**PREA AUDIT: AUDITOR’S SUMMARY REPORT**

**COMMUNITY CONFINEMENT FACILITIES**

[Following information to be populated automatically from pre-audit questionnaire]

<table>
<thead>
<tr>
<th>Name of facility:</th>
<th>Charleston Correctional Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical address:</td>
<td>1202 Dover Road Charleston Maine</td>
</tr>
<tr>
<td>Date report submitted:</td>
<td>05/05/15</td>
</tr>
</tbody>
</table>

**Auditor Information**

- **Address:** 87 Sharon Drive Wallingford CT 06492
- **Email:** jfitzgerald@snet.net
- **Telephone number:** 207 285-0800

**Date of facility visit:** March 15-20 2015

**Facility Information**

- **Facility mailing address:** (if different from above)
- **Telephone number:**

<table>
<thead>
<tr>
<th>The facility is:</th>
<th>Military</th>
<th>County</th>
<th>Federal</th>
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<tbody>
<tr>
<td></td>
<td>Private for profit</td>
<td>Municipal</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>Private not for profit</td>
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**Facility Type:**

- Community confinement facility
- Community based treatment center
- Alcohol or drug rehabilitation center
- Halfway house

<table>
<thead>
<tr>
<th>Name of Facility Head:</th>
<th>Chadwick Curtis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title:</td>
<td>Director</td>
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</table>

<table>
<thead>
<tr>
<th>Name of PREA Compliance Manager (if applicable):</th>
<th>Kevin Dione</th>
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<tbody>
<tr>
<td>Title:</td>
<td>SGT</td>
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**Agency Information**

<table>
<thead>
<tr>
<th>Name of agency:</th>
<th>Maine Department of Corrections</th>
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<tr>
<td>Governing authority or parent agency: (if applicable):</td>
<td></td>
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<table>
<thead>
<tr>
<th>Physical address:</th>
<th>25 Tyson Drive 3rd Fl State House Station 111 Augusta Maine</th>
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<tr>
<td>Mailing address: (if different from above):</td>
<td></td>
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<tr>
<td>Telephone number:</td>
<td>207 287-2711</td>
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**Agency Chief Executive Officer**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Dr Joseph Fitzpatrick</th>
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<tr>
<td>Title:</td>
<td>Commissioner</td>
</tr>
<tr>
<td>Email address:</td>
<td>Telephone number:</td>
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**Agency-Wide PREA Coordinator**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Title:</th>
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<tr>
<td>Kathleen Mahoney</td>
<td>PREA Coordinator</td>
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<table>
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<tr>
<th>Email address:</th>
<th>Telephone number:</th>
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<tr>
<td></td>
<td>207 287-4331</td>
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AUDIT FINDINGS

NARRATIVE:

The Charleston Correctional Facility (CCF) in Charleston Maine is part of the Maine Department of Corrections. The Maine Department of Corrections administrative offices are located approximately 80 miles away in Augusta Maine the states capital. The community confinement facility is run separate from but on the same property as a Young Adult Offender Program (YAOP) and Mountain View Juvenile facility. There is a separate administration of Charleston Correctional Facility from the Mountain View facilities. The Medical/ Mental Health services are provided by contract with Correct Care Services. The Facility has a Director, Chadwick Curtis and an Assistant Director David Allen that make up the administrative team and daily operations are overseen by a dedicated staff of Sergeants, custody staff and Vocational Trade Instructors who insure public safety.

The mission of the Charleston Correctional Facility is to provide real world work ethics to inmates while addressing their individual needs to provide a positive path toward reintegration into society. The CCF services a diverse population between the ages of 20 and 63 from any part of Maine. The agency uses strength and evidence based practices and have employed assessment tools of Performance Based Standards of the Counsel of Juvenile Correctional Administrators (CJCA). The facility has also achieved excellence in being accredited by the American Correctional Association since 2006.

Charleston employs 56 staff members including administrators, custody staff, vocational supervisor and case management workers. The facility also employed 4 contracted Medical, Mental Health, staff members. The complex can house up to 211 male residents. The Facility serviced 292 inmates in 2014 with an average population of 161. Length of stay averages run approximately 228 days. Medical and Mental Health services are done through a contract with Correct Care Solutions whose home office is out of Nashville Tennessee. Medical Staff are available 24 hours per day either on site or if needed by the Mountain View Facility staff. No SAFE or SANEs are employed by the facility but are available through either the Mayo Medical Center or Eastern Maine Hospital 24 hours per day.

The audit was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting. During the pre-audit phase the auditor reviewed the Pre Audit tool, the Maine Department of Corrections policies and procedures related to the PREA Audit, and the supportive documentation. The auditor also called regional sexual assault advocacy organizations including the Rape Response Service (RRS) with whom the facility has a memorandum of understanding to provide PREA related services. The representatives (including hotline a staff member) with whom the auditor spoke acknowledged the MOU and reported that they had no historical complaints about the facility. The RRS has provided group education at the adjoining Mountain View Facility for several years. The auditor also had several phone conversations with Maine DOC PREA Coordinator Kathleen Mahoney during the period. These conversations provided the auditor with a clarification of policy, procedures and provided the auditor with a feel of the preparation process that has gone on at the facility and agency wide.

The auditor arrived in the Charleston area on Sunday March 15th but the scheduled pre audit meeting for that evening was cancelled due to weather. The onsite work hours were from 3:30 to 6pm on March 18th and 8am to 5pm on March 19th. March 20th 5am to 12:30pm. Entrance introductions were done with administrative staff on Wednesday afternoon with a day staff entrance meeting the next morning.

The auditor was able to interview ten random residents from a variety of housing units on the dates of the audits. The population did not have an individual with a disability or a resident to whom English is a
second language. There were no residents to interview who had reported a PREA related incident. 10 random staff members were interviewed including custody, case management, Vocational Trade Instructors, and intake staff members. Interviews also included the facility Director Chad Curtis, Sergeant Kevin Dione, who is the PREA Monitor, Gary LaPlante Director of Operations for Maine DOC on behalf of the Commissioner of Corrections Joseph Fitzpatrick, Kathleen Mahoney PREA Coordinator for Maine DOC. Also interviewed formally and on tours were individuals who work in Medical and Mental Health areas, Correctional Officers, Community Trade Instructors, Vocational Trade Instructors, and the Correctional Investigator Casey Riitano. The auditor worked with the PREA Coordinator and the administration of CCF to identify when additional supporting documentation was needed to support compliance. There were no individuals who had to act in the first responder role but questions were answered by staff as part of the random staff interview.

The residents who were interviewed as part of the site visit reported overwhelmingly that the facility is a safe place sexually and that staff will not tolerate sexual related behaviors including joking. They were able to give examples of staff addressing negative behaviors. A exit meeting at the end of the audit on March 20th was held with facility Director Chadwick Curtis, Manager of Operations for Maine DOC Ryan Anderson, and the Agency PREA Coordinator Kathleen Mahoney.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Charleston Correctional Facility, in Charleston Maine, has 19 buildings that make up the living and working space for this low security facility. The residential area has exterior recreation and interior recreation spaces including a library. The facility is in an rural area on a state highway 30 miles from the city of Bangor Maine on what was once a US Air force Base. The housing units are two level spaces and have cameras covering common hallways. Some spaces are the former barracks of the Air Force base. During tour the auditor was shown rooms that could be used to provide a potential victim extra observation and support while maintaining them in general population. The facility does have a segregation unit that is secured and is used temporarily as a holding facility for those individuals who have committed a serious program violation and need to be transferred to more secure setting. This is a temporary spaced that is only manned when needed in the administrative building. There were no residents in segregation during the dates of the audit and no residents victims have been placed in this unit as a way of managing there risk for further abuse. For a staff secure setting the facility has ample cameras that were added to support management of inmates as they move around the campus. The additions of camera 23 of an eventual 33 new cameras have improved the safety of staff and residents at CCF. Staff utilize the cameras to watch residents movement in common areas indoors and out. Staff perform random tours of the facility including bedrooms and bathrooms throughout the shift. Staff knock and announce presence when entering any bedroom or bathroom. Staff are aware of blind spots in the facility and will add additional tours to areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds and offer areas for personal storage. As the program is built on vocational training many of the residents have employment either on or off property working under supervision of Vocational Trade Instructors including plumbing, woodworking, culinary, warehouse, agricultural, and tree harvesting. Inmates can also work for private employers off site with a Community Trade Instructors who checks on their progress. Many of the work on site ensures the cost effectiveness of the program. Program such as the as way they heat the complex with harvested wood being burned in a large boiler system saves the Maine tax payers tens of thousands of dollars.
SUMMART OF AUDIT FINDINGS:

Number of Community Confinement Standards: 39
Number of Standards that were found not applicable: 0
  Standards that were found not applicable: none
Number of standard exceeded: 2
  Standards that were found to exceed expectations: 115.211, 115.234
Number of standards met: 39
Number of standards not met: 0
Standards that were found to require corrective action: none

<table>
<thead>
<tr>
<th>Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.</th>
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<tr>
<td>X Exceeds Standard (substantially exceeds requirements of standard)</td>
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<tr>
<td>o Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</td>
</tr>
<tr>
<td>o Does Not Meet Standard (requires corrective action)</td>
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Charlestown Correctional Facility is in compliance with the expectations of this standard in policy 6.11 Sexual Misconduct. The agency, the Maine Department of Corrections (DOC), has policies for all its facilities on the standard requirements of the Prison Rape Elimination Act. The Maine DOC employs an agency wide PREA Coordinator Kathleen Mahoney as noted in the agency flow chart. The agency has developed an upper level management team that supports working toward PREA Compliance. The PREA Coordinator is new to the Maine DOC but has shown a strong ability to develop the networking to be effective in her job. Kathleen reports to the former PREA Coordinator Ryan Anderson Manager of Correctional Operations. The CCF also employs a Sergeant Keven Dione who acts as the PREA Manager or the title they use a PREA Monitor. The Director of Operations for Maine DOC, Facility Director and the PREA Monitor all understands the role of the PREA Coordinator and reportedly communicates issues of concern in an effective and timely manner. Interviews with staff and management show an understanding of the agency’s commitment to preventing, detecting and responding to Sexual Abuse and Sexual Harassment within CCF. Maine dedication to PREA is evident in that they have been stressing PREA education for several years. The facility PREA Monitor Sergeant Kevin Dione reports the time, training and authority to effectively manage his duties a PREA Monitor. The Community Confinement standards do not require this position but Maine DOC has chosen to replicate the role they have in their secure institutions. Both in formal and informal interviews with staff they were able to identify Sergeant Dione as the person with whom all PREA related events should be reported. In addition to policy supporting documentation included the agency flow charts that support the stated relationships.

In Addition to the compliance factors mentioned above the Auditor felt the facility exceeded the expectations of this standard through a visible culture of supporting the PREA efforts to have zero tolerance toward sexual abuse and sexual harassment. The culture was evident in the professional attitude from both the staff at the facility level and the support from the Maine Department of Correction Administration’s
commitment to this effort which began before the standards were finalized in 2012. Residents strongly supported the environment is safe, supportive and that sexualized behavior including comments are addressed quickly by staff.

**Standard 115.212 Contracting with other entities for the confinement of residents.**

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

Maine Department of Correction contracts with county facilities for the management of adult residents thought it is uncommon for individuals to be moved from CCF to a county facility. In the last year no resident was transferred to or from Cumberland County Jail or the Two Bridges Regional Jail. State PREA Coordinator reports that she has regular contact with these agencies and has been supporting their work toward PREA Compliance. There have been no emergency placement of residents into other private setting that are not PREA Compliant so there is no documentation as required in indicator (c).

**Standard 115.213 Supervision and monitoring.**

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

CCF has developed a staffing plan that is in compliance with the elements of the PREA Standards. The facility adds additional staff, such as case managers, Vocational Trade Instructors on times when greatest numbers of residents are in the facility and awake. There was no reported instance in which the staffing plan was not met. Policy requires if the staffing plan is deviated from the instance is documented and justified. The staffing plan is new but will be reviewed annually and was recommended by the auditor that the PREA Coordinator review with the Facility Director. There were no findings of inadequacy by any Judicial, Federal or State oversight bodies.

The CCF management team has instructed the staff on supervision practices that support sexual safety include randomization of tours and responding to blind spots. Policy 6.11 also required unannounced round to be completed by supervisory staff. Log books were reviewed on tour (management document tours in red) as well as staff questioned supported that these practices are done. The CCF has 66 cameras covering the facility, its exterior and outdoor recreation areas. Unit Officers also confirm on the tour that they do not alert in any way when supervisory staff are completing rounds. Supervisory staff report they differentiate the pattern in which they complete the tour on all shifts. The facility has work groups completing duties on all shifts so tour include the open work areas on the evening and overnight shifts.

**Standard 115.215 Limits to cross-gender viewing and searches.**

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

Both agency policy (6.11 Sexual Misconduct page 6,7 ) and resident and staff interviews confirm that the facility prohibits cross gender strip searches of any type including to determine one’s genital status. The facility confirms that they have not had an exigent circumstance in which a cross gender pat search has occurred. The CCF staff is primarily male as is the population is male. Residents report that they are aware of when a female staff is in the housing units through announcement. Pat-down search training was added redone with staff during the audit period to supplement their existing search training to include respectful communication and search procedures for with transgender and intersex residents. Currently CCF does not have any Transgender or intersex residents. Residents reported they can shower and change without staff of opposite sex observing them.

Standard 115.216 Residents with disabilities and residents who are limited English proficient.

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

The CCF has several resources to assist disabled or LEP inmate. Language link is a phone in resource available to help staff in communication with limited English proficient inmate as well as a contracted translation service. The Maine Department of Corrections has the ability to print the handbook for residents in multiple languages. As part of the audit, the auditor was able to speak with residents none of whom reported a disability or an ESL Language issue. The Director of Operations, the Superintendent and the state PREA Coordinator confirmed that though this facility has not needed the agency has translated documents it has done so elsewhere. As an example it was reportedly Somali population in the southern part of the state has required DOC to provide translation into their native language along with the more common need for Spanish. Policies 18.12 Accommodation for Prisoners with disabilities or other Special Needs and 1.10 Staff Communications with Persons with Limited English Proficiency outline the agency’s requirements in this standard including equal opportunity and access to information for those residents who are disabled or have limited English proficiency as well as the protection of confidentiality through the prohibition of resident interpreters. Staff also have been given specific training on working with individuals with Developmental disabilities. Director of Operations for Maine DOC Gary LaPlante, confirmed the variety of measures the agency could employ to ensure that inmates were able to participate/benefit from the agencies PREA efforts.

Standard 115.217 Hiring and promotion decisions.

○  Exceeds Standard (substantially exceeds requirements of standard)
X  Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
○  Does Not Meet Standard (requires corrective action)
The Maine Department of Correction is compliant with the aspect of hiring and promotion decisions required by PREA. The agency has policy in place to address the requirements of the standard. The agency has all staff and contractor undergo criminal background checks. The agency recently added questions to the pre-employment process to include the standard requirements on reporting of prior sexual misconduct as describe in the standard. The auditor was given samples of questionnaires that support that the practice has been implemented. The Maine DOC has directed human resources staff at the facility level on the process for requesting information on sexual misconduct from an employment candidate’s prior institutional employer as well as giving direction on when they receive request about former Maine DOC employee who may have had a substantiated sexual abuse or sexual harassment investigation. The agency has several policies including Human Resource policies (5.8, 8.06), Personnel Policies (3.3, 3.24), as well as union contracts that support compliance.

### Standard 115.218 Upgrades to facilities and technologies.

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

The Maine Department of Corrections has added 23 of an eventual 33 cameras at the Charleston Correctional Facility in the past year that improved the safety of staff and residents. The Director and PREA Monitor report that the camera positions added reduced blind spots. During the tour it was very evident of staffs knowledge of the facility and potential weak points. Gary LaPlante Director of Operations for Maine’s Department of Correction who was interviewed by this auditor representing the Commissioner of Corrections spoke about the Department’s commitment to using technology to improve safety of staff and residents. He gave several examples of pilot projects the Department is undertaking and that in the preparation for opening one of their newer facilities they had purposely involved the former state PREA Coordinator Ryan Anderson. The CCF is an open facility which has unique difficulties in managing inmates given poor sight lines and a large physical plant with open movement. Staff including vocational trade instructors keep diligent accounting of the members of their work crews on site and when working off site. Staff, in random interviews and those spoken on tour, were aware of areas of concern and positioning themselves accordingly.

### Standard 115.221 Evidence protocol and forensic medical examinations.

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

The Charleston Correctional Facility has not had a sexual assault case that required the use of forensic medical examination. In the event of a sexual assault, the criminal investigation would be completed by the department on site Criminal Investigator Casey Riitano. Maine Department of Corrections investigators receive extensive training on investigations. In addition to the National Protocol for Sexual
assault Forensic Community the Maine Attorney General’s Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185 page document provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine including nine SAFE or SANE. The Department of Corrections has sufficiently trained its staff as evident from their responses on how to preserve evidence and potential crime scenes as first responders. All inmates who are victims of sexual assault will be sent to the Mayo Hospital or Eastern Maine Hospital who has SAFE and SANE examiners available 24 hours per day without cost to the resident. The agency has also entered into a MOU with the Rape Response Services (RRS) for the Charleston facilities. Interviews with the facility Director, the Investigator, Medical Director, PREA Monitor and the agency PREA Coordinator confirms requirement of this standard and that a victim’s advocate could support the resident victim of sexual assault as they undergo forensic exams and investigatory interviews.

Director of Operations for Maine DOC Gary LaPlante reports when a criminal investigation involves a staff member a separate administrative investigations are conducted by a trained investigator from the Central Office staff.

Standard 115.222 Policies to ensure referrals of allegations for investigations.

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

Agency policies 7.1 Investigations by a Correctional Investigation Officer (pages 8-11) and 6.11 Sexual Misconduct (pages 4&6), sets forth obligations that all Sexual Harassment and Sexual Abuse cases are investigated. In Maine the Correctional Investigator has statutory authority powers in that they can arrest, question and refer cases for prosecution to the District Attorney of Penobscot County ME. In 2014 there were no cases requiring investigation. The Maine Department of Correction has posted onto its website the agency PREA policy which set obligations for referring incidents for criminal investigation, and administrative investigations. Regional media has also written about the PREA Policy and the Maine Department of Corrections efforts to eliminate sexual misconduct in their facilities. The agency reports if it receives a claim involving a staff person and a resident in addition to the investigation by the Correctional Investigator and simultaneously the administrative offices would assign a person to complete a separate administrative investigation. All staff spoken to were aware of the need to ensure incidents were reported quickly to the facility Correctional Investigator and the PREA Monitor.

Standard 115.231 Employee training.

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
The Maine Department of Correction has worked on its Training Program during the Pre Audit Phase with the PREA Coordinator to come into compliance with the standard. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard including the required areas of education, the frequency of training, and gender specific understanding of sexual victimization that is important for staff. All employees have had an on site training with an agency staff member. A copy of the slide show portion 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 that they were aware of the different aspects of the training presentation and were able to give examples of information provided. Staff also reported the ability to refresh PREA issues through on line course also. Training records support staff interviews that PREA related education of staff happens regularly.

**Standard 115.232 Volunteer and contractor training.**

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

The Charlestown Correctional 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 in interview support that 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 an understanding of the agency Zero Tolerance to PREA related issues. Correct Care Solutions who is the majority of the contracted employees requires training on PREA in addition to the Maine DOC training. Health Service Administrator Kim Partridge confirms that the Correct Core Staff receive required basic and medical specific training.

**Standard 115.233 Resident education.**

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

According to the residents, education regarding PREA begins as soon they get to the facility through the resident handbook and during their admission meeting with the Intake officer. Information is reviewed is signed and placed in their case record. The facility has PREA educational materials available to residents in the form of brochures and posted in addition to the handbook. Since all residents at CCF have come from other facilities they have received PREA training including Maine Department of Corrections PREA video. This video is available in multiple languages including sign language. Residents have access to their handbook that can be translated into multiple languages as needed. The facility has posters up that inform residents on how to report PREA events or how to access advocate services. Residents report they are given facility specific PREA information with in one day of admission. Interview with residents confirm that
they know how to report incidents if they were to occur. Residents consistently reported that they had comfort in telling staff if they were to experience or be witness to incident of sexual abuse or harassment.

**Standard 115.234 Specialized training: Investigations.**

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

Correctional Investigator Casey Riitanbo is the on-site Investigator at the Charleston Complex. In addition to the general Maine DOC PREA training she attended a two day investigator training provided by the Moss Group on behalf of National PREA Resource Center. Her training is extensive in Crime Scene Investigation and is working toward international certification. She also is a team leader for Maine DOC Evidence Response Team. In addition to Casey Riitanbo the facility PREA Monitor Sargent Kevin Dione also has completed the training by the Moss Group. Mr. Dione’s prior training as Police Officer also serves the facility well. Sergeant Dione maintains his law enforcement status and is responsible for investigation of contraband at the facility. It is apparent that these two individuals work collaboratively in support of investigative process and that Staff are aware of the need to report immediately all PREA events to them.

Maine’s training covers the issues Garrity and Miranda warnings along with thresholds for determining substantiation of the investigation. Sergeant Dione also has attended several training on Investigation procedures both in state and in New England. Staff interviewed were easily able to identify who the facility instigator is and her role the a potential PREA Investigation.

The Auditor finds that the standard expectations have been exceeded by the facility. This is based on the State of Maine DOC support, the extensive training opportunities on investigative skills in addition to the Moss Group training as well as the background of not only the Investigative Officer but also the PREA Monitor.

**Standard 115.235 Specialized training: Medical and Mental Health Care.**

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

Medical and Mental Health Staff who are employed by Correct Care Solutions (CCS) have received training on medical and mental health training from their agency which addresses how to detect, assess signs and preserve evidence. The training materials and interviewed staff support they were trained in how to respond appropriately to juvenile victims. Medical and Mental Health staff were able to discuss how and to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain the reporting would be up their agency chain of command while also notifying the chain of command of the Charleston Correctional Facility. Medical and Mental Health Staff knew to also report any concerns to the Investigator Casey Riitanbo or PREA Monitor Keven Dione. The contracted staff has regularly attended PREA classes from Maine DOC with the state employees. CCS staff will not do forensic medical
examinations but are aware of how to protect evidence and what facilities they would refer inmates to for a exam by a SAFE or SANE if needed. Policy 6.11.2 also was reviewed by the auditor to determine compliance.

**Standard 115.241 Screening for risk of victimization and abusiveness**

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

The Charleston Correctional Facility ensures that all inmates are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all inmates are screened initially with in 24 hours and reaccessed with in 14 days by the facility classification team. The Agency also requires periodic rescreening by using PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct, or receipt of additional information that bears on the prisoner's or resident's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the inmate moves between facilities. The objective tool was developed by Maine DOC and has clear guidelines for its use. Ryan Anderson, Maine DOC'S Manager of Correctional Operations recently presented on the tool at the 2015 winter conference of the American Correctional Association. The Maine DOC had realized that the intake questions had to be adjusted to gain all information including asking about the inmates sexuality. They have also implemented a system to ensure that after the initial screening the inmates were are asked about sexuality, victimization history, and perceived safety. Since the tool was adjusted prior to the audit; the facility went back and interviewed each resident to again ensure the screening had not missed any potential victims or potential perpetrators. Examples of the screening results were shown to the auditor on site.

**Standard 115.242 Use of screening information**

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

Maine DOC policy 6.11.2 Sexual Misconduct directs how the screening tool information is used. In both documentation and interview with the screening staff it is apparent that housing decisions include considerations to avoid housing inmates who are potential victims with potentially aggressive inmates and the proximity to staffing. PREA classification can also impact the inmate's programmatic decisions including treatment programming, housing placements. Individuals with mental health histories including identified sexual offenders and those with history of sexual victimization may require treatment. Though the facility has not had a transgender and intersex residents policy states one's own views of safety are taken into consideration, and be based on protecting the prisoner's or resident's safety and mental health and preventing security issues. The facility does not employ the use of separate housing rooms based on LGBTI
identification. There is no consent decree requiring any such housing practice. Staff report they given basic information about resident who may be at risk and support those individuals by increasing contacts and conscious decisions with whom they assign work details.

**Standard 115.251 Resident reporting.**

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

Policy 6.11 addresses the requirements of this standard on page one and addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claim. 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. All inmates were aware of multiple ways in which they could report including the telling staff, calling on the hotline to the one of the two numbers, mail administration, complete grievance form. Inmates consistently reported comfort in speaking with staff if they had any concerns. CCF staff has expanded it education program to help inmates identify the services of Rape Response Services and the umbrella organization Maine Coalition Against Sexual Assault (MeCASA).

**Standard 115.252 Exhaustion of administrative remedies.**

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

Charleston Correctional Facility is not exempt from the exhaustion of administrative remedies. No complaint relating to PREA has been filed at the facility. In interviews the Director confirmed the policy 6.114 Section D requirements that there is no time limit to submit an allegation, or requirements to use of informal grievance process, including having to speak with the alleged staff member who is the subject of the grievance. Since the facility did not have a grievance timeframe compliance is determined by the policy. In general it is reported that grievance outcomes are generally responded to by the director within a few days. The facility has not received any third party grievance related to PREA. Inmates were aware of the grievance process and its potential use for reporting a complaint of Sexual Abuse and reported no difficulties in reporting.

**Standard 115.253 Resident access to outside confidential support services.**

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

The inmates of Charleston Correctional Facility can access victim advocates for emotional support. The agency has entered into a MOU with the Rape Response Services. The Maine DOC PREA Brochure has a toll free number for residents to access from the pay phone in the facility, or with their case manager. Requirements of this standard are covered by agency policy 6.11 Sexual Misconduct residents whose sexual assault history was not a PREA related event may pursue treatment options through the facility Mental Health services or through RRS. Inmates were able to identify how confidentially the communication is within the facility including mail and telephone contacts. Inmates knew that outside counseling staff could be spoken to in a professional visiting setting.

Standard 115.254 Third-party reporting.

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

Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow residents, family or friends. Information can be done in person, by phone, by e-mail, by US mail, or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, resident handbook and on the website noted above. Staff were aware that they must take all reported concerns about PREA potential violations including from third parties. The facility phones allow for inmates to dial out the advocates or the Maine DOC PREA Coordinator without using their identification number. 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.

Standard 115.261 Staff and agency reporting duties.

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

The Maine Department of Corrections has several policies that address issues in this standard including it’s Sexual Misconduct Policy, Investigation Policy, Confidentiality Policy, and the Records Policy. Staff interviews confirm that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment including third party and anonymous complaints. Staff are aware of the importance of timely reporting and the need to provide confidentiality about information except when reporting to supervisory, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility’s Medical and Mental Health clinicians were aware of the timely reporting concerns up CCS and the CCF Administration. All contractor were aware of both the Investigator and the PREA Monitor Sargent Kevin Dione’s role in the facility. All Staff including contractor were aware of
mandated reporting and their legal responsibility. Indicator 115.261 (d) does not apply as the facility does not service inmates under 18 years old.

**Standard 115.262 Agency protection duties.**

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

The Charleston Correctional facility has not had to protect a inmate in imminent risk of sexual abuse. Random staff were able to identify what to do in these situations to provide immediate safety including: immediate separation of parties, increasing contact and support to the residents. The Director of Operations for Maine’s Department of Correction, Gary LaPlante, and Chadwick Curtis, Director of CCF both acknowledge that the agency response would be swift and that the efforts would include both facility based changes to increase safety and or to coordinate efforts including the movement of one or both of the inmates. The agency PREA Coordinator Kathleen Mahoney would also be notified of these events. Random staff interviews also confirms compliance in their responses about protecting victims of sexual assault.

**Standard 115.263 Reporting to other confinement facilities.**

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

Policy 6.11.3 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 Charleston Correctional Facility had one disclosure that had a resident inform them of sexual abuse at another confinement facility. The Director was able to state his responsibilities, and document the notification that he notified the other facility of the accusation. Director Curtis was able to discuss how he would respond if he received notice from another site. In discussions with Director of Operations Gary LaPlante he described the process for investigations of this nature and the auditor was able to see it implemented during the audit period.

**Standard 115.264 Staff first responder duties.**

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

Maine Depart of Correction Policy 6.11.5 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 action to destroy evidence. Since the facility has not had an incident of sexual assault there is no resident victims or staff persons who acted as first responders to interview. Random staff members, including non security staff, were aware of the requirements of the first responder when interviewed.

Standard

115.265 Coordinated response.

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

The agency policy 6.11.5 Sexual Misconduct Responding addresses the steps to coordinate efforts in response to sexual abuse incidents. The agency has an extensive response plan available to staff that provides a step by step and role by role response to “coordinate actions taken in response to an incident of sexual abuse among staff responders, medical and mental health practitioners, investigators and facility leadership” The facility Director was able to describe the plan and communication efforts that would occur in a timely fashion with Medical Staff, the Correctional Investigator, the rape crisis agency, and the Maine DOC Administration Office including the PREA Coordinator. To ensure consistency by staff there is a checklist that is expected to be completed on each accusation that documents the steps taken. The advocacy organization was able to provide a written description of their services that can be used to further educate inmates in the event of a crisis to their role.

Standard 115.266 Preservation of ability to protect residents from contact with abusers.

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

Charleston Correctional Facility has contracts with two different bargaining units AFSCME and the Maine State Employee’s Association. A review of the two contracts, which both were signed in 2013, did not find any language which would limit the Department of Correction from removing an alleged Staff Sexual Abuser from having contact with the reported victim. This practice was confirmed by the Director of Operations for Maine DOC Gary LaPlante.

Standard 115.267 Agency protection against retaliation.

- Exceeds Standard (substantially exceeds requirements of standard)
  - X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
Charleston Correctional Facility and Maine DOC policy 6.11 (page 2) covers the requirements of this standard. The Director of Operations for Maine DOC who was interviewed on behalf of the Commissioner and the Facility Director both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim, monitoring reports about the resident or staff to see if there is any change in frequency, or tone. The PREA Monitor reports he would lead the monitoring of these events. The PREA Monitor and Director both reports areas they would consider in the monitoring process.

**Standard 115.271 Criminal and administrative agency investigations.**

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

The requirements of the standards are outlined in two Maine DOC policies 7.1 Investigation by Correctional Investigative Officer and 6.11.3 Sexual Misconduct; Reporting and Investigation. Correctional Investigator Casey Riitano reports that all Sexual Abuse investigations will begin as soon as possible and will be investigated no matter if the source of information is known, anonymous, or a third party. As noted in standard 115.234 CIO Riitano has received extensive training in investigations. The Correctional Investigator was able to discuss at length the investigative process and the coordinated efforts to ensure all evidence is gathered in a timely fashion including the use of SAFE/SANE at local medical facilities. She reports that interviews with witness, victims, and alleged perpetrator will be made without the judgment and the victims would not be required into undergo a polygraph. Once Probable cause is determined criminal cases are referred for prosecution. As part of the audit a case file of a prior instigation at Mountain View was reviewed which showed the investigative process, the criminal prosecution and the notification to the victim. CIO Riitano also reported that if the alleged victim or perpetrator was no longer at the facility the investigation would continue. She reports if needed she would work with police authorities in the community in which the individual lives to continue the pursuit of the case. Administrative investigation of staff misconduct would be completed as a second investigation by a separate Correctional Investigator most likely out of the Maine Department of Correction’s central office. Agency Policy 11.6 Prison Records Management supports standard compliance with records retention.

**Standard 115.272 Evidentiary standard for administrative investigations.**

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

Director, PREA Coordinator and Correctional Investigator in their respective interviews confirm that they do not use a standard higher than the preponderance of evidence to substantiate an allegation. Though there was no incident at CCF that was complete the auditor reviewed the file of a Mountain View resident. One Juvenile was referred for prosecution after probable cause was determined. The case was eventually prosecuted based on the evidence in the investigation. This case was considered for evidence of
supporting documentation as the Investigative officer is the same for all three facilities on the Charlestown Complex. Policy 6.11.4 states “The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence.”

**Standard 115.273 Reporting to residents.**

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

The Maine DOC policy 6.11.3 (Page 6) defines the agency’s responsibilities to notify resident of the outcome of the investigation if it has been substantiated, unsubstantiated, or unfounded. The policy also addresses the requirements if the perpetrator is a staff or other residents. A review of an investigative file as part of the audit process showed a form that confirms the notification process had taken place at MV by the investigator. CCF did not have any incident files to review but since the investigator is the same individual for both facilities it was considered along with policy in determining the compliance.

**Standard 115.276 Disciplinary sanctions for staff.**

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

Agency policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. Discipline according to policy will be commensurate to the nature and circumstances of the acts committed, and comparable to other staff with similar histories. Agency policy requires all allegations of sexual abuse to be investigate, regardless of whether the staff resigns or is terminated. Director reports that no staff have been disciplined for PREA related offenses in the last year.

**Standard 115.277 Corrective action for contractors and volunteers.**

- Exceeds Standard (substantially exceeds requirements of standard)
- **X** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
Maine Department of Correction has contractors sign an acknowledgement form which notifies them that any sexual misconduct can result in termination of privileges and that they may be subjected to civil or criminal prosecution. The facility also has limited number of volunteers/interns. The Policy 6.11.4 the program to bar entry to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies. The auditor was shown documentation of the notifications to support compliance. There were no incident requiring the removal of a contractor or volunteer.

Standard 115.278 Interventions and disciplinary sanctions for residents.

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

Maine DOC policy 15.3 Resident Discipline and 6.11.4 Sexual Misconduct addresses the requirements of this standard. The agency prohibits consensual relationships between residents and between residents and staff, it is also stated in the resident handbook. The facility staff monitor relationships closely and there has been no PREA related issues that caused a inmate to be discipline. Resident who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act.

Standard 115.282 Access to emergency medical and mental health services.

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

The agency has not experienced an incident of sexual assault that required a referral to a hospital for forensic services. Maine DOC has around the clock on site medical nursing staff that can help to facilitate the referral to a outside medical provider and provide communication to the on call Medical administrator. The Correct Care Solutions and Maine DOC will follow the requirements as outline in Policy 6.11.5 (responding) Sexual Misconduct. As noted the State of Maine has a list of several facilities with SAFE or SANE capabilities. The two hospitals to whom a referral by the medical staff potentially be made each have SAFE or SANE staff availability 24 hours per day. There is no financial cost to any inmate in DOC,

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
CCF is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. The Maine DOC has staff who have received training as Sexual Assault Crisis in addition to Contracting with RRS. Agency Policy 6.11 and Agency Policy 18.5 Health Care services speaks to each aspect of this standard. The availability of RRS allows for ongoing treatment services if they prefer to use them instead of the onsite staff. Through contracting with rape crisis centers the Maine DOC has opened the inmate victims to resources post release. The MECASA organization has provided the facilities with Maps and contact information to each regional provider available in the state.

**Standard 115.286 Sexual abuse incident reviews.**

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

Charleston Correctional Facility and Maine DOC 6.11 requires the completion of the steps outlined in this policy. As there was no incidents of sexual abuse thus there is no incident reviews required and no documentation to review. The CCF Director Chadwick Curtis, Agency PREA Coordinator Kathleen Mahoney and the Facility PREA Monitor Keven Dione are all aware of the requirements.

**Standard 115.287 Data collection.**

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

The Maine DOC website has collected and provided for review the results of the Sexual Violence Survey. The 2014 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 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.”

**Standard 115.288 Data review for corrective action.**

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

Maine Department of Correction policy 6.11 meets the requirements of this standard in Policy 6.11.1 section three. The data elements are required to be reviewed by the state PREA Coordinator to ensure
consistent data. The management team both on the facility level and the agency will utilize data to make informed decisions on programmatic and policy needs. Since the PREA Coordinator works in operational oversight unit 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 an central administrative level such as policy/procedural modifications.

### Standard 115.289 Data storage, publication, and destruction.

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

Both State Statue and Agency policy ensure that records are maintained in a secure manor. Records are presented annually through the DOC web site and ensure that all identifying information is removed. The Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.”. The auditor confirm the report was posted publicly.

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

Jack Fitzgerald Certified PREA Auditor

Date 5-4-15