DOC Annual PREA Report

Investigatory files

### **Individuals interviewed/ observations made.**

Interview with an Investigative Officer

Interview with Residents

Interview with Warden

Interview with PREA Coordinator

### **Summary Determination**

**Indicator (a)** Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy states, "The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated unless the allegation has been determined to be unfounded". The Auditor was provided with examples of the review team's findings on the Maine Department of Correction Sexual Misconduct Review form. The Mountain View Correctional Facility had one case of sexual abuse investigation in the past 24 months that were substantiated or unsubstantiated.

**Indicator (b)** Policy 6.11.1 (page 2) states the review should occur within 30 days of the investigation conclusion. The facility has had one sexual abuse incident review in the past 24 months. The second incident investigation was just concluded administratively, so the post-incident review has yet to occur. The PREA Monitor is aware the timing requirements of this indicator.

**Indicator (c)** DOC policy language addresses the multi-discipline nature of the team. It states, "the review team shall include upper-level management officials, with input from line supervisors, investigators, the PREA Monitor, and medical or mental health care staff. The Department's PREA Coordinator shall also be invited to be a member of the review team." In the review of documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. The review was chaired by the PREA Monitor and included both medical and mental health staff and the facility's administrative and supervisory staff, and the PREA Coordinator.

**Indicator (d)** The elements described in this indicator are all covered in policy 6.11.1 page 2. The agency form used to document the review panels considerations includes the required information. The form asked if the policy needs to be reviewed, it looks at the underlying motivation of the incident, including if the victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs. Comments can be added to the form about the case, and in one form, the indication was the resident targets younger residents. The PREA Monitor was aware of the elements, as was the Warden.

**Indicator (e)** The form documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions take place. In the forms reviewed the Auditor did not find any recommendations as a result of the completed reviews.

### **Compliance Determination**

### Compliance Determination

The Maine DOC policy 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The policy outlines 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 with language directly from standard. In the sample, the case reviewed information supported that the questions in indicator D were all asked and answered. The review team included a multi-disciplinary team of management, custody and medical and Mental Health Services. Compliance was determined based on policy language, the documentation provided, and staff understanding of the requirements.

## 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

*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.*

### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.1 Sexual Misconduct (PREA and Maine Statutes)  
Institutional data tracking  
Agency annual report

### **Individuals interviewed/ observations made.**

Interview with Director of Operations  
Interview with PREA Coordinator

### **Summary Determination**

**Indicator (a)** The agency collects data consistent with the policy definitions which were developed to be consistent with the standard. Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes) Administration 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 provided a copy of the states PREA Incident tracker, which shows consistent information is provided from each of Maines facilities.

**Indicator (b)** The agency completes an annual report with aggregate data of the Mountain View Correctional Facility. The Auditor was able to see the data from 2020 and the data produced so far in 2021. The Auditor also reviewed the agency's annual report, which is published on the state website.

**Indicator (c)** The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. There has not been a request by the Department of Justice for a Survey of Sexual Violence report for the Mountain View Correctional Facility Interviews with both the Facility PREA Monitor and the state PREA Coordinator confirmed the elements required were tracked. The Auditor also took into consideration information reviewed in investigatory files.

**Indicator (d)** The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving resident on resident contact will be retained locally with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator, the Maine DOC Office of Professional Review would retain the copy of the incident. The PREA Coordinator would receive all incident outcomes and ensure data accuracy.

**Indicator (e)** The Department of Correction has provided the Auditor with the Data from the county jail with whom they subcontract.

**Indicator (f)** The Department of Justice has not requested PREA related information from the Maine DOC in the past year.

### **Compliance Determination**

The Auditor has found the standard to be compliant. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2019 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 agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he 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*)
- 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.*

### Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11.1 Sexual Misconduct

### Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator  
Interview with the Warden  
Interview with the Director of Operations

### Summary Determination

**Indicator (a)** The Maine Department of Corrections utilizes both data related to PREA incident and data related to other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving

safety. Interview with the Warden and the Deputy Director of Operations support critical analysis occurs not only at the facility level but also at a system level. Examples were provided of how improvements have been used across the system to improve resident safety. The Warden also confirmed her team looks for trends to further guide policy/ procedural practices or the disbursement of resources.

**Indicator (b)** The Maine Department of Corrections annual report has a comparison by each facility on the number of sexual assault and sexual harassment claims. Each facility's data compares the current year to the prior year's data. The report shows if the accused was a staff or a resident and provided the outcome determination.

**Indicator (c)** The Deputy Director of Operations confirms the Commissioner approves the PREA report developed by the agency PREA Coordinator before being placed on the agency's website.

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

### **Compliance Determination**

Maine Department of Corrections meets the requirements of this standard in Policy 6.11.1 (page 3). The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. The Deputy Director and the Warden supported 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 2014 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.

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

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

#### **115.89 (a)**

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

#### **115.89 (b)**

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

#### **115.89 (c)**

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

#### 115.89 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)  
Policy 5.03 Computer Information Safety

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

#### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. Discussions with the PREA Coordinator, the individual who completes screenings, the Detective, and medical and mental health staff describe layers of controls in place to ensure no unnecessary disclosure.

**Indicator (b)** The Maine Department of Corrections ensures the information related to PREA incidents and the agency's efforts to support a zero-tolerance culture are published in an annual report available on the agency website. The annual report describes the agency and facilities' efforts to create and maintain PREA safe environments. The website also includes information on PREA incidents at contracted facilities.

**Indicator (c)** The annual report located on the state's website does not include any identifiers.

**Indicator (d)** Policy 6.11 (Pages 6-7) set forth the obligations of the agency’s PREA Coordinator, including the responsibility for collecting all incidents. Maine statutes control record retention. The Agency PREA Coordinator is aware that all PREA related Data be maintained for a period of no less than 10 years.

**Compliance Determination**

The standard has been determined to be compliant, the Maine State Statute (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system, policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. 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

- 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Maine Department of Corrections website

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

#### **Summary Determination**

**Indicator (a)** The Maine Department of Corrections website shows all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audits are ongoing every three years since the initial audits. The DOC terminated contracts with county facilities who did not complete a PREA audit before the end of the first PREA cycle in 2016. The State has one current contracted facility for beds that underwent its PREA audit in 2018 and has a reported PREA Audit scheduled for later this year.

**Indicator (b)** The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closing of facilities and the combination of other institutions. The five current adult and juvenile facilities have all been audited in the past three years.

**Indicator (h)** The Auditor did have open access to all parts of the facility. Despite COVID-19 social distancing measures, the Auditor was able to move freely about the housing units on tour to be able to speak informally with residents and staff to ensure they were aware of the audit, the agency's efforts to educate residents, and how to seek assistance if the need arises.

**Indicator (i)** The Maine Department of Correction uses POWER DMS electronic PREA auditing files. The Web-based application allows for electronic storage of information. The Auditor was also able to get copies of other documentation as requested on-site and during the post-audit period.

**Indicator (m)** The Auditor was able to interview residents throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the resident to speak freely without others being able to hear our conversations. The Auditor was able to socially distance and use a mask during the audit, but it did not appear to impact the interview process. Most interviews took place in a professional visiting space in the main building of the complex adjacent to the facility's main visiting space.

**Indicator (n)** The Auditor received confidential mail from two residents, staff, or other interested parties. The Auditor referred information in one communication to the State PREA Coordinator to ensure an investigation had occurred, the resident did write the Auditor confirming an inquiry had taken place, but he refused to meet with the Auditor when on site. A second individual was met with, but the issue raised were not related to the Prison Rape Elimination Act. The Auditor's information was posted, and the facility PREA Monitor was informed the posting should remain up until the final report is issued. The facility provided photo evidence in advance of the audit notices being posted in various locations in the facility.

### **Compliance Determination**

The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and has set up strong deadlines when contracting for new beds to be PREA compliant, including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility did post the Audit notice and it was visible on tour. Residents were aware of the posting and the audit, as confirmed in formal and informal communication. Compliance is based on the above-mentioned facts, which supports a 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**

- 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.*

#### **Policies and written/electronic documentation reviewed.**

Mountain View Correctional Facility Pre-Audit Questionnaire  
Maine Department of Correction website

#### **Individuals interviewed/ observations made.**

Interview with Agency PREA Coordinator

### **Summary Determination**

**Indicator: (f)** The Maine Department of Corrections website has all the previous PREA Audits posted. This was determined through a review of the state's DOC Website.

### **Compliance Determination**

The Maine Department of Correction website has all previous facility PREA Audits posted under its PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit report.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

Jack Fitzgerald

6/26/20

**Auditor Signature**

**Date**

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

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