

PREA Facility Audit Report: Final

Name of Facility: Mountain View Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/01/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 06/01/2024

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	04/08/2024
End Date of On-Site Audit:	04/10/2024

FACILITY INFORMATION	
Facility name:	Mountain View Correctional Facility
Facility physical address:	1182 Dover Road , Charleston, Maine - 04422
Facility mailing address:	

Primary Contact

Name:	Chad W Cooper
Email Address:	Chad.W.Cooper@maine.gov
Telephone Number:	207-285-0848

Warden/Jail Administrator/Sheriff/Director	
Name:	Jeff Morin
Email Address:	jeff.morin@maine.gov
Telephone Number:	207-285-0816

Facility PREA Compliance Manager	
Name:	Scott Flannery
Email Address:	scott.flannery@maine.gov
Telephone Number:	O: 207-285-0774
Name:	Chad Cooper
Email Address:	chad.w.cooper@maine.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Charlie Nickerson
Email Address:	cnickerson@wellpath.us
Telephone Number:	207-285-0833

Facility Characteristics	
Designed facility capacity:	408
Current population of facility:	301
Average daily population for the past 12 months:	279

Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-90
Facility security levels/inmate custody levels:	Medium and Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	155
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	54
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	31

AGENCY INFORMATION

Name of agency:	Maine Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	25 Tyson Drive, Augusta, Maine - 04330
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	Randall Liberty
Email Address:	randall.liberty@maine.gov
Telephone Number:	(207) 287-2711

Agency-Wide PREA Coordinator Information**Name:** Cheryl Preble**Email Address:** cheryl.preble@maine.gov**Facility AUDIT FINDINGS****Summary of Audit Findings**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

1

- 115.65 - Coordinated response

Number of standards met:

44

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-08
2. End date of the onsite portion of the audit:	2024-04-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with representatives of local hospitals, Rape Crisis agencies, and community support groups for LGBTQI individuals.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	408
15. Average daily population for the past 12 months:	279
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	302
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	29
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	39
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	3
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	7
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	8

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>8</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>155</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>31</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>54</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor first selected the individuals in the target population that he intended to interview and then selected random individuals from the housing report. The Auditor used a random number for each unit to ensure the population included a variety of living settings. The Auditor also selected individuals who may be ethnic or racial minorities in the population.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor ensured a balance in the interviews between the individuals living in the staff secure section of the complex and those in the secure units.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	14
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	3

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The target population list was reviewed with the PREA Monitor, the State PREA Coordinator, and the facility's medical and mental health departments.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The target population list was reviewed with the PREA Monitor, the State PREA Coordinator, and the facility's medical and mental health departments.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The individuals who filed the allegations were no longer in the facility. The Auditor used the agency website (inmate locator) to confirm their locations.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>It is not the practice of the MVCF to segregate individuals who were victims of sexual abuse.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor was able to interview individuals in custodial and noncustodial roles in the institution. The Auditor also ensured the representative interviews included individuals who were new and senior staff as well</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Medical and mental health contractors were met with.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor was provided full access to the facility on the tour and, as requested, as the audit continued. The Auditor interacted with residents as we moved about the facility over the course of the three days. The Auditor gained assistance from residents in showing me how to call the posted phone numbers, access information on tablets and how to file a grievance or mail a letter.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The Auditor made a selection of the staffing and resident files. The Auditor reviewed records on-site and assessed compliance with the standards and the agency policy. Record reviews for staff included human resources files and training files. The Auditor reviewed all cases of sexual assault or sexual harassment and went over several of them with one of the facility's trained investigators. The Auditor selected a sample of current and past resident records to review screening, assessments, and documentation of the education each resident receives.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	3	0	3	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	3	0	3	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	7	0	7	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	11	0	11	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	1	2	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	1	2	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	4	1
Staff-on-inmate sexual harassment	0	4	0	0
Total	0	6	4	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None of the facility's 14 allegations were determined to be criminal in nature. The auditor reviewed 12 files and went over the investigative process with one of the facility's trained investigators. The auditor reviewed the investigation of both alleged sexual abuse and sexual harassment. The cases reviewed also varied in outcomes. 50% of the cases investigated were determined to have not occurred.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MDOC Organizational Chart</p> <p>Documentation hiring PREA Coordinator</p> <p>Documentation supports PREA Coordinator access to Senior Leadership of the agency</p> <p>MVCF Organizational Chart</p> <p>Information provided on PREA Manager and PREA Compliance Manager</p> <p>Posters and resident handbooks</p>

Individuals interviewed/ observations made.

Interview with PREA Coordinator (PC)

Interview with PREA Manager (PM)

Interview with PREA Compliance Monitor (PCM)

Interview with the Agency Head representative confirming PC authority/duties

Interview with Staff

Interview with Residents

Tour Observations

Summary determination.

Indicator (a). The Maine Department of Correction has developed an agency-wide Policy on efforts 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 43-page policy is divided into seven sub-policies which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct as consistent with the federal terms in PREA. The agency's policy statement directly names the federal legislation and defines expectations.

"In accordance with the United States Prison Rape Elimination Act of 2003 (PREA), 42 U.S.C. Sections 15601 et seq., and 17-A M.R.S.A Sections 251, 253, 254, 255-A, 260, and 760, it is the policy of the Department of Corrections to prohibit staff, volunteers, and student interns from engaging in sexual misconduct with an adult resident, juvenile resident, adult community corrections client, or juvenile community corrections client or sexual harassment of any of these persons. It is also the policy of the Department to prohibit any resident from engaging in sexual misconduct with another resident. It is also the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either.

Any staff, volunteer, or student intern who engages in or threatens to engage in, fails to report, or otherwise fails to take appropriate steps in response to sexual misconduct with a resident or community corrections client or sexual harassment of a resident or community corrections client by any staff, volunteer, or student intern is subject to appropriate action, up to possible criminal prosecution. Any staff, volunteer, or student intern who fails to report or otherwise fails to take appropriate

steps in response to sexual misconduct between residents is subject to appropriate action, up to possible criminal prosecution.

The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law.”

The policy sets forth requirements for agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education, and monitoring, along with other elements that support prevention, allow for detection, and ensure a full legal and medical response to any complaint.

Maine DOC PREA policy by sections

6.11 provides a policy statement and an overview of the law, including definitions of the roles of agency administration and the purpose/roles of the PREA Coordinator and PREA Monitors.

6.11.1 provides a description on Sexual Assault and Harassment data collection analysis at facility and agency levels. The document sets forth requirements of auditing and the creation of an annual report

6.11.2 provides a description of the agency’s education and training of staff, residents, and volunteers. It describes screening processes and their use to protect individuals from the risk of harm. This provision of the policy covers areas including housing, search, and steps for individuals at risk.

6.11.3 provides information on reporting methods, investigation requirements, and notifications to residents of the outcomes of investigations

6.11.4 Provides information on the sanctions of staff, contractors, volunteers or residents who engage in sexual abuse or harassment of a resident of a DOC facility. The document also covers the grievance process for allegations of sexual misconduct.

6.11.5 Provides information on first responder duties, access to forensic exams without cost, and the coordination with medical and mental health services throughout the investigation process.

6.11.6 Provided information to community corrections staff on their responsibilities when they become aware of a current or past resident’s sexual abuse. Notifications in the documents included the PREA Coordinator for the DOC.

The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training about the importance of a Zero Tolerance environment. The cards are also found at the sign-in station, reminding staff that failing to report sexual assault is a crime. Random Residents reported to the Auditor that the Mountain View Correctional Facility is a PREA-safe environment and has a Zero Tolerance Culture.

Indicator (b). Mountain View Correctional Facility is one of several adult and Juvenile 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 states, "The Department PREA Coordinator shall develop, implement, and oversee the Department's efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department.

Duties of this position include, but are not limited to:

- a. serving as the primary contact and resource for the Department on PREA-related inquiries;
- b. collaborating with the Department's Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;
- c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;
- d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;
- e. assisting in the development, implementation, and evaluation of all PREA-related training;
- f. collaborating with the Department's Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;
- g. collaborating with the Department's Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department include the other facility's obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;
- h. 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 the protection of residents from sexual misconduct and harassment;
- i. collaborating with the Department's Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and j. maintaining a memorandum of understanding with the

Maine Coalition Against Sexual Assault for the provision of support services to residents.

The Auditor was provided with an agency flow chart showing the relationship between the PREA Coordinator who works in the Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations, who oversees conditions of confinement in DOC facilities and the state County Jail system. The PREA Coordinator's predecessors have been involved in agency planning, including determining how the physical plant structure of new facilities affects PREA safety measures. For this audit, another central office staff member with experience as a PREA Compliance Manager took on the duties during the preparation for the audit.

The documentation provided shows contact with the agency's Commissioner and senior leadership. The Director of Operations has a bi-weekly meeting that includes the PREA Coordinator and, at times, other senior leadership, including Assistant Commissioner and Commissioner. The Director of Operations gave examples of how the PREA Coordinators, through the years, have made significant changes in the agency's efforts to provide safe environments.

Indicator (c): The Maine Department of Corrections operates multiple facilities. In each facility, the Warden/Director names an individual to oversee the ongoing efforts. The agency PREA Policy 6.11 requires and the policy goes on to define the role of the PREA Monitor. It states, " The facility PREA monitor's duties shall also include, but are not limited to, the following

a. ensuring that all residents are screened for risk of sexual victimization or abusiveness, in accordance with the timeframes set out in departmental policy;

b. ensuring that all residents are provided timely, comprehensive education, through written materials and/or video, regarding their rights to be free from sexual misconduct and sexual harassment and to be free from retaliation for reporting such incidents, as well as departmental policies for reporting

and responding to such incidents. This education shall also include prevention, self-protection, and the availability of treatment and counseling;

c. ensuring that key information is continuously and readily available to residents through posters, resident handbooks, or other written materials;

d. reporting or ensuring the reporting of all PREA related complaints and alleged incidents to the PREA Coordinator within twenty-four (24) hours of the complaint or allegation;

e. working with the facility's correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;

- f. submitting a detailed report to the PREA Coordinator within three (3) weeks from the date of the complaint or allegation, to include a thorough description of the alleged incident, as well as any investigative steps taken;
- g. tracking each complaint or allegation of sexual misconduct on an ongoing basis using the PREA Supervisor and Monitor Checklist (Attachment A);
- h. ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring;
- i. assisting in review and data collection relating to alleged incidents of sexual misconduct;
- j. developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:
- k. developing a written facility plan to coordinate actions taken in response to an incident of sexual misconduct or sexual harassment among security staff, first responders, medical and mental health staff, the correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations, and facility management; and
- l. monitoring compliance with the plans to ensure that they are not deviated from except in emergencies and to ensure that the reasons for any deviations are documented.

The Mountain View's Compliance Officer acts as a PREA Monitor. This individual reports to the Warden according to the facility's organizational chart. The Deputy Warden is also versed in PREA, having previously worked in the DOC Operations Unit.

Compliance Determination:

The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub-policies that direct the different aspects of the agency's efforts to provide safe environments. Policy 6.11 defines the roles of the state PREA Coordinator and the facility PREA Monitor. Interviews with the Agency PREA Coordinator and the Mountain View Correctional Facility PREA Monitor confirm their roles in maintaining PREA Compliance. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the PREA Monitor or the facility's staff and Investigative staff. The PREA Coordinator and PREA Monitor believe they have the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Warden and the Director of Correctional Operations for Maine DOC.

	<p>Maine DOC PREA Coordinator also supports the county system with PREA compliance efforts. Compliance was determined by considering multiple factors, including an extensive policy. Interviews with the agency and facility leadership support compliance with all standard expectations, including the PREA Coordinator and PREA Monitor roles. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct by staff or residents. Residents, in formal interviews and spoken to during the tour, confirmed that sexual misconduct is addressed, and they had knowledge of resources available if a concern arises. The facility has been able to maintain a safe environment where residents support violent sexual assault is not a concern. The Auditor would also acknowledge that in addition to facility leadership, the Departments' Senior leadership either attended the entrance or exit interviews or both. Their presence further shows the agency's commitment to ensuring the zero-tolerance culture exists.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MOU with Waldo County showing the requirement to be PREA-compliant</p> <p>Documentation of the ongoing monitoring by Maine DOC</p> <p>Waldo County Jail Website</p> <p>PREA report of Waldo County 2021</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Manager of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>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 Waldo County facility is run by the county Sheriff's Office. The</p>

agreement between the Sheriff and the Department of Corrections began in January 2017. The current agreement goes from 2023-2026. A review of the language in the agreement finds on page 2 section 2.3 the state requires that the MCRRC is to comply with “the Federal Prison Rape Elimination Act” and add language on the requirement of an audit completed by the “federally certified PREA auditor”. The MCRRC has completed two PREA compliance audits, most recently in December of 2021.

Indicator (b). The Maine Department of Corrections has some statutory responsibility (Maine statute 34-A Corrections) for monitoring county jail facilities. The Maine DOC PREA Coordinator collects data from these facilities and assists as needed. Compliance is based on the documentation supporting the contractor's requirement to provide a PREA-compliant environment. Interviews with the Manager of Correctional Operations confirmed oversight responsibility for the state's county jails' safety. He reports at a minimum, annual visits occur. The Manager of Correctional Operations is informed of all critical incidents in the facilities, he serves as a resource for detainees to file complaints, and his team serves as the outside reporting option for county detainees to report a PREA-related concern through the hotline. The PREA Coordinator receives information directly from the county jails on PREA Incidents, and since they work for the Manager of Correctional Operations, there would be immediate notification of concerns with ongoing compliance at the Waldo facility.

Indicator (c). The indicator does not apply. Maine has one current contract for beds, and it does require compliance with the Federal Prison Rape Elimination Act.

Compliance Determination:

The Maine Department of Correction has one current contract for the confinement of residents with the Waldo County Sheriff's Office. The contract requires compliance with the Prison Rape Elimination Act, including independent audits and ongoing review by the Maine DOC. Residents of Leading the Way would not be eligible to transfer to the Waldo County facility. The interview with the Manager of Correctional Operations supports the idea that before considering the subcontracting of beds, the DOC would require specific compliance requirements, including obtaining and maintaining PREA compliance. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) page 9 supports compliance. The policy requires the Director of Operations to ensure any new or renewal of the contract for housing of DOC residents, which requires immediate adoption and compliance with PREA standards, including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements, and the interview with the Manager of Correctional Operations supports that the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance.

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 3.11 Staffing Requirements</p> <p>MVCF Staffing Plan 2022 and draft version 2023</p> <p>Logbook entries supporting unannounced rounds</p> <p>Video Surveillance supporting Management Unannounced rounds</p> <p>Documentation of annual review with PREA Coordinator</p> <p>Memo from Deputy Warden</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p> <p>Interview with Deputy Warden</p> <p>Interview with PREA Coordinator</p> <p>Interview with Supervisory Staff</p> <p>Observation on tour of logbooks and Supervisory movement</p> <p>Interview with control officers</p> <p>Interview with Residents</p> <p>Summary Determination</p> <p>Indicator (a) The Maine DOC has 2 policies related to staffing. Policy 3.11 staffing requirement sets forth an annual review process by Wardens. It states, "Each facility shall use a formula, which takes into consideration holidays, regular days off, annual leave and average sick leave, to determine the number of staff necessary for essential positions. Each Department facility, community corrections region, and Central Office shall maintain a comprehensive, ongoing record of all authorized positions, those filled and those vacant. Bi-weekly, each facility shall forward an</p>

updated summary report of all vacancies to the Director of Human Resources in the Central Office, identifying the position title, position number, date vacated, and current status. At least annually, each Chief Administrative Officer shall review staffing requirements and make recommendations for staffing changes that may be required to ensure fulfillment of the facility's mission, in coordination with the budget process." The 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. Page 7 of the policy describes the various things that should be considered in the development of a plan. The policy states, "developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

- 1) generally accepted correctional practices;
- 2) any findings of inadequacy by courts or by federal or state investigative or oversight agencies;
- 3) all components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated) and availability of video monitoring;
- 4) the composition of the resident population;
- 5) the number and placement of staff, including supervisory staff;
- 6) facility programs occurring on a particular shift;
- 7) any applicable state laws, regulations, or standards; and
- 8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors."

An interview with the Warden described the development process used to complete the annual staff assessment assessment. The staffing plan is based on the capacity of 408 residents. In the past year, the average population has been reduced to 279 but the staffing was based on the larger number. There were 302 residents on the first day of the audit. The Warden reports there were no new judicial, federal, or oversight bodies' findings of inadequacies for staffing. He also confirmed the facility has not operated at a minimal staffing level. The Deputy Warden provided additional documentation that they have not gone below operational minimums and have the ability to mandate staff to ensure coverage in place. All callouts or adjustments are reported and documented. The Warden reports that they have been able to keep staffing numbers for the most part filled or able to hire for vacancies. The facility hired 24 staff and 3 contractors in the past year who have contact with inmates. The Warden and Deputy Warden reported steps in place to ensure resident safety from staffing or emergencies, including immediate notification to the senior leadership to resolve the situation. The facility has fixed post and pull posts that allow for the ability to reassign duties while managing the environment safely. During the tour, the auditor was able to discuss with random staff how areas are managed and supervised

directly or electronically. The Auditor observed all housing units, including segregation as well as work and programming spaces for potential blind spots. The Auditor also learned how the addition of video surveillance and the new physical plant design has allowed for a redeployment of resources. Work crew supervisors were able to describe how they monitor residents in their respective areas, things they look for as potential concerns, and expectations they have in place to minimize risk. The staff works with the Unit teams to ensure individuals with potential conflicts of risk concerns are not employed simultaneously in a particular area.

Indicator (b). The facility reports there were no instances where the staffing minimums were not met in the last 12 months. 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 ill there is an ability to mandate staff to ensure the overall safety of residents. The Mountain View Correctional Facility has fixed and pull posts that allow supervisory staff to deal with critical incidents such as PREA through a structured contingency plan. The Shift Commander notifies the Deputy Warden of all critical events; the shift report documents the modifications. The Warden reviews the overtime and the number of posts that were collapsed to ensure safety in other areas. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time.

Indicator (c) Documentation supports that the PREA Coordinator has been involved in the review of the facility's staffing plan. The Staffing Plan was updated in the past year, and the Auditor was provided with the 2022 and 2023 reviews. The Auditor and the team discussed the use of monitoring technology on a campus with a full security complex on the same site as a staff secure setting. The Warden confirmed the multiple things that go into safety assessments of the environment. The agency routinely tracks critical incident information for trends. In doing so, they can identify the location of all forms of illegal activities, not just PREA incidents, to determine if there is a need for staffing, video, or procedural changes that would lessen incidents in a particular area. The current and former PREA Coordinators confirmed their involvement in the process.

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. "ensuring that unannounced rounds to identify and deter staff sexual misconduct and sexual harassment are conducted by supervisory staff. These rounds shall be conducted on all shifts and shall be documented in unit logbooks. The PREA monitor shall ensure that staff are not alerted that these rounds are occurring." The Auditor was able to review logbooks during the tours of each housing unit in addition to examples provided in the OAS from random dates requested by the Auditor. 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.

Compliance Determination:

The Maine Department of Corrections has two policies addressing the requirements of this standard's four indicators. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct - (General) sets forth requirements of the staffing plan, the requirements for documentation 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 in-house administration reviews the plan annually with consultation from the PREA Coordinator. A request would go to the Maine DOC Central Office for identified staffing needs or technology upgrades. The agency has also invested in technology to support supervision and limit related PREA complaints. During the tour, the Auditor asked staff, especially in work areas, how they manage blind spots in the facility. The facility utilizes cameras in addition to the active Supervision of residents. In addition to custody staff, the medical, mental health, education, trade, and vocational staff provide additional resources for information, supervision, and observation of resident behaviors during the day. The standard is determined to be in compliance based on policy, interviews, observations made throughout the onsite audit, and documentation provided that is consistent with the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Statutes related to Juveniles 34A-3</p> <p>DOC Website information on Long Creek Youth Development Center (Juvenile)</p> <p>Population report for MVCF showing ages</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p>

	<p>Interview with Warden</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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. MVCF secure complex was once a juvenile facility but closed during the first PREA audit cycle. The facility continued to house juveniles on a temporary basis, sight and sound separated for two more years in the minimum security portion of the complex, but they eliminated juveniles at the facility over five years ago.</p> <p>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. The PREA Monitor confirmed the youngest person in the all-male facility was 19 years old.</p> <p>Indicator (c) Since no Youthful residents are housed at MVCF, there is no concern about their access to programming, recreation, or isolation.</p> <p>Compliance Determination</p> <p>The Maine Department of Corrections does not hold youthful residents at adult Maine correctional facilities. All individuals under 18 charged with adult offenses would 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. Compliance was determined based on state laws, observation on the tour supporting no youthful residents, the population reports, and interviews with facility leadership.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 14.14 Search Procedures</p>

PREA policy 6.11.2 Sexual Misconduct (Prevention Planning)

Policy 19.2 Prisoner Rights

Policy 23.8 Transgender, Gender Non-binary, and Intersex Adult Residents

Training specific to working with transgender and intersex residents.

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with random Staff

Interview with random residents

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Correction policy 14.14 Search Procedures (page 6) prohibits cross-gender strip searches of residents except in emergencies. It sets forth a practice that searches should be conducted with two staff present but only one performing direct observation who should be the same gender as the resident. The MVCF reports no situation in the past three years required a cross-gender strip or body cavity search to occur. The DOC PREA policy 6.11.2 Sexual Misconduct (page 6) sets forth the same requirements for cross-gender strip searches, including documentation of the emergent situation that caused such searches to occur. "Searches of Prisoners and Residents and Protection of Privacy

1. Facility staff shall not conduct an opposite-gender anal or genital body cavity search under any circumstances, and all staff observing an anal or genital body cavity search shall be of the same gender as the prisoner or resident.
2. 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.
3. Facility staff shall not conduct an opposite-gender strip search, and all staff observing a strip search shall be of the same gender as the prisoner or resident, except in an emergency.
4. 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.

5. Facility staff shall document all opposite-gender visual searches of an anal or genital body cavity, opposite-gender strip searches and opposite-gender pat searches of female prisoners or residents. The documentation shall include a description of the emergency justifying the opposite-gender search.

6. Other than same-gender pat searches and opposite-gender pat searches of male prisoners, at least one staff shall observe searches whenever possible.

7. A prisoner or resident being searched shall be treated with professionalism and respect by staff to minimize embarrassment and indignity. Other than same gender pat searches and opposite gender pat searches of male prisoners, searches shall be conducted in a location where the search cannot be observed by persons other than those staff involved in the search.

8. The decision whether male or female security staff will conduct and observe searches of a transgender or intersex prisoner or resident shall be made on a case-by-case basis by appropriate facility staff, as determined by the Chief Administrative Officer, or designee. The decision shall be made based on discussions with the prisoner or resident, security and safety needs, and, if appropriate, consultation with the PREA Coordinator and other Central Office staff.

9. The PREA Coordinator shall ensure that security staff are trained in how to conduct opposite gender pat and strip searches and searches of transgender and intersex prisoners or residents in a professional and respectful manner and in the least intrusive manner possible, consistent with security and safety needs.

10. The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents 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.

11. Facility security staff of the same gender as the prisoner or resident shall be used to conduct a constant watch during showers or other times when there is a greater likelihood that genitalia can be exposed. Facility security staff of the same gender as the prisoner or resident shall be used to conduct a constant watch during other times, whenever possible.

12. 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.”

The facility did not report any cross-gender strip or body cavity searches that had

occurred in the past year. Interviews with male residents also confirmed they had not been required to be unclothed in front of opposite-gender staff for any reason.

Indicator (b) Mountain View Correctional Facility houses only male residents so the elements are not applicable. Maine DOC policy is consistent with the standard and prohibits cross-gender strip or pat search of female residents except in exigent circumstances as described above. Policies 6.11.2 states, "Facility staff shall not conduct an opposite gender strip search, and all staff observing a strip search shall be of the same gender as the prisoner or resident, except in an emergency. 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. Facility staff shall document all opposite-gender visual searches of an anal or genital body cavity, opposite-gender strip searches, and opposite-gender pat searches of female prisoners or residents. The documentation shall include a description of the emergency justifying the opposite-gender search. Other than same gender pat searches and opposite gender pat searches of male prisoners, at least one staff shall observe searches, whenever possible." Though MVCF is an all-male facility, DOC policy 19.2 also speaks to the standard's requirements by prohibiting any form of discrimination in access to services. "Prisoners have the right to equal access to facility programs and services without regard to race, religion, national origin, gender, age, sexual preference, disability, or political views. Programming shall be offered to female prisoners based on unique needs, i.e., comprehensive counseling and assistance for pregnant prisoners to assist them in planning for their unborn child. Additional programs may be offered on a gender-specific basis only in terms of content (e.g., personal hygiene)." There have been zero exigent circumstances which required a male staff to pat search a female resident as none are housed at the facility

Indicator (c) As noted in indicator (a) both policies require documentation of cross-gender strip searches of both male and female residents, including the emergent reason for the search. The second part of this indicator does not apply as MVCF does not house female residents.

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 residents to shower, perform bodily functions, and change clothing without a 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 hear announcements on the tour by either the opposite-gender staff entering the unit or by the staff working when an opposite-gender staff member came in. Residents support the idea that they are never required to be unclothed in front of staff of the opposite gender.

At MVCF, toilets are in the individual cells of some units, and shower rooms are visible from the staffing station. All showers in the housing units are single-person showers. Some units have two showers side by side with privacy curtains, while others have a solid door. Units in the staff secure side have dry bedrooms with centralized bathrooms off of each walk on the units. The Auditor looked at the showers from various angles on each unit to ensure there was no violation of the standard's required privacy conditions. Residents support the idea that female staff generally don't enter the bathrooms of the minimum units. If they do, it is not without knocking and announcing before opening any doors to ensure no one is undressed.

Residents throughout the facility understand staff including female staff have to complete tours to ensure individuals safety. The Auditor walked the various units of the facility and did not find it possible to see someone's lower body unless you were completing tour consistent with cell checks.

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." As a sentenced facility, the Mountain View Correctional Facility does not receive individuals who were not previously housed in other DOC facilities or county jails. As such, individuals identifying as transgender at intake for the first time would be rare. Intake staff knew that strip searches to identify genital status were inappropriate and that they would find out information through interviews. If the client was resistant to discussing the topic, they would be referred to the medical staff, with whom the resident may be more comfortable. Transgender individuals spoken with denied feeling strip searched to figure out their genital status. Medical staff confirm that they see all new admissions to the facility and would be able to have these conversations with the individual. Agency policy 23.8 Management of Transgender and Intersex Residents further defines how staff should handle searches when individuals disclose their transgender or intersex status. "Except as set out below, the security staff conducting or observing the intake unclothed body search shall be of the same gender as the resident's stated gender identity. In other words, if the resident identifies as male (whether cisgender male or transgender male), the staff shall be male (whether cisgender male or transgender male), and if the resident identifies as female (whether cisgender female or transgender female), the staff shall be female (whether cisgender female or transgender female). 3. If a resident who is transgender or intersex requests it, the staff shall be of the opposite gender as the resident's stated gender identity. If the resident identifies as gender nonbinary, the staff shall be of the gender (male or female) the resident requests."

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 LGBTI residents. Staff report that the training talks about professional communication that supports the resident. The staff interviewed were aware of the frequency of trauma in this population and how the facility has a process to determine housing and search preferences through a multi-disciplinary process, including the resident's preference for searches. Staff understood they should communicate with residents as they complete the pat searches to ensure they are not startled. There were no transgender or intersex residents to interview to see if they felt they were searched to determine genital status.

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, residents' right not to be naked in front of staff of the 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 working with LGBTQI populations. The file included information confirming no exigent circumstance of cross-gender searches has occurred at MVCF in the past three years.

Interviews with staff and residents were consistent with standard and policy expectations. No cross-gender searches exist, and residents can change and perform hygiene without opposite-gender observation. 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 individual's arrival. The facility has in place in the unit offices information on items the transgender individual is approved to have as a result of the multidisciplinary team meeting, their preferred pronouns and name, and the gender staff the team has determined appropriate to complete strip and pat searches with the transgender individual. Compliance is based on policy, documentation provided, observation on tour, and interviews with staff and residents.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) General

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) Prevention

Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs

Policy 19.02 Prisoner Rights

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

Maine DOC contracts for interpretive service (Language Link)

Maine DOC Contract for ASL (Pine Tree Services)

Staff Training Materials

Individuals interviewed/ observations made.

Interview with the 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 Monitor

PREA Signage/Postings in English and Spanish observed on the tour

Summary Determination

Indicator (a) The Mountain View Correctional Facility takes appropriate steps to ensure that residents with disabilities 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 center, the facility must be able to provide services to individuals with a wide variety of medical disabilities, including vision and hearing impairments, along with a host of physical ailments that may make the individuals a

target of sexual aggressors. MVCF must also provide informative support to those individuals with significant developmental delays or significant mental illness that might make them a target for abuse. Policy 18.12 sets forth the requirement to ensure equitable services for those with special needs. "It is the policy of the Department to ensure that any prisoner with a special need is given the opportunity to receive health care services addressing the special need. The Department shall also ensure that no prisoner with a disability is denied the opportunity to receive services or participate in programs on the basis of the prisoner's disability. The Department shall make reasonable accommodations for a prisoner with a disability unless such accommodations impose an undue burden on the operation of the facility or pose a threat to safety or security." PREA Policy 6.11.2 further states, "Education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be documented in CORIS for each prisoner or resident." Though the Mountain View Correctional Facility has limited LEP residents, the agency has systems in place to ensure that residents with language barriers are provided with effective communication. The Auditor did not need the interpretive services to communicate with residents for formal interviews. The Mountain View Correctional Facility houses many of the DOC's chronic care individuals and a larger portion of elderly residents than at other state facilities. The facility has an Assisted Living Unit with around-the-clock nursing and abled residents who help the individuals as they move about the facility. Residents with other physical or cognitive are provided with additional time and support during their intake and their initial meetings with the unit case management staff. There were inmates who had sight or hearing impairment, which the Auditor met with, but no one who used American Sign Language to overcome hearing loss. As noted, residents with significant disabilities or medical conditions are housed in a manner that allows extra support. The individuals spoke with, were able to confirm that they understood the materials provided about their rights under the PREA law. Residents confirmed there were staff available and willing to help them if they had questions. The Auditor suggested that the signage on this unit be lowered to improve its readability. The DOC has an ADA manager at each facility and an ADA Coordinator in the Central Office who previously oversaw the PREA compliance. This process, along with unit management reviews, ensures individuals' needs are quickly identified so supports can be put in place. The Agency has begun to invest funds in providing improved signage, including electronic signage, at some of its other facilities.

Indicator (b) The Maine Department of Correction has a limited population of individuals with challenges in English not being the primary language. There was no individual in the population who did not speak English out of a population of 302 residents. The PREA Monitor confirmed there were no uses of the interpretive services in the past year. The DOC has contracted with agencies to provide interpretive services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. The Auditor has used the same

interpretive service to interview residents at other Maine DOC facilities. The intake officer and Supervisors were aware of the interpretive service contract and how to access it. The facility has a limited number of bilingual staff. The Auditor also reviewed the existence of a contract for interpretive services and used the service in the completion of the audit process. Intake staff were aware they should ensure that not only those individuals who don't speak English are offered materials but also those individuals who may be able to communicate in English but may better comprehend written materials in their native language. Residents with language barriers and disabilities supported that there were staff they could approach if they had difficulty understanding their PREA rights. There was signage throughout the facility about PREA safety, and residents were aware of information in the handbook if needed. The Intake officers described how they tried to ensure all residents got materials in their preferred language. All signage in the facility is reportedly being reviewed with an ADA focus.

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. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Policy 1.10 states, "The staff shall determine which form of interpreter services to make available, with a preference for telephone interpreter services. In-person interpreter services by a qualified interpreter are to be the next preference, provided that a staff interpreter, regardless of qualification, is not to be used as an interpreter for a client or a person involved with a client except in an emergency (a situation in which life, health, or safety of clients or others may be in immediate jeopardy). In an emergency, such a staff member may be used as an interpreter until such time as a qualified interpreter becomes available."

Compliance Determination:

PREA policy 6.11.2 Prevention and three other Maine DOC policies reviewed by the Auditor have language addressing 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 and hearing impairments as well as those with emotional and cognitive delays or LEP. In random and targeted interviews, the Auditor confirmed aspects of the standard through conversations with residents and staff on tours. The residents reported knowing their rights, how to report PREA concerns, and, if they had difficulty understanding information, how to get help.

MVCF provides all residents with a video education about PREA upon admission. The video education is also available in Spanish, Somali, and American Sign Language the most common languages other than English spoken in the Maine Correctional system. These videos are available on the state website. In addition to the video, the facility has signage up on the units on how to report concerns in English and Spanish. The

	<p>CORIS information system Maine DOC uses allows for information about language issues, physical and mental health barriers, and other critical information to be identified so the transferring facility can plan accordingly. Staff knew it was inappropriate 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, residents, and administration as well as the hard materials (posters, handbooks, video) and policies supporting equal access to all services.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 3.24 Pre-Employment Background Checks</p> <p>Policy 3.3 Personnel Selection and Retention</p> <p>Policy 3.05 Code of Conduct</p> <p>State Human Resources policy on Sexual Harassment.</p> <p>Department of Administrative and Financial Service -Protocol</p> <p>Wellpath (contracted Medical MH service provider) policy on background checks</p> <p>HR documentation for DOC and contracted</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with HR staff</p> <p>Summary Determination</p> <p>Indicator (a). The Maine Department of Corrections policy 3.24 Pre-Employment Background Checks addresses the requirements of this indicator. The Policy strictly prohibits the employment or contracting for the services of individuals who have</p>

engaged in, have been convicted of engaging in or attempting to engage in, or have administratively been adjudicated for sexual assault. It states, "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."

Interviews with HR staff support the process of screening all applicants for employment at Mountain View Correctional Facility, including employees of the Health Care provider Wellpath. Any approved volunteer undergoes the same screening process and the same acknowledgment form. The process includes the employees and contractors confirming that they have not engaged in any form of the sexual misconduct described in indicator (a), including 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.

Indicator (b). The Maine Department of Corrections subcontracts its medical and mental health services through Wellpath of Nashville, TN. They also contract with Keefe for commissary goods. Both Wellpath and Keefe are well-known companies in the Correctional field. The DOC policy prohibits the employment of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC performs criminal background checks on these individuals. DOC Employees who are looking to be promoted must fill out an application for the position where the questions in indicator a) are again asked, and the individual undergoes a new criminal background screening. The Auditor confirmed with the HR staff that prior disciplinary information, including past sexual harassment, would be forwarded to the Warden before an offer was made. Language on policy 3.3 Personnel Selection, Retention, and Promotion is consistent with the standard. "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.”

Indicator (c). The Maine Department of Corrections completes a thorough background check on all employees before hiring. The agency policy 3.24 Background Investigations states the following, “As part of the employment application submission process, each applicant authorizes the Department of Administrative and Financial Services (DAFS), Bureau of Human Resources (BHR), and/or the Department of Corrections to conduct any necessary investigations concerning work habits and character that may include, but not be limited to, the following, as applicable:

- a. a criminal history background check;
- b. a driving and motor vehicle records check, if the position requires driving;
- c. a pre-employment drug test;
- d. a credit history check;
- e. other material pertinent to qualifications;
- f. past employment history; and
- g. any other information provided in the applicant’s application.

2. All applicants shall be asked to sign the Authorization for Release of Information form (Attachment A) to allow these investigations to be conducted. Any applicant who refuses to sign the release shall be removed from consideration for employment with the Department.”

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 random employee’s information requested, including prior institutional employment. Random sampling allowed for confirmation of the practices. The auditor review of the files on site showed the Maine DOC completes multi-state criminal background checks, motor vehicle checks, sexual abuse registry checks, and fingerprints. The Auditor’s file review included 5 of 24 hires in the past year.

Indicator (d). MVCF, as stated in Indicator (a), completes criminal background checks on all Wellpath employees and any approved volunteers. Wellpath is a national correctional health service provider who is well aware of the requirement of PREA and prohibitions in hiring anyone with sexual abuse allegations in their history. Contracted staff and Volunteers spoken with were aware they are subjected to criminal records checks and that they are required to acknowledge that they have not engaged in prior sexual misconduct. The Wellpath Human Resources policy recognizes that the DOC will complete criminal background checks and that the Health Services Administrator will complete inquiries into past employment settings. Examples of

contractor criminal background checks were provided.

Indicator (e). MVCF provided the Auditor with information on 16 random employees, including those employed over 5 years and who had completed criminal background checks in the last 5 years. The random sample was confirmed through a review of files onsite.

Indicator (f). The requirements of this indicator are covered in Policy 3.05 Code of Conduct (page 5), including a continuing responsibility to self-report any misconduct in the policy. 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 Auditor did find an individual hired prior to PREA who did not have a signed form in the file. The facility initiated a search of files to ensure all current employees have signed documentation confirming they had not engaged in the behaviors described in indicator (a). The Policy addresses the requirements in stating, "The PREA Questionnaire for Applicants/Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file."

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." Policy 3.3 also addresses the requirement when it states, "Any prior incident of sexual harassment in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution shall be considered in determining whether to hire or promote any individual who may have contact with adult residents, juvenile residents, or community corrections clients. " To the extent permitted by law and the Maine Bureau of Human Resources, the Department may decline to hire or promote and may terminate employment based on material omissions or the provision of false information in any written applications or interviews for hiring or promotions."

Indicator (h). The Maine DOC allows the agency, with proper releases of information, to disclose any PREA-related concerns to other institutions. Interviews with human resources staff confirmed that they make requests from both internal and outside employers when hiring, but they report that they do not frequently receive similar requests from prior employees who go outside the DOC system. There has been no

request from former MVCF staff in the past year to go to another agency. Examples of check requests to outside agencies were found in the files. The Auditor discussed the importance of documenting the attempts even if the prior agency does not respond.

Compliance Determination:

The Maine Department of Corrections has policies in place to address the requirements of the standard, 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 MVCF. HR staff are employed by the Maine Department of Administrative and Financial Services and 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 maintain the line of communication. She reports that she would bring criminal background checks that have prior convictions or information about past discipline directly to the Warden’s attention.

The agency has several policies, including Human Resource Policies and Personnel Policies (3.3, 3.24), and union contracts supporting compliance. The Auditor was also able to review appropriate personnel forms and criminal background checks for both employees and contractors. Record reviews support that all employees and contractors at the Mountain View Correctional Facility undergo prior institutional employer checks, pre-employment criminal background checks, and subsequent checks every 5 years. The compliance determination for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the human resource manager and the warden.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Documentation of changes in the facility technology</p> <p>Policy 6.11 Sexual Misconduct</p>

Individuals interviewed/ observations made.

Interview with the DOC Director of Correctional Operations

Interview with the DOC Manager of Correctional Operations

Interview with the Warden

Interview with the PREA Coordinator

Interview with the Industry Program Supervisor

Observation on tour

Random Staff spoke with on tours

Summary Determination

Indicator (a) Maine Department of Corrections Policy 6.11 requires the agency PREA Coordinator to collaborate “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 the protection of residents from sexual misconduct and harassment.” The Mountain View Correctional Facility has not undergone major changes in the past three years.

Indicator (b) The Mountain View Correctional Facility has upgraded camera systems and installed card readers to improve staff movement. Discussions with the facility and the central office administration support the processes that are in place to continually reassess technology needs. The Warden and the Director of Operations for DOC confirmed that all critical incidents are reviewed at the facility level and with agency senior leadership. Any identified physical plant, technology, or staff deployment concern is expected to be responded to. All fixed cameras can be watched from the facility's main control center, the SII Unit Office, or facility leadership.

Compliance Determination:

The Mountain View Correctional Facility made no significant physical plant changes.

The department has a policy and past practice of involving PREA concerns in the discussions when designing new facilities or modifying an existing facility. Previous PREA Coordinators have attended the construction meeting to voice concerns. Agency policy requires the Director to consider safety from sexual violence in any new construction or significant modification. Maine DOC routinely reviews all incidents with an eye toward understanding how things could improve. Compliance is based on Policy and formal and informal interviews that support a consistent

	understanding of the need to limit blind spots and use active supervision skills when residents are in such spaces.
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 7.1 Investigations by a Correctional Investigator</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and Maine Statutes) Responding</p> <p>Policy 14.6 Preservation of Evidence</p> <p>Policy 18.8 Forensic Information or Evidence</p> <p>Policy 18.3 Access to Healthcare Services</p> <p>Investigative reports</p> <p>Maine Statutes 34A Chapter 3 Article 1</p> <p>Sexual Assault Forensic Exams and the Guidelines for Care of Sexual Assault Patients</p> <p>MVCF Sexual Assault Response Plan</p> <p>MECASA Agreement</p> <p>Wellpath memo confirming no case referred for forensic exams.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Wellpath Medical Staff</p> <p>Interview with Sexual Assault trained Investigator</p> <p>Interview with RRS representative</p> <p>Interview with Hospital staff about SAFE/SANE access and services</p> <p>Interview with Department of Health and Human Services staff on SAFE training</p>

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The facility employs criminal investigators who are trained law enforcement staff with the full powers of a police officer. 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 policies ensure uniform steps are taken in obtaining physical evidence. Neither DOC nor Wellpath staff would complete the forensic exam. The resident victim instead would be sent to the local hospital with SANE-trained individuals. There are at least two hospitals in the region with SANE-trained individuals. In addition to the facility-based investigative staff, criminal investigation of alleged staff misconduct can be completed by the Maine DOC Office of Professional Review or by an Investigator from the Maine Equal Employment Opportunity Office. The PREA policy 6.11.3 states, "It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation." It further states, "The investigation of a report of sexual misconduct against a prisoner or resident shall be conducted in accordance with Department Policy 7.1, Investigations by Correctional Investigative Officers." Policy 7.1 outlines the various roles and expectations of individuals completing investigations over seven pages. The facility SII Captain and two SII members are certified law enforcement officers under state law and must undergo specific training through the Maine Justice Academy. A review of completed investigations shows a consistent response to any allegation or suspicion of possible sexual abuse or harassment. A great deal of the cases are not criminal in nature and often do not rise to the level of sexual assault or sexual harassment under the federal definition.

Indicator (b) The Maine Department of Corrections has policy language for completing an investigation of sexual abuse cases in both adult and juvenile facilities. The State's Attorney General's protocol covers procedures for youth, but the Mountain View Correctional Facility does not serve that population, so the first portion of the indicator does not apply. The agency has a separate facility to house individuals charged with serious crimes as juveniles. The state protocol has a committee that reviews current practices and makes adjustments consistent with national trends for best practices. The Auditor has spoken previously with individuals in Maine who work to keep their training and protocol consistent with national trends. The Auditor reviewed the protocol developed by the Maine Attorney General and compared it to the cited document of the U.S. Department of Justice, finding the topics similar. The document instructs law enforcement and medical professionals on how to proceed in cases of sexual abuse. The document covers communication with victims, including those with developmental delays, how to collect evidence, how to complete a forensic

exam, and recommendations to offer prophylaxis for Sexually Transmitted Diseases (STDs) and for pregnancy.

Indicator (c) The Mountain View Correctional Facility did not refer any individual out for a forensic exam in the past year. Of the cases investigated, one individual reported no contact, one reported the incident happened years prior, and the third individual refused to cooperate or give any time frame for the alleged past abuse. 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 Mountain View Correctional Facility will offer victims of sexual assault the ability to have a forensic exam without cost, regardless if they cooperate in the investigation. This is confirmed in DOC policy, interviews with investigators, and by the local hospital staff. Agency policy addresses this in policy 11.6.5. “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.” It is also addressed in the Attorney General’s Protocol on page 14, which explains that the state’s Victims Compensations funds cover medical costs for treatment. There are two reported hospitals in Bangor where SANE Services are available. There were no allegations of sexual contact that required an individual to go out for a forensic exam.

Indicator (d) The Maine Department of Corrections has an agreement with the Maine Coalition Against Sexual Abuse (MECASA) to provide support services to victims of sexual assault. MECASA is an umbrella organization of the state rape crisis network. Rape Response Services, or RRS, is the local member agency serving the greater Bangor area for the state coalition (MECASA). Discussions with the RRS representative support an ability to provide support to victims during forensic exams and police interviews. The trained Investigator confirmed that he would encourage the services of a rape crisis advocate to be with the victim during the exam and any subsequent interviews he needed to complete.

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam, and a criminal justice interview and provide ongoing support and referral to the victim. A Memorandum of Understanding was provided to the Auditor. Discussions with the Rape Response Services representative confirmed that the agency does also provide educational

groups at Mountain View Correctional Facility. The Auditor also reviewed the facility's coordinated response plan, which also requires the medical staff to make contact with RRS to request an advocate to meet the victim at the hospital to support them through an exam. The PREA Coordinator reports they try to hold meetings with the RRS quarterly.

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) NA- The Department of Corrections has entered into an agreement to provide rape crisis support staff through RRS if needed. If a support advocate is unavailable for any reason, the DOC can call MECASA and see if another agency in close proximity could send a staff.

Compliance Determination:

The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The Maine DOC has several other policies that further support the process. The criminal investigation would be completed by the criminal investigator, a member of the MVCF SII team, and a certified law enforcement officer in the state of Maine. The Special Investigations and Intelligence Unit (SII), which investigates crimes at MVCF, may complete preliminary reviews of facts and evidence to determine if the allegation is potentially criminal in nature. The SII team has completed the specialized training for Investigations of Sexual Assaults in a correctional setting. Residents who are victims of sexual assault can be taken to St Joseph Hospital or the Eastern Maine Medical Center in Bangor (approximately 30 miles) 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 provides specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including 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 the hospital would call a rape crisis agency in addition to the protocol set up by DOC to offer supportive services. Rape Response Services (RRS) is the regional rape crisis agency that the Auditor confirmed would send a victim advocate

	<p>to support the resident through the forensic exam and any investigative process. RRS has an established relationship with MVCF. 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. Investigative files document the steps to preserve evidence and that in each case, the residents involved were referred to MH services even if they denied any assault.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Statutes related to Correctional Law enforcement Powers</p> <p>Policy 6.11.3 Sexual Misconduct</p> <p>Policy 07.01 Criminal Investigations</p> <p>Documentation of Hotline calls referred for investigation</p> <p>Investigative files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the DOC Director of Operations</p> <p>Interview with Warden</p> <p>Interview with Investigative staff</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur promptly. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Mountain View Correctional Facility has Special Investigation and Intelligence (SII) unit staff certified as law enforcement in Maine who have also received specialized training on</p>

investigating sexual assault in correctional settings. Once an allegation has been reported the Shift Command staff will notify the SII unit staff to make an initial assessment of the complaint unless it is clearly a criminal case, which will be referred to the SII Captain. SII unit staff can assist in the preservation and collection of evidence. If the allegation is against a staff person, the agency's Office of Professional Review will be informed. A review of investigative files supports that all investigations occur immediately upon the report of an incident. Interviews with investigative staff confirmed not only their on-call status but also the initial steps taken for each of the cases reviewed. A review of the case files supports that the SII staff started the investigations on the same day they became aware of an allegation. The facility reported they completed 14 investigations into potential sexual abuse or sexual harassment cases. The cases included potential sexual abuse and sexual harassment allegations. The investigative team reviewed some as criminal investigations and others as administrative investigations into non-criminal acts, including some cases that were determined not to be either sexual abuse or sexual harassment.

PREA Policy 6.11.3 set forth the expectation for immediate investigations. "All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations." The Inner Perimeter Security officer is now called a Special Investigations and Intelligence Officer (SII). The Auditor confirmed that if a trained individual is not working a shift, the SII Captain would be called.

Indicator (b) The Maine Department of Corrections has multiple policies that address the requirements of this standard. PREA Policy 6.11.3 Sexual Misconduct, Policy 07.01 Criminal Investigations, and Policy 07.03 Administrative Investigations all speak to the expectations for completing an effective review of facts in determining if a crime or violation of facility or DOC policy has occurred. The policies also comply with Maine State Statutes, which govern law enforcement duties. The agency policies related to PREA incidents and the completion of criminal and administrative investigations are available on the agency website. The agency directives support the training these law enforcement staff receive and ensure that all other staff understand how to protect evidence and ensure information about a potential crime is only shared with those who need to know.

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

	<p>Indicator (d) Auditor is not required to audit this provision.</p> <p>Indicator (e) Auditor is not required to audit this provision.</p> <p>Compliance Determination:</p> <p>The Maine Department of Correction has policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. Incidents involving staff members are investigated by a centralized unit, the Office of Professional Review, or the state's Equal Employment Opportunity division of the Attorney General's Office. Using an investigator different from the facility's trained SII staff ensures that an impartial investigation occurs.</p> <p>The Maine Department of Corrections 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 initially claimed that the contact was consensual. Compliance was determined based on the published policy, the investigative staff's information, and interviews with the Department of Corrections Director of Correctional Operations. Compliance is determined utilizing the above-stated information, which meets the requirements of Indicators (a) and (b). Indicator (c) for standard 115.222 is not applicable because Maine DOC is the criminal investigative body. Interviews further supported compliance in that the agency takes all allegations seriously, and the files support investigations are taken up quickly after the facility becomes aware of an allegation.</p>
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p>4.3 General and Job-Specific Training</p> <p>14.07 Same and Opposite Gender Supervision</p> <p>MVCF staff training records</p> <p>State-approved training materials, power points program outline</p>

LGBTQI Resident Management training slides

Maine Justice Academy outline

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. All Employees, no matter what role in the institution, 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 the interviews how their day to day jobs keep residents PREA safe. The staff members interviewed knew the signs and symptoms of someone who may be victimized, and 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 Transgender or intersex resident's preferred name and pronouns, and they were aware that a multidisciplinary committee reviews the transgender resident's case individually to determine housing, canteen items they can have access to search procedures and Medical or mental health treatment planning. The Auditor reviewed the training materials to confirm the elements were addressed. The training material included both the new employee orientation PowerPoint and material used by the Maine State Justice Academy, which certifies correctional officers for both state facilities and county jails. The Agency PREA Policy 6.11.2 outlines requirements consistent with the standards. "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under supervision of the Department in the community receive initial training with respect to:

- a. the Department's zero-tolerance policy for sexual misconduct and sexual harassment;
- b. the right of prisoners, residents, and persons under supervision of the Department in the community to be free from sexual misconduct and sexual harassment;
- c. the right of prisoners, residents, persons under supervision in the community, families, staff, volunteers, student interns, and others to be free from retaliation for

reporting sexual misconduct and sexual harassment;

d. how staff, volunteers, and interns are to fulfill their responsibilities with respect to sexual misconduct and sexual harassment prevention, detection, reporting, and response;

e. how to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities;

f. how to avoid inappropriate relationships with prisoners, residents, and persons under supervision in the community;

g. how to detect and respond to signs of threatened and actual sexual misconduct;

h. how to distinguish between consensual sexual acts, contact, and touching and non-consensual sexual acts, contact, and touching between prisoners or between residents, including the relevant laws regarding the applicable age of consent;

i. how to communicate effectively and professionally with prisoners, residents, and persons under supervision in the community, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons;

j. the dynamics of sexual misconduct and sexual harassment and the common reactions of victims as these relate to each gender, as well as to lesbian, gay, bisexual, transgender, intersex, or gender nonconforming persons; and

k. the dynamics of sexual misconduct and sexual harassment and the common reactions of victims as these relate to juveniles.”

The Auditor reviewed the training material provided to ensure consistency with the policy and the standard. The Auditor asked several questions about the employee’s training during random interviews, which supported an understanding of the material. The Auditor also spoke with new staff in training on the tour to see what they had learned. The Auditor was also told that they had run a mock PREA drill and that numerous staff had participated.

Indicator (b) The Mountain View Correctional Facility houses only male residents. All staff are trained through the Maine Justice Academy in working with both male and female residents. New staff complete an onboarding training program at the facility if they do not start at the academy and before they can work independently at MVCF. The documentation provided by the PREA Monitor supports that general PREA education covers working with the male populations of MVCF. The DOC has a policy on Same Gender and Cross Gender Supervision of Inmates that is reviewed with new employees as well as a policy on working with the LGBTQI population. The Maine Department of Corrections has developed a corrections model that supports improved communications and Diversity, Equity, and Inclusion. Several staff members made references to the Maine Model of Corrections in their interviews, supporting PREA topics as part of a healthy and safe community. There are no facilities for only

females in the state of Maine. The Maine Correctional Center houses males and the entire female population of the state. As such, any staff transferring to MVCF would already have experience and training in working with the population.

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 Learning Management System platform. Staff records and their knowledge of the training information indicators support the fact that they receive training frequently. Staff reports they get full PREA-specific training annually and will get updated on policies regularly. The staff also remarked that they have additional training updates/ discussions with supervisors at shift briefings that aid in understanding policy and how it is put into practice daily. Staff also report that supervisors will review PREA issues periodically during shift briefings.

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 2023. The Auditor was provided documentation of the training completed so far in 2024. The report showed 139 staff and contractors had already finished their course in the first quarter of 2024. Employees must pass a written test to verify their knowledge of the materials to get credit for the training. A copy of the test was provided. Upon hire, new employees sign a document acknowledging their understanding of the agency's zero-tolerance policy and the related training. In the files reviewed as part of 115.17, each employee signs a form titled " Staff Acknowledgement of Prohibition on Sexual Misconduct". The form includes the following: "By signing this form, I acknowledge I have received and read the applicable Department policies on sexual misconduct and understand the training I have received on these policies."

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 LMS or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training, and gender-specific understanding of

	<p>sexual victimization, which is important for staff. All employees (including the contracted Medical and Mental Health staff) have had on-site training and understand the facility's Sexual Assault Response plan.</p> <p>A copy of the PowerPoint presentations for the new employee PREA training, the state Justice Academy training, and the annual refresher was reviewed by this auditor. 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. Staff also reported the ability to refresh PREA issues through online information that comes out through LMS. Training records and staff interviews support the fact that PREA-related staff education happens regularly, and electronic signatures support that they understood the training. The Auditor confirmed the staff training dates, including initial PREA training and most recent PREA education while on site. MVCF also provided training documentation for new employees hired this year. Compliance determination was based on training records, the material used in presentations, and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements. The Auditor also considered that the facility has begun to run mock PREA drills as a way of keeping staff prepared on what to do in the</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Volunteer List</p> <p>Contracted Staff List</p> <p>Training materials for volunteers and sign-off on training</p> <p>Wellpath training materials</p> <p>Contractor Sign-in - (PREA acknowledgment of Brochure for 1 time or infrequent visitors)</p> <p>PREA Education cards</p> <p>Individuals interviewed/ observations made.</p>

Interview with MVCF PREA Monitor

Interview with Contractor

Interview with Volunteer

Observation on tour

Summary Determination

Indicator (a) Most contractors providing direct service to residents 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 in addition to the required specialized training in 115.35. All volunteers who have routine access to the facility must undergo an onsite education program on responsibilities and procedures for keeping a safe environment. 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 know 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 on how to report a concern. The facility reported that initially, 31 volunteers were approved to enter the facility, but after further review, only about 23 individuals had entered the facility in the past 12 months. The Auditor was provided with a tracking document which also show when they were trained.

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. The contracted individuals providing direct services, such as Wellpath staff, get routine PREA training provided to all DOC staff in addition to the specialized training in 115.34 for medical and mental health staff. The Auditor was able to confirm directly with contractors and volunteers on the level and frequency of training received.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (pages 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. The policy also states, "All training shall be documented in the staff's, volunteer's, or intern's training file and shall include, at a minimum:

- a. subject/topic areas covered;
- b. date training received;

- c. signature of the person receiving training;
- d. name of trainer/instructor; and
- e. results of performance evaluations and/or testing, if applicable.”

One-time volunteers or contractors like the PREA Auditor sign in and receive a PREA Brochure upon entrance to the MVCF. There is descriptive language about PREA on the sign-in form for all visitors. The Auditor questioned the staff about how they educate individuals at the facility's front door about PREA. The staff member explained that she asked the individual to read the statement and provided them with a PREA Informational brochure. The Auditor was able to see documentation on-site showing this process in use and received verbal education from the staff working the post.

The Auditor was also given documentation to show that the individuals who provide more frequent contracted or voluntary services receive more formal training and are required to sign PREA acknowledgment forms similar to the ones signed by DOC employees upon hire. A sampling of volunteers' files in human resources confirmed they had signed off on the form. The Auditor also spoke to a volunteer and a contractor as part of the audit process. The volunteer has been working with residents for years and reports that they get PREA training every year except when COVID-19 was happening, and they were not allowed at the facility.. She was able to discuss who she would report a concern to if she saw something or if a resident said something that concerned her.

Compliance Determination:

The Mountain View Correctional Facility is compliant with the standard expectations. MVCF ensures all contractors and volunteers receive training in the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment. Training records, interviews with contractors on the tour, and formal interviews support that they have received comprehensive training equivalent to their level of contact with the residents. Training records and interaction with contractors and volunteers as part of the tour clearly support an understanding of the agency's Zero Tolerance to PREA-related issues. Infrequent and one-time service contractors who would provide services under the supervision of DOC staff are given notice of PREA when they arrive at the facility, including a brochure on PREA. Upon arrival at the facility, the Auditor was offered information about PREA and saw postings in the waiting area.

Compliance was determined through supporting documents, policies, and interviews.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

Maine DOC Website (PREA Education Videos)

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Resident Handbook (English Spanish)

Resident files showing they have received PREA educational materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with Unit case managers

Interview with residents

Observation on tour of PREA Signage in multiple languages

Summary Determination

Indicator (a) All residents are provided information about PREA upon admission to the Maine Correctional Center, which is the entry point for admission to the DOC. From MCC, residents are classified, and transfers occur to other secure facilities, including MVCF. The DOC Classification Department approves all moves between facilities. Residents have most often been exposed to PREA in the state's jail system or other Maine DOC sites prior to admission at MVCF. Residents are provided a description of PREA, how to protect themselves, how to report a concern, and what services are available if someone has been a victim at each site. The Auditor observed an intake process with a new resident and an intake staff. The auditor heard the information the intake officer routinely went over related to PREA in the first hour of admission and observed the information provided in writing. The CORIS electronic information system requires PREA education and screening to be completed before the resident is assigned a room. All residents get informed about what PREA is and are explained that there are multiple ways to report a concern; they are provided with a PREA Pamphlet and a Resident Handbook, which has information about PREA. All residents are also provided a video on PREA that the state rape crisis agency developed and included Maine DOC facilities as well as several of the county jail facilities. The videos

on PREA education in English, Spanish, ASL, and Somali are available on the state website. The OAS pre-audit information states that 348 admissions received PREA Information at intake. The Auditor asked intake staff and bi-lingual residents how education is provided. The staff knew to check with bilingual residents to ensure written materials were given in their preferred language. The auditor did not need interpretive services as there were no LEP residents.

Indicator (b) Inmates enter the DOC system at either the Maine Correctional Center or the Maine State Prison before being transferred to a lower security facility like MVCF. Residents are trained at these facilities about the agency's zero-tolerance stance toward sexual abuse and sexual harassment. Most of the practices are agency-wide, providing residents with a familiarity with the process of transfer. All residents at MVCF are provided with a review of the facility-specific PREA information by their caseworker during the first few days in the facility. Residents have been housed in other correctional facilities before being placed at MVCF. All residents get video education during intake in addition to the admission officer's introduction to PREA. Residents will then get follow-up education with the case worker. As indicator (a) noted, the video was developed in conjunction with county jails and featured staff from across the state. The reporting mechanism is familiar to residents as the outside reporting mechanism in the state's county jails is the DOC PREA Coordinator. At the same time, residents use the local county jail as the outside reporting option and the DOC PREA Coordinator as an internal option. The education includes the state's zero-tolerance policy, how to protect themselves from sexual assault/sexual harassment or retaliation, how to and why it's important to report a concern, the resident's rights related to PREA, and the steps DOC will take to investigate and support individuals if an incident occurs. The auditor discussed with the state PREA Coordinator the benefits of tablets in providing an additional source of information for residents. DOC PREA Policy 6.11.3 sets the requirement for resident education about PREA. "Within ten (10) days of intake to the facility, each newly admitted prisoner or resident shall receive a comprehensive education concerning sexual misconduct and sexual harassment and shall receive the appropriate acknowledgment and safety memo (Attachments C and D)." Residents confirm that they receive PREA education, including the video at intake and that the case worker also goes over any questions they may have on their initial meeting. Residents also reported that there is information on the walls and on the tablets. One resident successfully showed me where the information could be found on the tablet. The agency is looking to add more information, including the PREA videos to the tablets in the coming year.

Indicator (c) All Mountain View Correctional Facility residents have received an education on PREA and how to report any concern. Resident education is documented, and random residents confirmed that PREA was addressed immediately upon transfer from their prior prison. There were no residents at MVCF who were in

the institution before the implementation of PREA. The resident interviews support a solid understanding of the resources to victims and how to report a concern. Many pointed to signage in the units that educates residents about PREA; others mentioned the resident handbook or the DOC video. The Auditor reviewed the documents each resident signed, confirming they had been educated on PREA and how to report a concern. The form also tells them about their right to receive outside confidential support and an outside option of reporting to the county jail.

Indicator (d) Education is available in multiple languages, from written to video to large print documents. One of the videos includes American Sign Language (ASL). Residents support the idea 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 wasn't 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 confirmed that ESL residents are explained about PREA with the aid of interpretive services. The one resident admitted in the past year signed his PREA education acknowledgment on the Spanish version of the form.

Indicator (e) The Auditor requested a random sample of resident files for review and to select interviewees. The Auditor uses a number sequence to select files for each unit and ensure a diverse selection. The case files the Auditor requested were from the target population the Auditor met with along with other current or past. The auditor requested the 20 case files reviewed be uploaded with their screening information in standard 15.41. Interviews with residents support an understanding of how to report a concern. The DOC electronic case management system (CORIS), allows for reports to be completed showing that residents have been educated on PREA in a timely basis.

Indicator (f) Observations throughout the tour support continuously available materials to residents. The information viewed included handbooks, posters, and other signage about PREA or resources such as the local rape crisis agency (RRS). The auditor suggested that periodic video refreshers be made available to residents, given the long-term nature of the institution. The facility has added tablets since the last audit, which includes written materials in multiple languages. The auditor shared how other agencies have used tablets to improve PREA education by adding video information.

Compliance Determination:

PREA, or the Prison Rape Elimination Act, is a term most residents are familiar with from county jails in Maine or their prior stays at Maine DOC facilities. The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, the 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. The Intake Officer reviews PREA information with the resident, and they are provided with a resident handbook that contains PREA information. PREA Information is in the resident handbooks. The resident signs the information reviewed and places in their case record. The facility has PREA educational materials available to residents, such as brochures, tablets, and posters. The orientation process also includes viewing 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. The document informs residents about the consequences for sexual misconduct. The handbook tells residents 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 about reporting PREA events internally or externally or accessing advocate services. Residents say they are given facility-specific PREA information within one day of admission. Residents sign at admission acknowledging their PREA education. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be witnesses to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact administration or outside individuals if they were uncomfortable 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 understanding 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 videos from the state website.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 on completing a sexual Assault Investigation

NIC training for Investigation of Sexual Assault in a Correctional environment

Training rosters

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with trained Investigators

Observation on tour

Summary Determination

Indicator (a) the Main Department of Corrections employs its own investigative body. The Department of Corrections Special Investigations and Intelligence Unit (SII) and the Captain overseeing the unit at MVCF are all law enforcement officers in Maine. As such, they 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 how to complete sexual assault investigations of the correctional setting. The agency has a track record of providing this training dating back to the first round of PREA audits. The agency continues to refresh investigative staff and facility administration, providing additional classes in 2019. Newer SII staff have also taken the NIC course on the same topic. Currently, there are three trained investigators to cover the Mountain View Correctional Facility. MVCF staff also provide assistance at the state's Leading the Way community residential program. Agency policy sets forth a description that Investigative staff have additional training to investigate sexual abuse, harassment, or retaliation at state facilities. Policy 6.11.2 states, "The Department PREA Coordinator shall ensure that all facility correctional investigative officers and Inner Perimeter Security team members, as well as other staff likely to conduct sexual misconduct and sexual harassment investigation, receive additional training in conducting investigations of sexual misconduct and sexual harassment, especially in facility settings. This training shall include, at a minimum, techniques for interviewing victims of sexual misconduct and sexual harassment, including techniques specific to juvenile and female victims, proper use of Miranda and Garrity warnings, sexual misconduct evidence collection in facility settings, and the criteria and evidence required to substantiate a case for administrative action and/or referral for criminal prosecution."

Indicator (b) The Auditor reviewed training materials from two sources that have been used in training Maine DOC investigative staff. Staff have taken training developed by

the PREA Resource Center or the National Institute of Corrections. Both the material from the PREA Resource Center training and the Auditor's review of the NIC course on investigating sexual assaults support the required topics that were addressed. The training materials (370 PowerPoint slides) 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 Garity 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 Auditor also reviewed the NIC PREA Investigator's course, which addresses the content required in the standard. Agency Policy also addresses the indicator's requirements. As noted in indicator (a), policy language covers topics that are expected to be discussed. The PREA Coordinator also provided documentation of ongoing training being offered system-wide to continue to improve and expand the availability of trained investigators. Some staff, including the SII Captain two SII officers, are also trained law enforcement officers under state law. These individuals are certified through the State's Justice Academy with ongoing training requirements to maintain their certified law enforcement status.

Indicator (c) Training records were provided for onsite staff who completed investigations and for administrative staff. The DOC has other trained investigators in its Office of Professional Review (OPR) who would complete investigations on staff-involved incidents. Other Maine Correctional facilities also have staff trained in investigating sexual abuse in correctional centers who are also certified law enforcement officers. This allows the OPR to assign impartial investigators if there is any perceived conflict. The Auditor's interview with investigative staff further supported an understanding of the training, as did the report reviews. The SII staff and the Mountain View Correctional Facility administration took a 20-hour course related to investigating sexual abuse in correctional settings.

Compliance Determination:

The Maine Department of Corrections ensures that staff who complete investigations receive appropriate specialized training on investigating sexual assault in a correctional setting. In addition to Maine DOC staff who attended the PREA Resource Center training, they have had others trained who had taken the NIC course and the overall training requirements of the Maine Justice Academy in the completion of criminal investigations. Documents and interviews support the facility's investigators are trained in the requirements of a PREA-related investigation. Maine has established that if allegations are made against staff, the agency's Office of Professional Review would be brought in to investigate and ensure an impartial process. These individuals are also required to have completed specialized training for investigating sexual misconduct in their correctional facilities. 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 compliant. Samples of investigations were completed, and

the supporting training documents also supported the auditor's findings.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Wellpath PREA training materials</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>Indicator (a) The Mountain View Correctional Facility employs the services of Wellpath, a private Correctional Medical and Mental Health Services Provider. Wellpath trains staff on PREA-specific considerations from the medical and mental health provided perspective. The training materials and the staff interviewed included information that the training addressed signs and symptoms of abuse, communication with a victim, how to report an allegation, and how to preserve evidence. The nursing staff knew that they should not clean any injuries and only treat critical health concerns before transporting them to the hospital for a rape kit. Medical and Mental Health staff confirmed that a lot of support work would be engaged upon the resident's return from the hospital. Wellpath staff report that PREA-related topics are also covered in their clinical staff meetings.</p> <p>Indicator (b) The staff do not complete a forensic exam.</p> <p>Indicator (c) Documentation was provided to the Auditor for the Wellpath staff confirming the specialized training was completed. The Auditor reviewed the training records for the 40 medical and mental health professionals currently servicing the</p>

residents of the Mountain View Correctional Facility. The records show that all medical and mental health staff have been provided specialized training on working with victims of sexual abuse in addition to the normal DOC training on PREA. The Health Services Administrator confirmed that all new hires are provided training geared toward medical and mental health professionals. The Auditor also reviewed Wellpath policy on required training related to the Prison Rape Elimination Act.

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. The training records reviewed showed both DOC and Wellpath employees.

Compliance Determination:

Wellpath employs medical and Mental Health Staff at Maine DOC facilities. 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 that they were trained in responding appropriately to sexual assault victims. The Auditor met with Wellpath staff and was able to ask questions of other Wellpath staff on the tour. Medical and Mental Health staff knew to whom to report allegations and suspicions of sexual abuse or sexual harassment. They were able to explain that 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 report any concerns to the Shift Commander, the SII Captain, or the PREA Monitor. The contracted staff reported they attended PREA classes from Maine DOC with the 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. The Auditor also reviewed policy 6.11.2 to determine compliance, interviews, a review of the Wellpath training program materials for Medical and Mental Health Staff, and training records for the Wellpath staff figured in the compliance. The Wellpath staff work under one supervisory structure at the Mountain View Correctional Facility and know that all allegations are to be reported up both the Wellpath and the facility's chain of command.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

18.4 Health Screening and Assessment

22.1 Transfer Processing

Population report for MVCF

Initial and follow-up assessments for residents

CORIS report showing screening timeliness.

CORIS PREA Screens

Paper Screening tool

Memo from PREA Coordinator

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Warden

Observation on tour

Summary Determination

Indicator (a) All residents who are admitted from county jails or transferred from a Maine DOC facility will be assessed through objective screening. This requirement is outlined in PREA policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for likelihood to be a victim of sexual violence or likelihood of being a perpetrator of the same said violence. The policy sets forth the requirement, “the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening or all residents admitted to a juvenile facility by the unit Social Worker, unit Juvenile Program Worker, or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake.” The Auditor confirmed with both intake staff and residents through interviews that

individuals are screened for risk of sexual victimization or perpetrating concerns. Policy 22.01 also sets forth in policy that designated staff will complete a PREA screening on all intakes to the facility. Health screening staff are also required to ask questions about past sexual abuse or history of victimization. The intake and medical staff acknowledged that if the answers were different, that information would be shared to ensure accurate screenings.

Indicator (b) The policy, as 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 with the understandable exception of individuals who were brought in due to significant mental or physical health concerns that prevent immediate completion of intake. A review of the information in the OAS shows 348 out of 348 were completed within the 24-hour timeframe. The facility provided documentation that tracks when the initial screening and follow-up assessments are completed. A review of that report showed one individual screened outside the first 24 hours but the report documented medical complications as the reason for the delay. The residents all reported that initial screening questions are asked in the first hour you are in the facility and is completed with intake staff in the intake room before you are assigned a room. Twenty files were reviewed on-site and uploaded to the OAS.

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 other correctional settings, and the resident's self-reported information. The auditor was provided with the materials for administering and scoring the tool to ensure that the application is objective. From the answers provided, all individuals are given a score. If CORIS identifies an individual who is a known victim, the system will prevent them from being housed with a known perpetrator of sexual violence. The Auditor was able to see the intake officer's process in asking questions of new residents and reviewing past criminal and institutional records to complete the PREA screening tool.

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 Auditor reviewed the information with the intake officer and with the individuals who completed reassessments of residents. The Auditor did confirm with residents in the facility under the year that they were asked key questions on their sexuality, victimization hx., and the perception of safety again after they were in the facility a little while. The auditor has prior experience with the tool and requested that the facility upload the training document that explains how the tool is to be scored.

Indicator (e) The tool does consider the resident's history of violence or sexual abuse in the community and in prior institutional settings. The initial screening staff have access to the individual's criminal history and can also review past correctional stay in the department for history of aggression or past sexual contact in the institutions.

Indicator (f) The DOC policy requires assessment in 14 days instead of the standard requirement of within 30 days. Policy language addresses the requirement when it states, "ensuring that 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 facility report stated there was they were 100 percent compliance with the standard timeliness in the OAS data but corrected that 10 case files were completed outside of 30 days. The facility reported they had implemented a The Auditor found in the report provided all but 8 files that were seen in the first 30 days for reassessment, with just over 330 admissions who stayed that long. The Auditor's reviews of a random sample of client files support reassessment screenings taking place within 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 residents 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. Case management and Unit managers knew screening was needed when information is learned or when incidents occurred. The Auditor's review of the training materials found that the staff are trained on various occasions in which reassessments should be completed.

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 completed the initial screening, and case managers who completed re-assessment and the random sampling of residents. Agency PREA policy 6.11.2 has language consistent with standard expectations, "a prisoner's or resident's risk level is reassessed by the unit team using the relevant PREA assessment instrument 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." No resident interviewed believed they would be disciplined for not answering questions. A review of the training materials for individuals who complete screening confirmed that there is no discipline for failing to answer questions about sexuality or past victimization.

Indicator (i) The Maine Department of Corrections completes the screening information in its electronic case management system. The system limits who may access the screening information, especially the clients' sensitive information. Disclosures made in the Medical or Mental health record are completely siloed from the custody staff in the Wellpath records. Intake staff confirmed that information that might make the resident vulnerable to other's pressure is protected.

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 are screened initially within 24 hours and reassessed within 14 days by the facility classification team. Maine DOC has developed a report that can be used by the facility PREA Monitor and the State PREA Coordinator to ensure standard timeliness benchmarks are being met. The Auditor was able to review this report and review actual case files. The Agency also requires periodic rescreening by using the PREA assessment instrument in CORIS. This is done also when warranted due to a referral, request, incident of sexual misconduct or receipt of additional information that bears on the prisoner's risk of sexual vulnerability or sexual violence. CORIS is the Maine DOC electronic case file system that links their records as the resident moves between facilities.

The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that after the initial screening, the residents are asked about sexuality, victimization history, and perceived safety. The intake officer, who was spoken to on the tour, confirmed residents cannot 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. It is confirmed that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Unit Management team members were aware of 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, which were consistent with the standard's time requirements. Interviews with staff and residents further support 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 created a report tracking the initial screening and reassessment timeliness. The report is available through CORIS to the PREA Coordinator and PREA Monitors, and this tool is an example of ongoing activities supporting the sexual safety of residents.

115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Policy 18.04 Health Screening and Assessment</p> <p>Policy 23.8 Management of Transgender Gender Non-Binary and Intersex Adult Residents Deputy Memo on the use of screening information - intake</p> <p>Resident screening tools</p> <p>PREA Screening tool explanation</p> <p>PREA screening/ assessment training slides</p> <p>DOC Screening report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility PREA Monitor</p> <p>Interview with Intake Officer</p> <p>Interview with Case manager</p> <p>Interview with Unit Manager</p> <p>Interview with Random Staff</p> <p>Interview with random residents</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine DOC PREA policy 6.11.2 sets forth language consistent with this indicator. It states the PREA Monitor is charged with “g. ensuring that if a prisoner or resident is identified as possibly being at risk, security staff and other appropriate</p>

facility staff are notified to determine an appropriate housing assignment and to take any other necessary safety and security measures;

h. ensuring that 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 Mountain View Correctional Facility 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 a victimization history are provided counseling onsite by Wellpath staff or through the rape crisis agency RRS. The Maine Department of Corrections uses the Unit Management model. This practice divides the institution into smaller groups, allowing for better communication, case familiarity, and consistency. The staff determines 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. The facility provided a memo showing how screening information affects intake decisions. The unit teams will continue to monitor residents, and where individuals have scored as potential conflicts, there are steps in place to further mitigate risk. As a step-down facility, MVCF would have access to the past records of the resident at their prior facility. The unit team will further limit contact in programming or work assignments. The review of the screening and assessment training supports the idea that unit management should use PREA screening information for more than cell and unit assignments. The training material also supports PREA screening information for work, recreation, education, and work assignments. The work supervisors and trade instructors who were spoken with confirmed that the classification staff and unit teams review all job or educational placements before they can start.

Indicator (b) The safety of the residents is considered throughout their stay. Unit management allows residents to be grouped in smaller subsets where the teams can focus on the residents' needs and learn their behavioral norms. Staff report a consistent staff is 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 confront negative behaviors, including any form of sexual harassment. PREA policy 6.11.2 sets forth the requirement that individual planning occurs and risk is continually reassessed beyond the intake process. “Ensuring that a prisoner’s or resident’s risk level is reassessed by the unit team using the relevant PREA assessment instrument 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." Policy 22.1 Intake Processing defines some of the individualized planning that begins to be identified at intake besides the PREA assessment.

"Intake, or other designated staff, shall ensure that an Intake Summary (Attachment C) shall be prepared for all new admissions, which shall be used by the classification committee and other staff in developing the prisoner's individualized case plan. The intake summary shall include, or shall refer to, the following:

- a. legal aspects of the case;
- b. summary of criminal history, if any;
- c. social history;
- d. medical, dental, and mental health history;
- e. occupational experience and interests;
- f. educational status and interests;
- g. vocational programming;
- h. recreational preference and needs assessment;
- i. mental health assessment;
- j. staff recommendations; and
- k. pre-institutional assessment"

Discussions with staff, residents, and administration all support the idea that there is individualized planning for each resident, including how to ensure their safety in the environment. Policy 23.8 Management of Transgender Gender Non-Binary and Intersex Adult Residents directs intake staff on how to make effective decisions related to initial housing. "11. In the case of a transgender or intersex resident, the housing placement shall be consistent with the gender identity of the resident, except when placement in such housing would create a risk to safety, security, or orderly management of the facility, including, but not limited to, a risk to the safety of other residents or a risk to the safety of the transgender or intersex resident.

12. In the case of a resident who is gender nonbinary, the housing placement shall be in accordance with the resident's preference, except when placement in such housing would create a risk to safety, security, or orderly management of the facility, including, but not limited to, a risk to the safety of other residents or a risk to the safety of the gender nonbinary resident."

Indicator (c) The Maine Department of Corrections has a policy 23.8 that addresses at

length the expected Management of Transgender, Gender Non-Binary, and Intersex Adult Residents. The Policy statement is as follows; “It is the policy of the Maine Department of Corrections to provide a safe, supportive, and discrimination-free environment that is affirming of every adult resident’s gender identity, including transgender, gender nonbinary, and intersex residents.”

Mountain View Correctional Facility has had no transgender, nonbinary, or intersex individuals in the past year. Discussions with the facility leadership and the PREA Coordinator support that there are systems in place to ensure the best housing for each transgender individual. Mountain View Correctional Facility would be able to review information on individuals in these groups if they had previously disclosed their status. The Maine Department of Corrections has a statewide Classification unit that makes decisions on where each resident is placed after reception into the DOC. The agency has transitioned individuals to housing units consistent with their identity. Individuals included those who had not previously disclosed their transgender status until after placement with DOC. The Agency policy also requires all mental health staff to be trained on issues that impact the LGBTI individuals in custody. Policy 23.8 states, “In addition to the above training, all facility staff providing mental health services to residents shall be trained on issues specific to transgender, gender nonbinary, gender nonconforming, and intersex residents, such as bullying, isolation, harassment, family rejection, etc., that can have a negative effect on a resident’s mental health and, as appropriate, shall confer with providers or consultants with expertise in these issues when providing services.” The policy goes on to state, “If a safety issue arises that might require a change from the immediate housing placement made by the Chief Administrative Officer, or designee, facility staff shall take appropriate steps to mitigate the risk in accordance with relevant Department policies and facility practices until the housing placement can be reviewed by the Chief Administrative Officer or designee.”

Indicator (d) Pages 8-11 of policy 23.8 describe in detail the expected consideration in addressing the needs of transgender and intersex residents. The policy set that within 10-days the resident must be met with and the multi-discipline team assembles to consider the following.

“At the conclusion of the meeting, this team shall make recommendations about the following matters, as applicable:

- a. type of housing appropriate for the resident, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
- b. gender of staff who are allowed to conduct and, if applicable, observe searches, including, if applicable, whether a transfer to another facility is necessary to implement this recommendation;
- c. any special shower and toilet arrangements;

- d. any safety or security precautions required;
 - e. any accommodations required due to relevant medical issues;
 - f. any accommodations required due to relevant mental health or other behavioral health issues;
 - g. any relevant program or service needs; and
 - h. any other relevant matters.
5. The recommendations shall be based on, but not be limited to, the following factors, as applicable:
- a. the resident's gender identity;
 - b. whether that gender identity has been consistently held;
 - c. the steps, if any, taken by the resident toward transitioning, considering the resident's age, ability to transition, and whether the resident was or still is questioning their gender identity;
 - d. any potential risks to the continuing safety of the resident or other residents or to security or orderly management of the facility;
 - e. the resident's views with respect to their own safety;
 - f. any views of the resident with respect to the above matters;
 - g. any relevant information from the resident's PREA screening, assessment, and any reassessment;
 - h. any relevant information from the resident's SOGIE;
 - i. any relevant mental health and other behavioral health issues;
 - j. any relevant medical issues; and
 - k. any other relevant factors.

The policy requires these meetings to occur twice a year. There were no residents to meet with or records to review. Agency and facility staff knew the need to have these meetings and the required frequency.

Indicator (e) Though there were no transgender residents, the policy requires a meeting to occur shortly after admission with a multidisciplinary team to discuss the supports and considerations the resident wishes to request. The PREA Monitor and PREA Coordinator support the idea that these residents would be able to request

hygiene, clothing, and other items to improve their feeling of support and safety. All transgender individuals would be evaluated for medications to support their transition if they were not previously approved. As residents progress in their treatment, the multi-disciplinary team will continue to assess the most appropriate housing for them in the Mountain View Correctional Facility. As noted above, the Maine DOC has implemented a 13-page policy on the Management of Transgender, Gender Nonbinary, and Intersex Adult Residents, which provides in-depth instructions on working with the population, including their having a voice in their perceived safety.

Indicator (f) There are no gang showers in Mountain View Correctional Facility. The housing units have individual showers on each housing pod, and there are a variety of configurations throughout the facility. The facility would have to arrange shower times in some units while others have individual use capacity without peers in the outer part of the room. Some of the shower setups on the housing units have two layers of curtains. One protects the individual from being seen while changing, and the other provides another layer of privacy when the individual is in the shower. The Auditor looked at the showers from different angles and from the camera system to ensure there was no opposite-gender observation. Transgender residents could be given the option of having different shower times if it will improve their feelings of safety without compromising safety. Facility leadership confirmed they would be able to accommodate separate shower times for transgender or intersex individuals and will document a plan in the biannual transgender reviews.

Indicator (g) The Mountain View Correctional Facility does not by policy, practice, or legal requirement, house all LGBT residents in one housing unit. This was confirmed with interviews with the PREA Monitor, Random staff, and interviews with lesbian, gay, and bi-sexual residents confirmed this is not a practice at MVCF. The Auditor also compared the identified individuals against the housing rosters.

Compliance Determination:

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, Gender Nonbinary, and Intersex Adult Residents. Maine DOC's electronic case management system (CORIS) will prevent housing potential or known victims with potential or non-aggressors, as 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. MVCF had no transgender residents during the audit or in the past year. The Auditor confirmed with the PREA Coordinator and the Warden that a multidisciplinary team would discuss each transgender resident's needs and preferences. During the tour and subsequent movement, the Auditor was able to see how transgender residents could be provided privacy during shower use.

	<p>Documentation supports that LGBTI residents are not all housed together or denied programming or work. There is no legal judgment requiring such conditions to exist.</p> <p>Through the Unit Management process, other areas of the resident’s life are given enough information to ensure potential victims and potential perpetrators are monitored closely. Correctional Trade Instructors and work crew supervisors were aware that unit management uses screenings to keep individuals apart for safety. The Auditor discussed with several of these staff and correctional officers monitoring the areas during the tour, how they take steps to manage residents on the job site. Line custody staff also understand the need to protect potential victims from potential aggressors.</p> <p>The standard is determined to be compliant based on policy, supporting documents, and interviews with staff. The auditor finds that practices are in place to use screening information and that there is good communication about those at risk.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct –(PREA and Maine Statutes) - Prevention</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Staff in the Segregation Unit</p> <p>Interview with the PREA Monitor</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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)</p>

allows, consistent with the standard for protective custody housing, for a period of 24 hours while the situation is assessed. "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."

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. Reportedly at no time in the past year has the Mountain View Correctional Facility had to place an individual in involuntary segregation as a means of protecting an individual from likely abusers.

Indicator (b) It is not the practice of the Mountain View Correctional Facility to place individuals in involuntary segregation as a means of providing protection. The agency has policy language to address the requirements of this indicator if for any reason it was to occur.

2 "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.

4. The placement must be reviewed at least every thirty (30) days to verify whether it is necessary to retain the prisoner in a special management housing unit or protective custody housing unit."

The policy also goes on to address how individuals involuntarily placed in segregation or protective custody should retain normal privileges. "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, security and orderly management of the facility and shall otherwise receive treatment in accordance with departmental policies and procedures. Any restrictions shall be documented in accordance with departmental policies."

Indicator (c) The Department of Correction has a policy (Policy 6.11.2 Sexual Misconduct - Prevention) that addresses the requirements of this standard in

	<p>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 form of protection unless there is no other means and the situation is reassessed every 30 days. As noted in indicator a), there have been no such cases in the past year. The Auditor met with one individual housed on the segregation unit.</p> <p>Indicator (d) Mountain View Correctional Facility has not used segregated housing or protective custody to achieve the safety of individuals at risk of sexual misconduct. As such, there is no documentation to review.</p> <p>Indicator (e) The Department of Correction has a policy (Policy 6.11.2 Sexual Misconduct - Prevention) that 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 the situation is reassessed every 30 days. The Warden supports that if this situation were to arise, this would be evaluated sooner, and a plan to ensure safety would be implemented to ensure safety.</p> <p>Compliance Determination:</p> <p>Interviews with the Warden 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, and if the investigation validates the assault, it is likely the perpetrator would be returned to higher custody. Investigative reports reviewed 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 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.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p>

Policy 6.11.3 Sexual Misconduct (PREA and Maine Statues)- Reporting and Investigations

Sexual Assault Brochure

Resident handbook

PREA Posters

Penobscot County Jail (PCJ) Website

MOU between MVCF and PCJ for external reporting

Individuals interviewed/ observations made.

Interview with Random Staff

Interview with Contracted staff

Interview with residents

Discussion with Penobscot County Jail PREA Coordinator

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.” The Policy goes on to state, “The Chief Administrative Officer, or designee, shall provide the means for prisoners or residents to make reports directly to the Department’s PREA Coordinator, either by writing to or calling the hotline number for the PREA Coordinator.” 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 Auditor observed the postings on the walls of the various housing units and discussed with residents informal and informal interactions

their access to supervisory staff. The residents understood their ability to write individuals internally and externally through the mail system, though most reported they would call the hotline or tell the staff. Residents confirm access to materials to make a report and that mail going to outside agencies such as Penobscot County Jail would be considered protected communication. The Penobscot County Jail serves as an outside reporting option for residents. The Penobscot County Jail PREA Coordinator confirms the MOU and supports the fact that residents have not recently sent mail to the county jail. The residents also confirmed they could mail notes to any staff and administration in the in-house mail. The residents also confirmed the indigent residents' ability to get writing materials and postage. The PREA Coordinator also confirmed inmates writing the local jail PREA Coordinator are not required to place their name or inmate number on the envelope. The PCJ PREA Coordinator confirms she has regular contact with the DOC PREA Coordinator.

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. PREA Policy outlines the expectation when it states, "The Chief Administrative Officer, or designee, shall also provide the means for prisoners or residents to make reports of sexual misconduct to sexual assault agencies in the community by providing the contact information for local agencies." The Poster also has the address of the PREA Coordinator of the Penobscot County Jail if they do not feel comfortable reporting to DOC staff. The PREA Poster encourages the residents to seek outside help in reporting if they have any concerns reporting in the facility. The poster states, "Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf". The residents were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. The Maine DOC also provided a copy of an MOU with Penobscot County Jail to act as each other's outside reporting mechanism. The MOU states,

"1) MDOC agrees to serve as the public entity and office that is not part of the PCJ to receive reports of alleged sexual abuse and sexual harassment.

2) PCJ agrees to serve as the public entity and office that is not part of the Mountain View Correctional Facility (MVCF) to receive reports of alleged sexual abuse and sexual harassment.

3) The PREA Coordinator for the MDOC will serve as the designee to receive review and provide notification to the PREA Coordinator and administrator of PCJ.

4) The PREA Coordinator for PCJ will serve as the designee to receive, review, and provide notification to the PREA Coordinator of the MDOC and administrator of MVCF."

The Auditor confirmed the MOU and responding expectations for calls and mailed complaints to be forwarded to the Maine DOC and the Mountain View Correctional Facility Warden. The PCJ PREA Coordinator reports she has received no allegations in the past year. The Auditor did confirm the information posted against the PCJ website information. The Mountain View Correctional Facility does not house residents for

immigration violations. The Auditor recommended improving the language near the phones to ensure clarity on the confidentiality of calls to the PREA Hotline and for outside confidential support. Residents were inconsistent in awareness if the calls are recorded to these numbers. The current tablets do not double as phones, so inmates are aware of the effect of proximity of others when using the unit phones on confidential communication.

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 regardless of the source of information, including anonymous notes. The staff reported that any claim needed to be reported, even if they thought it did not occur. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on the actions or failure to act of a fellow employee that led 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 resident, they reported to another supervisor or to a higher-ranking individual. They can make a report using either the phone numbers posted to PCJ 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

Maine Department of Corrections Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation outlines the requirements of this standard. Page one of the policies addresses the staff's responsibility to accept all forms of resident-reported Sexual Abuse and Harassment claims. The facility's 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 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, and completing a grievance form. They also knew they could call or write the local rape crisis agency for emotional support. Posters were seen on all the housing units during the tour, directing residents to call the DOC PREA Coordinator or write to the local county jail if they did not want to speak to DOC personnel (indicator (d)). The

	<p>rape crisis information is also in the resident handbook on posters and on some tablets. Residents spoken to formally and on tour reported comfort in speaking with staff, including the unit staff, if they had concerns. Custody staff reported knowing how to report PREA concerns to the administration privately and that there is no problem reporting out of the chain of command. The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on the tour, the interview findings of random staff and residents, and interview information from the PREA Monitor and PREA Coordinator. The agency continues to adjust policy and practice to support inmate perceptions of confidential reporting options further.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances</p> <p>MVCF Resident Handbook (grievance)</p> <p>MVCF Grievance Log</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with facility PREA Monitor</p> <p>Interview with Warden</p> <p>Interview with Grievance Officer</p> <p>Interview with Random Residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Mountain View Correctional Facility is not exempt from the standard; residents have the ability to 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. From March of 2023 to March 2024, no grievances related to potential PREA Sexual</p>

Harassment or Sexual Abuse were filed.

The agency policy supports that Mountain View Correctional Facility is not exempt from this standard. PREA allegations of sexual abuse or sexual harassment can be processed through the grievance system. "An adult or juvenile resident who is alleging that he or she has been a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by staff or a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by a volunteer, student intern, or another resident for which he or she believes staff is responsible, in addition to, or as an alternative to, making a report of sexual misconduct, may file a grievance about the alleged sexual misconduct with the facility Grievance Review Officer as set out below. It is anticipated that prior to filing a lawsuit, a resident will attempt to resolve his or her allegation by using this grievance process."

Indicator (b) Agency policy and client handbooks support the idea that the resident can file a grievance with a person who is not the subject of the grievance, and there is no requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions. It states, "The resident may be assisted in filing the grievance by any staff or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the resident consents to the filing." The policy goes on to state, "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." The residents interviewed clearly understood they could assist another resident in filing a grievance on sexual misconduct. The agency also has separate grievance policies for medical or other issues.

Indicator (c) The facility has a grievance officer who allows residents to send sealed mail. If the grievance officer is the subject of the complaint, the residents can send the grievance directly to the facility administrator. The resident handbook tells the resident about the process and how sexual abuse allegations do not have time constraints. The residents report other ways would be the preferred way to report a concern than going through the grievance process. Residents described how grievances are processed. The residents have access to locked grievance boxes to file confidential grievances.

Indicator (d) Policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES. Sets forth the requirements for response and appeal consistent with the standard. A review of the policy shows that an initial grievance response must be made within 30 days. The policy allows for up to a ten-day extension but requires written notification, including the reason for the delay. Each level of the appeal process requires similar notifications if the inmate is not responded to within the required timeframes. The total time, not including appeal

preparations by the resident, is expected in the policy to be 90 days in total. All allegations of sexual abuse or harassment would be turned over to the investigators for MVCF.

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 filing 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." Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff were also aware they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) The policy (6.11.4) describes the provisions for an emergency grievance. "If the grievance contains a claim that the resident is at substantial risk of being a victim of imminent sexual misconduct, the grievance must be clearly marked as an emergency grievance. If the facts alleged support the claim, the Grievance Review Officer shall immediately notify and forward the claim to the Chief Administrative Officer or designee for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action. The Chief Administrative Officer, or designee, shall make an initial written response to the claim within forty-eight (48) hours of its receipt and a final written response to the claim within five (5) days of its receipt. The rest of the grievance shall be processed in the ordinary way." The Policy goes on to state, "If the Grievance Review Officer otherwise learns that a resident is at substantial risk of being a victim of imminent sexual misconduct, the Grievance Review Officer shall immediately notify the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action." There were no incidents in which an emergency grievance was filed in the last 12 months. Information found in the Resident Handbook explains these grievances as expedited grievances. "Expedited Grievance. In those instances in which a resident believes that he/she has an expedited grievance (one for which response within the regular time limits would subject the resident to a substantial risk of harm to physical or mental health or safety), he/she may so note on the grievance form and, if so, shall state his/her reasons for requesting expedited processing of the grievance." No emergency/expedited grievances were handled by the facility.

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 have not been filed through the grievance process. Agency policy addresses the expectation consistent with the indicator. “No resident or other person using this grievance process in good faith shall be subjected to retaliation in the form of an adverse action or the threat of an adverse action for using this grievance process. However, a resident may have his or her access to this grievance process suspended and/or may be subjected to disciplinary action for abuse of this grievance process.”

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. 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 acknowledged it would not be as quick to resolve as telling a staff person directly. Residents report they can get assistance from other residents in completing forms if needed. Residents in the random interviews reported no history of filing a grievance on a PREA-related concern. Residents reported comfort in telling staff directly about concerns. If they felt it wasn’t addressed, they would send a request to the Warden or to a Criminal Investigator to discuss concerns. Absent a Grievance on sexual misconduct, the Auditor relied on the policy and interviews with the PREA Monitor, the Warden, the grievance officer, and the residents who were aware of the grievance process as a possible avenue to report a Sexual Misconduct concern.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.
	Pre-Audit Questionnaire
	Policy 6.11.2 Sexual Misconduct – Prevention) DOC
	Policy 21.04 Prisoner Visitation
	Policy 21.03 Prisoner Telephone

Detainee Handbook on Outside Resources

MECASA MOU

PREA Posters

Prisoner Safety memo

MECASA Posters

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with the PREA Manager and PREA Monitor

Interview with Rape Response Services staff

Interview with Warden

Interviews with residents

Observation on tour

Summary Determination

Indicator (a) The Mountain View Correctional Facility provides access to the local rape crisis agency. The Agency Policy requires the residents to have access to outside support services. "The Chief Administrative Officer, or designee, shall provide prisoners or residents with access to outside victim advocates for emotional support services related to sexual misconduct, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations." Rape Response Services (RRS) is the local rape crisis agency and part of the Maine Coalition Against Sexual Assault (MECASA). Rape Response Services employees are considered professional visitor status, which allows for confidential communication. The Maine DOC policy 21.03 and 21.04 provides information on confidential communication. The Mountain View Correctional Facility does not house individuals for civil immigration violations. The Auditor was able to see how mail is processed for internal or external distribution. The Auditor was also able to observe signage about outside support services and, with the assistance of residents, test phone systems. The Agency was working to eliminate the use of the inmate id from being entered into the phone to operate since the call to the rape crisis agency or to the agency's PREA hotline is free. In testing the system, we found some phones in the system would not work if the entire phone number was dialed. The PREA Monitor

corrected the directions to ensure residents have access. The agency is also replacing signage for the state's facilities, clarifying whether the calls to these numbers are recorded or not.

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. Communication is allowed on the agency phone system, which does not record the communication. Agency policy 21.03 states, "A phone call between a prisoner and the toll-free statewide sexual assault helpline concerning a complaint of sexual misconduct shall be treated as a privileged phone call." Mail can be properly marked as privileged communication.

The facility has begun the introduction of tablets, but currently, they do not act as phone. Some inmates are familiar with these other versions, which allow residents to have more private communication in their cells than using the unit phones with others around from county jails. Rape Response Services staff were not on-site during the audit, and calls were made to get a full understanding of the capacity for private visitation. The RRS staff confirmed that they have a relationship with the facility and that a staff member does group work at the site. The Auditor tested the ability to reach out to the advocate through the phone system with the assistance of an inmate on the tour. As noted previously, the directions were corrected to allow calls to be made without entering inmate numbers. The facility does not house individuals for civil immigration violations.

Indicator (c) The Mountain View Correctional Facility has a working relationship with Rape Response Services the areas rape crisis agency. The Department of Correction has an agreement with MECASA (Maine Coalition Against Sexual Assault), which acts as an umbrella organization that works with regional service providers such as RRS. The agreement is for two years and is renewable. The Auditor reviewed previous Audit periods to confirm the consistency of providers. The representative of RRS confirmed the relationship with both Mountain View Correctional Facility and the DOC PREA Office.

Compliance Determination:

Resident victims at Mountain View Correctional Facility can access victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the MECASA, which is the umbrella organization of rape crisis services, including Rape Response Services (RRS) to provide support to victims. The Deputy Commissioner has signed the MOU, which has a renewal clause. As part of the audit process, the Auditor spoke by phone to an RRS representative who confirmed their

	<p>ability to provide service at DOC facilities. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from their pay phone 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. Requirements for compliance with this standard are covered by agency policy 6.11.4 and policies 21.03 and 21.04. Residents whose sexual assault history was not in the institution may also pursue treatment options through the facility's Mental Health services or through RRS. Residents could identify how confidential the communication is within the facility, including mail and telephone contact information. Residents knew that outside counseling staff could be spoken to in a professional visiting setting. The auditor could see RRS and MECASA on the tour posters. All three indicators of this standard were covered in the policy, which supported compliance along with the documentation visible on tour and through resident interviews and conversations with the representative of RRS. Finally, the Auditor considered the interview with the RRS representative, who confirmed that they have been providing services to clients at MVCF. The representative confirmed they can provide hospital accompaniment, support for victims during police interviews, and emotional support by phone or in person.</p>
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115.54 Third-party reporting	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - PREA and Maine Statutes</p> <p>Policy 21.03 Prisoner Telephone</p> <p>Maine DOC Website</p> <p>PREA Posters on Housing units</p> <p>Logs of the PREA report Hotline</p> <p>MOU with Cumberland County Jail</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Cumberland County Jail PC</p>

Observation on tour

Summary Determination

Indicator (a) The Maine Department of Correction has developed multiple mechanisms 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. Information directing residents is in the PREA brochure, PREA poster, resident handbook, and the website noted above. The residents are also provided information on how to send complaints to the local county jail. Interviews with both staff and residents confirmed that any resident, family, or interested party can report a concern about sexual abuse or sexual harassment.

Staff were aware that they must take all reported concerns about potential PREA violations, including those from third parties. The facility phones allow residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication (21.03) and PREA Policy 6.11 address the requirements of this standard. "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." The policy goes on to state, "The Department's PREA Coordinator shall establish a method to receive third-party reports of sexual misconduct or sexual harassment and shall distribute through the Department's website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident." The Auditor spoke with the local county jail, with whom they have a reciprocal role as an outside reporting mechanism. The PREA Coordinator from the Penobscot County Jail confirmed that he has not received any allegation in the past year but has historically reported prior communication to the DOC PREA Coordinator. No other allegations brought forward did not originate from the victim or from staff-reported concerns. Staff knew they must accept all allegations, no matter the source, and refer them for investigations. The PREA Office maintains an ongoing log of all calls into the hotline.

Compliance Determination:

The Maine Department of Corrections has put in place multiple resources for residents and families to report PREA-related concerns. The PREA Coordinator shared the log of calls and emails from the local jail where outside reporting may occur to prove systems are in place and functioning. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail. Compliance was based on policy and the systems Maine DOC has put in place to support the residents, and residents were

	<p>aware they could make a complaint on behalf of another resident. The Auditor took into consideration the systematic logs of information on all calls to the PREA Line over the past three years. Compliance also included policy and investigation files supporting the idea that once information is obtained, the agency conducts investigations.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct - responding</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p>Wellpath website</p> <p>MVCF Sexual Assault Response Plan</p> <p>DOC PREA training slides</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with random staff</p> <p>Interview with facility Investigator</p> <p>Interviews with Medical and Mental Health staff</p> <p>Summary Determination</p> <p>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. The policy requires, “It is the policy</p>

of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation.” Staff understood, as evident in random staff questioning, that the expectation included when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported. The facility provided an example supporting immediate notification to the appropriate supervisory staff, the PREA Monitor, and the facility Investigative supervisor. The Auditor also considered information found in the full investigative files, which supported immediate notifications being made. The files contain a checklist and supporting documents that provide a timeline of response.

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. “If any report is of alleged sexual misconduct or sexual harassment by a staff person, volunteer, or student intern with a prisoner or resident, the Department’s PREA Coordinator shall forward a copy of the written report to the Department’s Manager of the Office of Professional Review. 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.” The staff interviewed understood that unnecessary disclosure was a violation of the victim’s rights and could negatively impact an ongoing investigation, including any form of retaliation for those who reported or cooperated with investigations.

Indicator (c) The Maine DOC policy states the following about disclosures for sexual abuse at its facility. “Mental health care staff shall also notify the Unit Manager or Juvenile Program Manager, or designee, as applicable, of the risk of sexual victimization or sexually predatory behavior, and the Unit Manager or Juvenile Program Manager, or designee, shall note the prisoner’s or resident’s risk in CORIS.” 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. Wellpath Corporate PREA policy states, ‘Practitioners shall inform Residents in Facility or Program of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.’ Staff report residents sign that they understand the limits of confidentiality with medical and mental health upon initiation of services. The Auditor confirmed with residents their understanding of the medical and mental health staff's limits of confidentiality if they are aware of any abuse in the facility.

Indicator (d) The Mountain View Correctional Facility does not house juveniles. The facility is a minimum/medium facility in the state’s correctional system. Agency policy

covers the language of the standard when it states, “If the victim of the alleged sexual misconduct is under the age of 18 or is considered a dependent or incapacitated adult under 22 M.R.S.A Section 3472, the Chief Administrative Officer, or designee, shall report the allegation to the Department of Health and Human Services. If the Chief Administrative Officer, or designee, is uncertain as to whether the allegation is required to be so reported, the Chief Administrative Officer, or designee, shall contact the Department’s legal representative in the Attorney General’s Office for advice.” Investigative staff confirmed that crimes against their populations could also result in higher-level charges.

Indicator (e) All staff are clearly aware that the SII team must be called as part of the response plan. Documentation reviewed in the investigative files and documents loaded into the Online Audit System supports that staff refers 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 the Mountain View Correctional Facility in handling 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. They knew this included third-party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information. Staff were aware that exceptions are when reporting to supervisory staff, investigative staff, or other 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 of concerns to Wellpath and the Mountain View Correctional Facility administration. Medical and Mental Health staff report that they inform residents about the limit of their confidentiality at initiation service and periodically throughout their treatment meetings. All staff, including the contractors, were aware of mandated reporting and their legal responsibility to report. The above-stated facts support compliance and that the Mountain View Correctional Facility staff clearly understands their responsibility to report a concern related to PREA.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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 the Mountain View Correctional Facility

Investigation file

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 at imminent risk of sexual abuse in the past year. The Director of Operations for Maine's Department of Correction and MVCF's Warden acknowledged the agency's response would be immediate. Efforts would include housing changes, investigation, and other facility-based, if needed, movement of residents to increase safety. The agency PREA Coordinator, who works for the Director of Operations, will 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 facility has multiple options for the protection of residents. The facility has multiple units of varied security levels that would allow flexible solutions to protect individuals at imminent risk of sexual abuse. By practice, the facility moves individuals from each other on any form of sexual misconduct or harassment concerns.

Compliance Determination:

The Mountain View Correctional Facility is committed to resident safety. The administration supports that they have several housing options to protect residents from potential abuse rather than placing them involuntarily in administrative segregation. Interviews with the facility and agency administration supported the ability to be responsive to individuals at risk of abuse and those who may have been the victims of abuse. Random staff interviewed identified what to do in situations of

	<p>imminent risk, including immediate separation of parties, increased contact, support to the residents, notification up the chain of command, and documentation of the incident. Absent an actual case, compliance was determined based on the interviews with the 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.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Documentation supporting notification to other facilities.</p> <p>Documentation of MOU with Cumberland County</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with the PREA Monitor</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires notification by the PREA Monitor, the Facility administrator or the designee. "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</p>

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.” There was 1 reported sexual abuse or harassment allegation that were reportedly provided to another facility. The Auditor was provided with documentation of the notification to the resident’s prior facility on an allegation received via a third party. The allegation occurred at Bolduc Correctional Facility in the early 2000s. The MVCF was able to confirm that there was an investigation file on the case already.

Indicator (b) As shown in Indicator (a), the Maine DOC policy sets forth the requirement that the facility's Chief Administrative Officer (Warden) must ensure notification is made to the facility Administration no later than 72 hours. The documentation provided showed communication within 48 hours of the notification. The PREA Monitor has record systems to track occurrences, and the investigative documents confirm that the information was forwarded to facility leadership on the same day. Various staff, supervisors, and Wellpath Healthcare knew that the PREA Monitor must be notified of past abuse incidents at other institutional settings, who will speak to the Warden directly. In their formal interviews, the PREA Monitor and the Warden were both aware that notifications to outside facilities should be made as soon as possible but no later than 72 hours.

Indicator (c) A copy of emails sent as backup documentation was provided to prove the other facility was informed. The original documentation provided in the OAS was supported in a timely manner. The Auditor was then provided with three new examples supporting compliance and information from one of the original files showing dates that support compliance. The Auditor spoke with the PREA Monitor about the best practice is to notify verbally and follow up with written documentation such as emails. This is to ensure that time-sensitive evidence can be secured if people are off on vacation, illness, etc.

Indicator (d). The Mountain View Correctional Facility did have one allegation in the past year, reportedly from an outside facility, about prior abuse that occurred at MVCF. The facility SII team has past experience in completing these types of investigations, including investigations of years-old allegations. The trained investigator confirmed that SII members will complete a thorough review of the incident. He reports they will go into the community to interview potential parties involved, including former staff if needed. The PREA Coordinator works for the Manager of Correctional Operations, working with the state’s county Jails. This collaboration, which includes using the DOC PREA Coordinator as an outside reporting option for county jail inmates, ensures the facility investigative team can immediately act on any past allegations received by the hotline.

	<p>Compliance Determination:</p> <p>The Maine Department of Corrections Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations (pages 3- 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. The interview with the Warden confirmed he is was aware of his responsibilities, including the documentation of notifications. The Warden discussed the expected response if another site notices, including ordering an investigation and notification to the facility PREA Monitor. The documentation reviewed supported that when other institutions or community programs make notifications, MVCF will investigate. The PREA Monitor and the Warden are aware of the importance of timely reporting to another institution.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Policy 6.11.5 Sexual Misconduct- Responding</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with investigative staff</p> <p>Interview with Staff</p> <p>Summary Determination</p> <p>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. The Policy</p>

Language is as follows:

“1. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that the prisoner or resident is advised, if appropriate, that he or she should not shower, bathe, brush his or her teeth, clean his or her nails, or otherwise clean himself or herself, should not use the bathroom, should not eat, drink liquids, or smoke, should not change clothes, and should not take any other action that could damage or destroy evidence before it is collected.

2. The first staff person discovering an incident of sexual misconduct involving a sexual act alleged to have occurred within the prior 72 hours shall ensure that all efforts are made to immediately secure the place where the incident occurred and secure any evidence, including, if appropriate, by arranging for the alleged perpetrator’s placement in a dry cell.

3. The first staff person discovering an incident of sexual misconduct involving a sexual act or the Chief Administrative Officer, or designee, to whom the staff person has reported the incident shall ensure that if medical treatment is needed for a physical injury it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the prisoner or resident is immediately transported to a hospital”

All random staff interviewed were aware of the duties of the first responder. The employees were able to provide these steps from the training they received. In addition to the policy review and interviews with staff who acted as first responders, the Auditor reviewed Investigative files. In the three allegations in the past year, the victim was already separated from the alleged perpetrator.

Indicator (b) The Department of Corrections has trained all staff and contractors 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, and instructing the individuals not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The Auditor interviewed case workers, vocational staff, and health care staff, who also were aware of the importance of protecting evidence. The Auditor relied on consistent answers about the steps staff would take to protect evidence. The Auditor also reviewed investigative files, including cases brought forward by non-custody staff.

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 could identify steps in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. Medical staff and vocational staff were also aware of the steps to preserve evidence. (Indicator B). Staff at the Mountain View Correctional Facility are prepared to respond, as evidenced by their answers that support compliance. The staff have separated individuals while investigative teams complete investigations. No case involved an incident where the individual needed to go out for a forensic exam. All staff and contractors consistently understood the importance of the protection of evidence. Compliance is based on policies, interviews, and investigative files supporting the immediate separation of individuals.

115.65	Coordinated response
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General</p> <p>Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p>MVCF Sexual Assault Response Plan</p> <p>MVCF 2024 Mock PREA Drill</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Facility and Agency PREA Coordinator</p> <p>Interview with Warden</p> <p>Interview with Investigators</p> <p>Interview with Medical Staff</p> <p>Interview with Supervisor staff</p> <p>Summary Determination</p> <p>Indicator (a) The Mountain View Correctional Facility has updated its facility preparedness plan in 2023 for sexual assault incidents. The revised plan directs staff in their duties so a coordinated response is completed the same way each time. The</p>

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), the described duties of the PREA Monitor set 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. The policy states, "The facility PREA monitor's duties shall also include, but are not limited to, the following:' "e. working with the facility's correctional investigative officer (detective) and other staff who have received specialized training in handling sexual misconduct allegations to ensure that all complaints or allegations of PREA violations are appropriately investigated;" Policy 6.11.5 ensures understanding by requiring the Warden (CAO) to ensure staff understands the expectation. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all facility staff are familiar with their facility's PREA Response Incident Plan." Interviews support that key staff listed in the plan were aware of the role they play in the coordinated plan.

The Auditor was also provided information on the tour of the facility that they had completed a mock PREA drill. The drill allowed the facility leadership to assess staff's understanding of their roles in response to an allegation of sexual abuse. 32 staff members participated in the review. The PREA Monitor confirmed that the drill included an assessment of the staff actions to determine if any procedure changes were needed or additional training staff needed.

Compliance Determination:

The Mountain View Correctional Facility is compliant because it has developed a coordinated response plan directing staff in their duties. Policy 6.11.5 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, supervisor staff, 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, staff knowledge of the plan, and documentation supporting staff training. The auditor believes the standard has been exceeded because the facility has implemented practice drills to ensure preparations.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

AFSCME and MESA Union Contracts

Policy 3.5 Code of Conduct

Policy 3.16 Administrative Leave

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Warden

Interview with the Director of Correctional Operations

Summary Determination

Indicator (a) The Maine Department of Corrections has union employees, but the contracts consistent with policy do not prohibit the agency from putting a staff member out on administrative leave. The Warden confirmed the ability of the agency to put people out on administrative leave during an investigation into sexual assault. The Agency's Code of Conduct (3.5) policy supports the protection of residents or staff who report sexual abuse or sexual harassment and states, "Obstruction of an Investigation: Employees of the Department shall cooperate and be truthful in all investigations authorized by the Commissioner, or designee, as allowed by law and collective bargaining agreements. No employee shall interfere with, obstruct, or hinder, or advise any other person to interfere with, obstruct or hinder, in any manner, any investigation. Nor shall any employee retaliate or advise any other person to retaliate against anyone for cooperating with an investigation. This does not prohibit advising an employee of their rights as set out in law or the applicable bargaining agreement." Policy 3.16 Administrative leave also provides information supporting the ability to place staff or contractors on administrative leave during an investigation. "The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which: a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person,". Interviews with the Warden and the Director of Operations for the Maine DOC supported the ability to remove individuals from the facility to protect the investigation process.

	<p>Indicator (b) The Auditor is not required to review this indicator.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor did not find any language that 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 Correctional Operations for Maine DOC and the Warden reported the ability to remove staff if needed from contact with residents. Finally, the policies shown here support compliance.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 6.11. 2 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Investigative file tracking form</p> <p>Retaliation monitoring form</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Manager of Correctional Operations</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with PREA Monitor</p> <p>Interview with Warden</p> <p>Interview with an Investigative Staff</p> <p>Interview with random staff</p>

Summary Determination

Indicator (a) The 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 includes the following:” Procedure C: Monitoring Reporting Parties and Alleged Victims.

1. 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.
3. If an allegation is determined, after investigation, to be unfounded the monitoring process shall cease even if ninety (90) days has not yet passed.
4. Any possible retaliatory action shall be reported and investigated, and, if found to have occurred, shall be remedied, as set out in the applicable Department policy.
5. If a prisoner is being monitored, the Unit Manager, or other designated facility staff, shall be responsible for the monitoring. If a resident is being monitored, the Juvenile Program Manager, or other designated facility staff, shall be responsible for the monitoring.
6. For each prisoner or resident being monitored, the monitoring staff shall document the monitoring weekly on a PREA Retaliation Monitoring form (Attachment A) and forward the completed form to the facility PREA Monitor and the Department’s PREA Coordinator at the end of the monitoring period.
7. If a staff person is being monitored, the facility Human Resources Manager, or other designated facility staff, shall be responsible for the monitoring.
8. If a volunteer is being monitored, the facility Volunteer Coordinator, or other designated facility staff, shall be responsible for the monitoring.
9. If a student intern is being monitored, the intern’s supervisor, or other designated facility staff, shall be responsible for the monitoring.
10. For each staff person, volunteer, or student intern being monitored, the monitoring staff shall report the results of the monitoring to the facility PREA Monitor

and the Department's PREA Coordinator at the end of the monitoring period.

The agency adopted a monitoring tool across the agency in a previous audit cycle, which provides for consistent documentation of those who report or cooperate in investigations in the facility. According to the Warden, Deputy Wardens, the Unit Managers, Investigators, and the facility PREA Monitor have the responsibility to track for potential retaliation. The Auditor was able to see in the investigative files that the documentation was being done. Discussions with staff and residents also support the monitoring process occurs.

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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 clients feel safe. The Maine DOC will also create a keep-separate status for individuals in CORIS that will ensure they are not placed in areas of regular contact.

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 occurred or were requested, programmatic or job performance changes, face-to-face communication, or if mental health follow-up was requested from any monitoring concerns. Policy 6.11.2 also states, "If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct."

Indicator (d) The occurrence of status checks can be documented through the form as well as the unit management team notes. The Auditor reviewed the form completed on a resident in a 2023I case.. Maine's use of unit management allows the person responsible for monitoring retaliation to receive information from multiple persons on their observation of the resident in addition to their own observations. In the case reviewed, the facility PREA Monitor completed the form.

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. If the belief is that the resident cannot overcome this fear, the agency could look to see if there is any appropriate housing in another DOC facility. The facility has

multiple units to meet the concerns of detainees who reported or cooperated in investigations. Staff who cooperated in the investigation are monitored and reportedly will be supported by the administration against any retaliation concerns.

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

Compliance Determination:

The Department of Corrections has a policy to address this standard's elements. The facility did not have a staff member who needed to be monitored this year. The Human Resources staff are aware of the standard, and the Warden would also utilize his administrative staff to monitor staff further. The Warden and the Director of Correctional Operations for Maine DOC both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults. They described expectations, including changing housing, preventing contact between the accused and the victim, and monitoring reports about the resident or staff for any change in behaviors.

Unit management notes would also support this practice. The facility also has an administrative report available to supervisory staff on residents that need to be kept separate. The PREA Monitor and Warden knew that protection monitoring should be done with all individuals cooperating with the investigation. The standard is compliant based on information provided, interviews, policy, and documentation of resident monitoring.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) -Prevention</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Warden</p>

Summary Determination

Indicator (a) The Maine Department of Corrections Policy states that segregated housing for victims should only be used in rare instances for short periods until other safe housing can be determined. Policy 6.11.2 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 Mountain View Correctional Facility Pre-Audit Questionnaire reported there were no such cases in the past year. The Auditor also spoke with staff in the restrictive housing units to confirm residents are not placed in any form of segregation involuntary to protect them from abuse or retaliation.

Compliance Determination:

In the interview with the Mountain View Correctional Facility Warden, the Auditor confirmed documentation from the audit file stating they have 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 segregated housing. The Warden confirmed the practice is to ensure limited impact on the victim. Residents who claim 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.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 Policy 7.01 Criminal Investigations Policy 7.03 Administrative Investigations

Mountain View Sexual Assault Response Plan (SAR)

Investigative files

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with PREA Monitor

Interview with Warden

Interview with an Investigative Staff

Summary Determination

Indicator (a) The Maine Department of Corrections, in Policy 6.11.3 set forth the responsibilities of the investigative team, 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-party or anonymous sources. Random staff interviewed supported the idea that they must report all claims, no matter the source or if they believe the incident to have occurred. The Department of Corrections further supports the objective investigatory process through its Office of Professional Review. This office will complete an investigation of any staff-related complaints instead of having the investigative team associated with the facility lead the investigation. The Department of Corrections has two other policies that define the expectations of the staff in completing criminal and administrative investigations at the facility. Maine DOC Policy 7.01, Criminal Investigations, describes the actions of the Criminal Investigator (SII Captain) and the facility's Special Investigation and Intelligence (SII) unit staff, including the collection of evidence, providing legal notice such as Miranda, and the prohibition of the requirement of polygraphs. The policy also outlines report requirements and communication with prosecutors or the Attorney General's Office. In Maine Policy 7.03 Administrative Investigations, the Department of Corrections defines the Office of Professional Review's role in completing investigations into staff actions. Interviews with a trained Investigator confirmed that the SII team receives immediate calls on all sexual misconduct allegations. The SII Captain and staff are on-call and will come in to start the investigation for active allegations.

Indicator (b) As noted in 115.34, the Maine DOC has several staff members who have completed a course, Investigations of Sexual Assaults in a Correctional Institution, and are also state-certified law enforcement officers. The training included three

members of the current MVCF SII staff. Other MVCF administrators have also completed training, including the Warden, Deputy Warden, PREA Compliance Monitor, and other Correctional Captains. The PREA Policy 6.11.3 also states, "All alleged sexual misconduct by a staff person, volunteer or student intern against a prisoner or resident shall be assigned by the Commissioner, or designee, to a facility Correctional Investigator for a criminal investigation. The investigator assigned must have received special training in sexual misconduct investigations. All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations."

Indicator (c) Investigative staff were interviewed, and investigative files were reviewed to support the requirements of this indicator. There were two allegations received in the past year; one incident allegedly occurred four years prior, and in the second allegation, the resident refused to discuss a past abuse, including when or where it may have occurred. The Agency policy covers the indicator when it says, "The investigating officer shall secure the place where the incident occurred (if not already secured), and secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; shall interview the alleged victim, suspected perpetrator, and witnesses; and shall review prior complaints and reports of sexual misconduct involving the alleged victim and suspected perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a prisoner or resident, staff, volunteer, student intern, or otherwise." Investigative files and interviews with the trained Investigator further support this indicator.

Indicator (d) The investigator supports that individuals can complete compelled interviews 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, "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." The detective does not report having to complete compelled interviews in the past year

Indicator (e) The investigator interviewed confirmed that a victim is not required to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigator confirmed in the discussions with the Auditor what the policy requires (6.11.3 -page 4). The Investigating Officer will assess the credibility of each

individual involved in the case without biases toward their position as a staff or resident. In interviews with the Detective, he was able to discuss the steps he takes to determine the credibility of the individuals involved in the case.

Indicator (f) All criminal investigations potentially can include a referral to the 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 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 investigation teams will 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 for the tracking of information obtained.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). The Office of Professional Review referred one staff-involved incident for criminal prosecution in the last 12 months. There were two cases of resident-on-resident sexual misconduct referred for prosecution in early 2018.

Indicator (i) The Maine Department of Corrections record retention requires a greater retention period than 5 years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview.

Indicator (j) Agency policy and the Investigators interviewed confirmed that the individual's departure from the institution would not result in the case being closed. The Criminal Investigator (Captain) 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 (I) This indicator does not apply as noted above; the Maine DOC has full authority to complete criminal investigations in its facilities. The Agency Policy defines that the trained investigator will complete a criminal investigation unless the case is for murder, which the state police must complete.

Compliance Determination:

The Maine Department of Corrections, per policy 6.11.3 Sexual Misconduct-Reporting and Investigation, requires all incidents to be investigated promptly upon notification to staff. This Policy and 7.01 Criminal Investigations and 7.03 Administrative Investigations allow for prompt investigations of Sexual Misconduct and Sexual Harassment in Maine’s DOC facilities. In determining compliance, the Auditor took into consideration many factors. The MVCF 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 the actions were consensual. In doing so, they ensure all incidents are investigated, and evidence collected allows a reluctant victim to come forward later. The DOC central office's Office of Professional Review would lead the investigation to ensure issues are handled impartially if the incident involved a staff member.

In interviews, the investigative staff identified the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required to initiate an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent report formation, including the content. As part of the audit process, the Auditor reviewed correctional investigative files from incidents at MVCF in the 12 months prior to the site visit. The Auditor found consistent reports with physical, testimonial, 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 and interviews with the investigative staff and residents involved in the investigations. The Auditor also considered the documentation of ongoing training for investigative staff to improve quality and consistency across the agency.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Policies and written/electronic documentation reviewed.

	<p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct (Administrative Sanctions and Grievances)</p> <p>Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>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 the preponderance of the evidence.” Interviews with trained investigative staff support no higher level is used in determining whether to substantiate a case or not.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has multiple staff trained in the investigation of Sexual Assaults at the Maine Correctional, as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than a preponderance of evidence in deciding if an administrative investigation into sexual abuse or sexual harassment of residents can be substantiated. One of the trained Investigators reviewed PREA case files with the Auditor, which supported this standard was used. Compliance was based on the policy, the interview with the Investigative Officer, and his explanation of case files. This investigator also supported the standard of preponderance of the evidence.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p>

Investigation files

Resident notification

Individuals interviewed/ observations made.

Interview with an Investigative Staff

Interview with PREA Coordinator

Interview with PREA Monitor

Summary Determination

Indicator (a) Maine DOC informs all residents of the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 7 requires the notification to residents if the allegation was substantiated, unsubstantiated, or determined to be unfounded. In a section of the policy Follow-up with Prisoner or Resident, it states,

“1. 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.”

The Maine DOC provided information on 6 Sexual Abuse investigations, of which all but one were notified of the outcome. The MVCF PREA Monitor reports in 3 of the 3 cases, notifications were provided in allegations of sexual abuse. The Auditor reviewed both sexual abuse and sexual harassment investigative files, which included copies of the notification forms.

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 to be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody, as noted in indicator (a). the policy states, “Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual harassment or sexual

misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner's or resident's unit or the staff person is no longer employed at the facility." The Warden confirmed that they would remove residents from contact with alleged aggressors during an investigation, whether they were staff, contractors, volunteers, or other residents.

Indicator (d) The Policy language covered in PREA Policy 6.11.3 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. "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 facility has provided documentation of notification they have provided to the residents. The Auditor also spoke with residents who were involved in previous cases and confirmed they were provided with an outcome of the investigation.

Indicator (f) The Auditor is not required to review this provision

Compliance Determination:

The Department of Corrections has provided the notification to residents in the investigative files reviewed from the last year. The Auditor considered policy, documentation, and interviews with staff and residents to determine compliance.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p>

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances

Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) General

Policy 3.15 Disciplinary Sanction

Policy 3.05 Code of Conduct

Individuals interviewed/ observations made.

Interview with an Investigative staff

Interview with Human Resources representative

Interview with Warden

Summary Determination

Indicator (a) Maine DOC provides notification to all employees regarding several policies on sanctions for violating agency policies. In its Disciplinary policy (3.15), the DOC states the use of sanctions is to “enforces high standards of professional conduct, and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration.

Indicator (b) The Maine Department of Correction has a policy in place to discipline staff who engage in sexual misconduct. The PREA policy 6.11.4 encourages the reporting of any violation and acknowledges the adult and juveniles in their custody rights to grieve sexual abuse or sexual harassment. The policy defines the consequences for staff who engage in sexual misconduct. “If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction.” There were no terminations or discipline at this facility in the past year.

Indicator (c) Maine Department of Correction Policy allows other sanctions to occur besides termination if the incident is 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. Agency policy also addresses

expectations consistent with the standard, “Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a Department employee shall be commensurate with the nature and circumstances of the employee’s act or failure to act, the employee’s disciplinary history, and the sanctions imposed for comparable violations by other employees with similar histories, in accordance with applicable collective bargaining agreements or civil service rules.” The facility had no formal staff discipline in the past year. The Warden supports that any sexual misconduct that does not reach the level of termination would normally include some retraining.

Indicator (d) The Auditor was able to confirm, with the DOC’s Investigator, that any termination or resignation would not stop the case from being referred for prosecution. The DOC employs individuals to complete investigations at the facility level and at the Office of Professional Review who are certified law enforcement agents in the state with full arrest authority both in the institution and the community. Policy 6.11.4 states, ‘Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General’s office or a District Attorney’s office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies.’ The trained investigator interviewed discussed how cases could be reopened even after the initial case might have ended if new information occurs or a party who did not cooperate later provides information. He also reports they investigate allegations that are years old.

Compliance Determination:

The Department policy 6.11. Sexual Misconduct (page 2) and 3.15 Employee discipline state 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.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	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 Monitor

Summary Determination

Indicator (a) The Maine Department of Corrections 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. If the investigative process reveals the actions were criminal, the case would be referred for prosecution, and in the case of Wellpath staff, the appropriate state licensing body would be informed. All contractors and volunteers, as noted in 115.32, sign an acknowledgment at the time they are initially granted access that their access can be terminated and at risk for criminal and or civil litigation for engaging in sexual misconduct. Agency PREA Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances 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 residents and, if possible, community corrections clients shall be the presumptive action." The OAS and Warden's interview confirm there have been no instances where contractors or volunteers committed sexual abuse of a resident.

Indicator (b) Interviews with agency and facility leadership support that violations other than actual sexual assault by a contractor or volunteer would be reviewed to determine if it was appropriate to continue services. The Maine DOC PREA policy 6.11.4 addresses this indicator when it states, "Actions taken for a violation of departmental sexual misconduct policy by a staff person who is not a Department employee or by a person who is a volunteer or student intern shall be commensurate with the nature and circumstances of the person's act or failure to act, the person's history, and the actions taken for comparable violations by other persons with similar histories, or as otherwise determined appropriate in the complete discretion of the appropriate departmental official." The Warden would use information from the

investigation to determine if it was appropriate to allow continued access. He also stated that he has a strong working relationship with the Wellpath administration, which makes up most of the contracted individuals if such steps need to be taken.

Compliance Determination:

The Mountain View Correctional Facility has contractors sign an acknowledgment form that notifies them that any sexual misconduct can result in the 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 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 a volunteer and contractors to confirm their training and understanding of PREA. Compliance is based on policy, supporting documentation and interviews, and the review of the allegation tracker.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 (PREA and the Maine Statutes) General</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 20.1 Resident Discipline</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Warden</p>

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 subject to criminal prosecution but they are also referred for facility disciplinary hearings. Policy 20.1 Resident Discipline defines the disciplinary hearing process and the levels of sanctions. Resident-on-resident sexual abuse is a class A offense, and resident aggressors can receive a period of restricted housing and loss of good time and privileges. Residents are also educated about sanctions upon admission and have continued access to information in the resident handbook. The Auditor reviewed the handbook to confirm the information was clear. Residents spoken to understand that any sexual contact with another resident could result in formal disciplinary proceedings. There were no cases in the past 12 months where a resident was disciplined for sexual activity.

Indicator (b) Two policies of the Maine Department of Corrections address this indicator, Policy 6.11.4 states on page 4, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a resident shall be commensurate with the nature and circumstances of the resident's act, the resident's disciplinary history, and the sanctions imposed for comparable violations by other residents with similar histories, in accordance with the applicable Department disciplinary policy." Agency policy also states residents can be sanctioned for engaging in sexual misconduct with another resident, even if it is consensual (Class B violation). 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. "If facility staff observes, receives a report of, or otherwise discovers prisoner conduct that is considered a Class A rule violation, the staff shall complete and submit a disciplinary report in accordance with the formal resolution process." The Auditor was provided documentation to support discipline for contact between inmates when one grabbed others in the groin. The detainee was referred for criminal prosecution and the case was accepted.

Indicator (c) In policy 20.1 Resident Discipline, Residents are allowed assistance in the form of translation services, or other aids to prepare their own defense. The Hearing Officer can assign a staff person to assist individuals with cognitive challenges. If the Hearing Officer finds guilt in the case it is forwarded to the Warden who takes into consideration the resident's mental health. The policy states, "After consultation with appropriate medical or mental health staff, the Chief Administrative Officer, or designee, may at any time suspend some or all disciplinary segregation time or disciplinary restriction time that a prisoner has accumulated to the extent necessary to address medical or mental health needs. After consultation with appropriate medical or mental health staff, the suspension may be revoked in whole or in part by

the Chief Administrative Officer, or designee, if the prisoner's medical or mental health condition allows." Discussions with the Warden and Mental Health confirm that this is the actual process.

Indicator (d) As noted in indicator (c) the Warden confirmed that residents involved in incidents of sexual misconduct are afforded services through the facility's mental health team or through the local rape crisis agency. A review of investigation files supported that referrals to mental health had occurred and Mental Health charts support residents were seen. PREA Policy 6.11.5 sets forth an expectation that residents who commit or experience sexual violence are referred for treatment. "If a screening or assessment indicates or a staff person otherwise receives information that a prisoner or resident has experienced prior sexual misconduct or has previously perpetrated sexual misconduct, whether it occurred in an institutional setting or in the community, staff shall ensure that the prisoner or resident is offered a referral to facility mental health staff within seven (7) days. If medical treatment is needed for a physical injury, the staff person shall ensure that it is offered immediately." Mental health staff support that any incident that occurs in the facility would include an immediate response by the mental health team.

Indicator (e) The investigative staff and facility PREA Compliance Monitor confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. The agency PREA policy 6.11.4 states, "A resident may not be disciplined for sexual activity with a staff person, volunteer, or student intern, except upon a finding that the other person did not consent to such activity."

Indicator (f) Page four of Policy 6.11.4 states that 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, and 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. The policy supports a requirement of proof of intentional deceit. "A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement." Some residents did state that they wished the facility would discipline individuals who make up lies about staff or other residents.

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:

	<p>Maine Department of Corrections policies 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, a 32-page policy, addresses the requirements of indicators (a)- (d) relating to the 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 intentionally false report related to PREA. Compliance was based on policy, interviews, and documentation provided, which support systems in place can provide for discipline of sexual abuse, harassment, or retaliation for cooperating in an investigation.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct (PREA and the Maine Statutes) Prevention</p> <p>Policy 6.11.5 Sexual Misconduct (PEEA and the Maine Statutes) Responding</p> <p>Policy 18.3 Access to Health Care Services</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Policy 18.9 Health Care Records</p> <p>Wellpath Memo on Record system protections for confidential information</p> <p>Wellpath confidentiality notice residents sign</p> <p>Resident intakes showing referral to Mental health</p> <p>Resident records/investigation</p>

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) Residents who are identified through the screening process or who 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 residents and Mental health and case management staff. The Auditor confirmed this practice through the review of documented cases in client files and through interviews with residents 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 as fast as within 24 hours. Interviews with residents who disclosed prior victimization histories and individuals who reported abuse situations in the facility confirmed they were offered or participated in counseling services. Examples were also found in client files.

Indicator (b) Residents who engage in sexual assault or have a history of sexual offenses are automatically referred to Mental Health for an assessment. The transfer forms were reviewed, and information was provided by intake and healthcare staff support; disclosure of sexual abuse or aggression will be immediately referred to the mental health consultant. As noted in indicator 115.41, the Auditor confirmed that systems are in place to assure disclosures that may impact screenings are shared to the individuals who need to know only. The Maine Department of Corrections has various therapeutic communities that offer support and treatment to individuals with such needs. The treatment team can program for both individuals who are victims of sexual abuse and those who have past sexual offense histories.

Indicator (c) NA - MVCF is not a Jail

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 cannot access information in Wellpath's medical or mental health records. The Auditor was provided a memo on the various level of security for Wellpath records. 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. Residents interviewed supported that they believe the information given to counseling staff is kept confidential.

Indicator (e) All residents sign with Wellpath staff an understanding of the limits of confidentiality as it relates to criminal behaviors. Residents interviewed confirmed that they had signed acknowledgment forms and that they verbally understood the reasons why a medical or mental health staff have to disclose actual sexual abuse or imminent risk situations. The Auditor requested a sample of the signed document to be uploaded to the OAS. Interviews with providers confirmed that the residents are notified about limits of confidentiality upon admission, and they receive verbal reminders periodically.

Compliance Determination:

The Maine Department of Corrections has several policies that address the screening and treatment of individuals who are victims of sexual abuse, as well as the services available for those who have histories of sexual aggression. All residents are screened when they arrive at the Mountain View Correctional Facility intake staff. Residents are also seen by medical for an initial screening process where past abuses may also be disclosed. Residents with sexual assault histories and sexual victimization histories are offered treatment. Residents who are admitted to MVCF are seen by Wellpath Medical staff. Wellpath staff have several intake questions that are PREA-related. This 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. Medical staff report that if the individual provides information that would change the PREA screening, that information is shared. The EMR prompts the referral to mental health for those who disclose past abuse histories or histories of sexual aggression. Supporting documentation provided to the Auditor showed how Medical informs Mental Health, who follows up on any disclosure of sexual abuse. Compliance was based on policy, the documentation provided showing referrals for treatment follow-up and when the resident discloses past histories at intake, the security of records, interviews with healthcare staff, and information provided on tours by the Medical and Mental Health staff.

115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Website of the Maine Attorney General</p> <p>Website of Wellpath</p> <p>Resident records</p> <p>Resident screenings</p> <p>Individuals interviewed/ observations made.</p> <p>Interviews with Medical Staff</p> <p>Interviews with Mental Health Staff</p> <p>Interview with the HSA</p> <p>Interview with Residents</p> <p>Interview with PREA Coordinator</p> <p>Observation of the medical unit</p> <p>Summary Determination</p> <p>Indicator (a) The Mountain View Correctional Facility has a full-service medical clinic that operates around the clock. The state works with a contracted medical and mental health provider, Wellpath of Nashville, Tennessee. Wellpath’s website reports they work in various state and federal prisons, some 300 jails, and community institutional settings. The contract provides that registered nurses are always available, and on-call medical and mental health practitioners are available after-hours. The services are diverse and consistent with community health clinics.</p>

Residents report access to these services if they are in crisis. Medical staff report having medical autonomy if the resident has to 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. SANE Services are available approximately 30 miles away from the facility in the city of Bangor. There are two options with SANE Services in the city: St. Joseph's Hospital and The Eastern Maine Medical Center, which can provide trained staff for the completion of forensic exams. Residents were able to describe the process to request to be seen by medical or mental health staff. They support the requests and ensure they are met in a timely fashion.

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. The Auditor confirmed with the Health Service Administrator that in addition to the RN staff on site 24 hours per day, there are on-call resources of both medical and mental health practitioners available. Residents report that they can tell staff that they need to see medical or mental health professionals without disclosing specifics through the mailbox system or by telling staff who will call for them to be seen.

Indicator (c) Discussions with hospital staff and facility medical staff confirm that sexual assault victims would be offered prophylaxis medications. 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. As a facility with male residents, pregnancy testing for victims of sexual assault would not be needed. Agency policy and the Attorney General's Protocol both support that victims of sexual abuse be offered prophylaxis medication to protect against sexually transmitted diseases. The Policy states, "If pregnancy testing or other pregnancy-related services or testing or treatment for sexually transmitted diseases are deemed medically appropriate by the facility medical provider, medical staff shall ensure that they are offered."

Indicator (d) The Auditor confirmed that Wellpath medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11, which 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. The Maine Attorney General's website confirms that the state covers the cost of sexual assault exams no matter if the victim wants to pursue a criminal case. 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.

	<p>Compliance Determination:</p> <p>MVCF has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Maine DOC has on-site medical nursing staff 24 hours per day. The facility also has on-call providers that can help facilitate referrals to outside medical providers.</p> <p>Wellpath and Maine DOC will follow the requirements as outlined in Policy 6.11.5 Sexual Misconduct. The State of Maine has a list of several hospital facilities with SAFE or SANE capabilities. The residents at MVCF would be referred to outside hospitals. The Auditor spoke to a hospital 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 STDs and emergency contraception. Compliance determination took into consideration the access to services, Wellpath, policies of the DOC, information from the State of Maine on Forensic exam requirements and interviews completed, and client file information.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Policy 18.4 Health Screening and Assessment</p> <p>Policy 18.5 Healthcare</p> <p>Policy 18.6 Mental Health Services</p> <p>Maine Attorney General’s website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Medical Staff</p>

Interview with Resident

Interview with RRS

Interview with PREA Coordinator

Interviews with Hospital Staff

Observation of the medical unit and ALU

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. Prior life events that occurred in another institution or community will result in assessments by the medical and mental health teams. 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 counseling. Policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that the alleged victim of sexual misconduct is referred to the facility mental health care staff for assessment, counseling, and/or treatment, as appropriate. Facility mental health care staff shall ensure that a prisoner or resident is informed of the option of referral to a community sexual assault response services agency and shall ensure that a prisoner or resident who requests it is referred to a community sexual assault response services agency for the provision of services in the facility or after release."

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. If the assault occurred in the community or county Jail, the resident is referred to Wellpath for follow-up services once identified. If the resident prefers, they can be referred to RRS for support services after an incident of sexual misconduct. The Wellpath Medical and Mental Health staff spoken to confirmed, as did the RRS representative, that they would make referrals to ensure continuity of care if the resident was released home or transferred to another facility. As noted in indicator (a), there is an expectation of ensuring continuity of care when residents are discharged. Agency Policy 18.05 Healthcare and Policy 27.1 Release and Reentry Planning, each speaks to healthcare staff and unit case managers, ensuring continuity of care upon release or when being transferred between facilities.

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 an assisted living unit, with residents volunteering to work as health support aides. Mental Health services include counseling, medication management, and the extra support of the mental health unit or direct observation room in the clinic space when needed. Specialty care can also be arranged for residents with health needs. Policy states,

Indicator (d), and Indicator (e) Mountain View Correctional Facility is an all-male institution.

Indicator (f) The Auditor confirmed with both the medical staff at MVCF and the representative of two local hospitals that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge and is consistent with agency policy. Policy 6.11.5 addresses the expectation of this indicator. "If the prisoner or resident has not been offered testing for sexually transmitted diseases at the hospital or has not been transported to the hospital, the facility medical staff shall offer it as soon as possible and shall offer antibiotic and/or anti-viral treatment, as deemed medically appropriate by the facility medical provider."

Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam. PREA policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual is conducted without financial cost and regardless of whether an alleged victim name the perpetrator or cooperates with any investigation arising out of the incident." The Attorney General's website also confirmed that all sexual abuse victims in the state can have forensic exams covered by state funding.

Indicator (h) All individuals involved in a sexual assault, both the victim and perpetrator, are referred for mental health assessments. The facility provided documentation to support follow-up for individuals involved in a case of sexual abuse. The victim and perpetrator would be seen in the first 60 days after disclosure. The resident and the clinical staff would determine long-term treatment needs. Documents provided supported residents were offered evaluation within 60 days of the facility being made aware of the potential sexual misconduct.

Compliance Determination:

The Maine Department of Corrections ensures residents have ongoing access to services. The DOC has several policies that address residents' healthcare needs, including services available to victims of sexual abuse. The Auditor reviewed the policies and found several references that address standard indicators along with

	<p>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 the local hospitals' SANE-trained nurses for a forensic exam. Medical staff confirmed 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.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Incident review forms</p> <p>MVCF Investigation files</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Warden</p> <p>Interview with PREA Coordinator</p> <p>Interview with the PREA Monitor and PREA Manager</p> <p>Summary Determination</p> <p>Indicator (a). Policy 6.11.1 (page 2) requires an incident review on all sexual misconduct cases unless the investigation has determined the allegation was unfounded. The policy describes the individuals who should be on the review team and the information that should be considered. "The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the</p>

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.

a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

b. 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."

The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. In the cases reviewed, the hearings were completed with all indicators taken into consideration. The OAS pre-audit questionnaire stated there was one case that required a review.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports this time frame. Policy 6.11.1 sets forth the requirement as noted in indicator (a). The investigation files support the critical review steps that were taken in these cases, with the review occurring three weeks after the close of the investigation. The PREA Monitor and the Warden were both aware that reviews of Sexual abuse allegations should be completed within 30 days of the investigation.

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. In a review of the documentation provided and various staff interviewed, the multi-disciplinary nature of the team was confirmed. Different member support participation amongst custody staff, unit management, facility management, health services, and the state PREA Coordinator. The one review team included staff from MVCF and Bolduc Correctional Facility (BCF) as the resident was at BCF when he made the allegation about an incident three years prior. In addition to the leadership of each facility, the review team included the state PREA Coordinator and PREA Monitor. The review did not include medical or Mental health, but the Mental Health Clinician was the initial reporter of the allegation.

Indicator (d) The elements described in this indicator are all covered in policy 6.11.1 page 2. It states, "The review team shall:

1) Consider whether the allegation or investigation indicates a need to change policy, procedure, or practice to prevent, detect, or respond to sexual misconduct;

2) Consider whether the incident or allegation was motivated by race; ethnicity; gender; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

- 3) Examine the area in the facility where the incident allegedly occurred to determine whether physical layout or barriers in the area might enable misconduct;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief Administrative Officer and the Department's PREA Coordinator."

The agency form used to document the review panel's 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 whether 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. The Auditor looked at both the form and the completed investigation reports to understand if any possible areas needed to be discussed.

Indicator (e) The form documents the findings of the various questions and provides the reader with information if the team has determined any recommended actions to take place. In the form reviewed, the Auditor was able to see a recommendation on staffing in a particular housing unit. PREA Policy 6.11.1 addresses the requirement of this indicator. "The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so." In the interview with the Warden, he confirmed that he takes the team's recommendations seriously to ensure the overall safety of the environment. The facility and agency have a reported track record of reviewing all major incidents in the facility for potential improvements in their practices.

Compliance Determination:

The Maine DOC PREA 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from the standard. As evidence to support the standard, the facility provided documentation of the Incident review. The information supported that the questions in indicator D were all asked and answered. Compliance was determined based on policy language, documentation provided, and staff understanding of the requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Policies and written/electronic documentation reviewed.

Mountain View Correctional Facility Pre-Audit Questionnaire

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 that is consistent with the policy definitions developed to align with the standard. PREA Policy 6.11.1 defines the data collection responsibilities of the PREA Coordinator and the facility PREA Compliance Manager. "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.

a. The incident-based data collected shall 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.

b. The Department's PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.

c. The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.

d. Upon request, the Department's PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

e. At least annually, all aggregated sexual misconduct data shall be made readily available to the public through the Department's website after all personal identifiers have been removed."

The PREA Monitor uses information from the facility's checklist and investigative files to provide information to the agency's PREA Coordinator.

Indicator (b) The agency completes an annual report with aggregate Mountain View Correctional Facility data. The Auditor reviewed the agency website's three most recent annual PREA reports. The state PREA Coordinator receives information from the adult, juvenile, and contracted facilities. Both agency leadership and facility leadership will review trends from PREA incidents to determine if there is a need to change policy, modify resources in the facility or change training. Each PREA investigation has a tracking document that records the dates in which different aspects of the and the outcomes. Each Investigative report also provides demographic information on the residents involved. The previous documents reviewed

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. The agency PREA Coordinator confirms that all information is provided to the Central Office. The PREA Coordinator acknowledged her responsibility to ensure that the materials meet the requirements of the DOJ reporting forms in SSV. The Auditor also reviews the most recent SSV tool in preparation for questioning and file reviews.

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, and a copy will be sent 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 a copy of the incident. The OPR will work with the PREA Coordinator to ensure all necessary information is provided.

Indicator (e) The Department of Correction has provided the Auditor with the Data from the county jail they subcontracted. There were no reported incidents at the facility in the past year. The Auditor did find information on PREA on the contracted agency's website. Information About the contracted facility can be found on the second to last page of the 2023 annual report.

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

	<p>Compliance Determination:</p> <p>The Auditor has found the standard to be compliant with the PREA standards for Adult Prisons and Jails. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2023 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. Agency policy 6.11.1 pg.3 commits the agency to comply with the standard data collection requirement. 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 she has all the information available to complete the report and provided the previous year’s report to further support their compliance.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct</p> <p>Agency Website</p> <p>Annual Report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the Warden</p> <p>Interview with the Director of Operations</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections utilizes data related to PREA incidents and other critical safety incidents to determine program improvements. The department’s central office staff and the facility’s administrative teams review critical</p>

incidents with an eye toward improving safety. Interviews with the Warden and the Director of Operations support critical analysis occur not only at the facility level but also at a system level. Examples of how improvements have been used across the system to improve resident safety were provided. The Warden also confirmed his team looks for trends to further guide policy/ procedural practices or the disbursement of resources. Agency policy supports the expectations of this standard. "The Department's PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.

- a. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the Department's progress in addressing sexual misconduct.
- b. The report shall be approved by the Commissioner, or designee, and made readily available to the public through the Department's website. The Deputy Commissioner approved the 2023 report.
- c. The Commissioner, or designee, shall redact specific material from the report when publication would present a clear and specific threat to the safety or the security of a facility or would violate state or federal confidentiality laws, provided the type of material redacted is specified

Indicator (b) The Maine Department of Corrections completes an annual report that provides 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 whether the accused was a staff or a resident and determines the outcome. The Auditor had to request the 2023 report to be uploaded to the OAS.

Indicator (c) The Director of Correctional Operations confirms that the Commissioner approves the PREA report developed by the agency's PREA Coordinator before placing it on the agency's website. The Auditor requested that the most recent annual report be added to the agency website. The Agency uses this information and the information from incident review team meetings to identify areas for change, not only at a facility level but system-wide. When needed, policy, operational practices or training enhancement can be implemented to address concerns.

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

Compliance Determination:

Maine Department of Correction meets the requirements of this standard in Policy 6.11.1, page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. The Director and the Warden supported the utilization of data to make informed decisions on programmatic and policy needs.

	<p>This is consistent with the standard expectation to critically review 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.</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 5.3 Computer Safety</p> <p>Maine Statute (Title 5 pg. 65)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Intake staff persons</p> <p>Medical and Mental health staff</p> <p>File Security</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has policies that protect information security. 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, and medical and mental health staff describe a layer of controls in place to ensure no unnecessary disclosure. The Auditor also reviewed how residents' custody and healthcare information are protected with facility staff. The Maine DOC Coris System uses protections to limit access by individuals' job descriptions and permissions. Investigative files are controlled further through the use of a siloed investigation database. This ensures that all information is protected and can only be seen by individuals with approvals. The Medical and Mental Health records that may</p>

	<p>include information about residents is only able to be accessed by Wellpath staff and has levels of encryption and permissions to control access.</p> <p>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.</p> <p>Indicator (c) The annual report located on the state’s website does not include any identifiers</p> <p>Indicator (d) The Maine DOC Policy 6.11 Pages 6 and 7 set forth the obligations of the agency’s PREA Coordinator, including 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.</p> <p>Compliance Determination:</p> <p>The Standard is compliant, and the Maine State Statute (Title 5) 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. PREA Policy 6.11 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” The DOC PREA Coordinator confirmed compliance with the expectations of this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p>

Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance since 2014. The website supports the fact that the audits have been ongoing every three years since the initial audits. The state has one current contracted facility for beds, which underwent its initial PREA audit in 2021. It has subsequent years of PREA information on its site. The Maine DOC had added two programs that opened in 2021 and had their first PREA audit in late 2022

Indicator (b) The Maine DOC has no less than one-third of its facility audited in a year. The agency has adjusted the schedule to include one-third by type of facility per year, as requested by the Department of Justice.

Indicator (h) The Auditor did have open access to all parts of the facility. The auditor was able to move freely about the housing units on the tour to speak informally with residents to ensure they were aware of the audit, the agency's efforts to educate residents, and how to seek assistance if the need arose. The auditor was able to test critical functions such as phone systems and video surveillance and observe the electronic case management systems.

Indicator (i) The Maine Department of Correction has used electronic PREA auditing files in the past and has provided the current information in the Online Audit System. The Auditor was also able to get copies of other documentation as requested on-site and worked with facility leadership and the agency PREA Coordinator to add additional documentation in 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.

Indicator (n) The auditor's information was posted, and the facility PREA Compliance Monitor was informed that the posting should remain until the final report is issued.

Compliance Determination:

The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The agency 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.

	<p>The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility posted the audit notice; it was visible on the tour, and residents were aware of the posting and the audit. The posting resulted in no correspondence. Compliance is based on the above-mentioned facts, which supports a culture in which PREA is monitored daily.</p>
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115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Mountain View Correctional Facility Pre-Audit Questionnaire</p> <p>Maine Department of Correction website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator: (f) The Maine Department of Corrections website has posted all the previous PREA Audits. The auditor determined through a review of the state's DOC Website that the agency has been posting their report.</p> <p>Compliance Determination:</p> <p>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's PREA Coordinator was aware of the timing requirement for the audit posting.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	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.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	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
115.13 (c)	Supervision and monitoring	
	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
	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
	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
115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies 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
	Does the facility have procedures 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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
	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	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
	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
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	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
	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
	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 two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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.)	na
115.18 (a)	Upgrades to facilities and technologies	
	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.)	na
115.18 (b)	Upgrades to facilities and technologies	

	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
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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
115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	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 always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	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
	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
	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
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	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
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	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 receive 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
115.34 (b)	Specialized training: Investigations	
	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
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
	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
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	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 or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	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
	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	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	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
	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
115.43 (b)	Protective Custody	
	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
	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
	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
	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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	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
	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
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.51 (b) Inmate reporting		
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	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
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	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
	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
	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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	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
	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
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	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
	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
	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
	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
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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
115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	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
115.67 (c)	Agency protection against retaliation	
	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
	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
	Except in instances where the agency determines that a report of	yes

	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?	
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	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
	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
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	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
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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).)	na
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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.)	na
115.73 (c)	Reporting to inmates	
	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 inmate 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
	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
	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
	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
115.73 (d)	Reporting to inmates	
	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
	Following an inmate's allegation that he or she has been sexually	yes

	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?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	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
115.76 (d)	Disciplinary sanctions for staff	
	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
	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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, 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
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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.)	na
115.88 (a)	Data review for corrective action	
	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
	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
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes