

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Interim Audit Report: May 22, 2022 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report:

Auditor Information

Name: Michael Vitiello	Email: preaauditorme@gmail.com
Company Name: The Nonantum Group LLC	
Mailing Address: Post Office Box 7026	City, State, Zip: Ocean Park, ME 04063
Telephone: N/A	Date of Facility Visit: December 08-09, 2021

Agency Information

Name of Agency: Waldo County Sheriff's Office			
Governing Authority or Parent Agency (If Applicable): County of Waldo			
Physical Address: 6 Public Safety Way		City, State, Zip: Belfast, ME 04915	
Mailing Address: 6 Public Safety Way		City, State, Zip: Belfast, ME 04915	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/			

Agency Chief Executive Officer

Name: Sheriff Jeffrey Trafton	
Email: sheriff@waldocountyme.gov	Telephone: 207-338-6786

Agency-Wide PREA Coordinator

Name: Captain Robert Walker	
Email: detentionmanager@waldocountyme.gov	Telephone: 207-338-1080
PREA Coordinator Reports to: Major Raymond Porter	Number of Compliance Managers who report to the PREA Coordinator: 1

Facility Information

Name of Facility: Maine Coastal Regional Reentry Center

Physical Address: 10 Public Safety Way

City, State, Zip: Belfast, ME 04915

Mailing Address (if different from above):
same

City, State, Zip: same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe):

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Biennium Inspection, Maine State Department of Corrections

Facility Director

Name: Major Raymond Porter

Email:
correctionsadministrator@waldocountyme.gov

Telephone: 207-338-1080

Facility PREA Compliance Manager

Name: Corporal Randy D. Fox

Email: rfox@waldocountyme.gov

Telephone: 207-338-1080

Facility Health Service Administrator N/A

Name:

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:

32

Current Population of Facility:

17

Average daily population for the past 12 months:	16
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision	8 months
Facility security levels/resident custody levels	Minimum / Community
Number of residents admitted to facility during the past 12 months	57
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	57
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	57
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	19
Number of staff hired by the facility during the past 12 months who may have contact with residents:	4
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
<p>Number of single resident cells, rooms, or other enclosures:</p>	0
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	16
<p>Number of open bay/dorm housing units:</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)</p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>2</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p><input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>3</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p><input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity</p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p><input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A</p>

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: None
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	December 08, 2020
2. End date of the onsite portion of the audit:	December 09, 2020
Outreach	
3. 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="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Sexual Assault Services of Midcoast Maine
Audited Facility Information	
4. Designated Facility Capacity:	32
5. Average daily population for the past 12 months:	17
6. Number of inmate/resident/detainee housing units:	6
<p>DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	16
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0

22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The population at the facility was only 16 at the time of the audit, which did not include residents in many of the targeted categories. Additional General Population residents were interviewed in order to satisfy the required minimum of 10 residents. [See PREA Auditor Handbook p. 53]
<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. 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:	19
25. 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:	9
26. 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:	2
27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	COVID-19 precautions have limited volunteer access to the facility at the time of the audit. Contracted program staff were still working inside of the facility at the time of the onsite audit.
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	9
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<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 type="checkbox"/> Gender <input checked="" type="checkbox"/> Other (describe) MALE only facility. <input type="checkbox"/> None (explain) Click or tap here to enter text.

<p>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</p>	<p>I obtained a facility housing roster on the first day of the audit and I selected at least 1 resident from each housing unit, including the COVID-19 Quarantine Unit.</p>
<p>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</p>	<p>N/A</p>
<p>32. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>No issues conducting random interviews.</p>
<p><i>Targeted Inmate/Resident/Detainee Interviews</i></p>	
<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p style="text-align: center;">1</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>36. 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:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>

<p>38. 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>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>39. 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. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>40. 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>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>42. 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. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>43. 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>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input 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. If 0, 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>N/A</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, 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. If 0, 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>I reviewed the PAQ, the resident files and discussed with facility staff.</p>
<p>45. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility did not house residents in many of the targeted categories. I interviewed additional Random residents to satisfy the required minimum 10 interviews.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>47. 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 <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (describe) Work Schedule. <input type="checkbox"/> None (explain) Click or tap here to enter text.</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe) Click or tap here to enter text.</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>The facility has nine current full-time employees. I interviewed seven of these employees. I utilized the Random Staff Protocol for three Specialized Staff in addition to their respective specialized protocol(s).</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>The facility currently has four line staff vacancies. This staffing shortage impacted the availability of random staff to interview.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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 interview would satisfy multiple specialized staff interview requirements.

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	N/A
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	N/A
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	N/A
54. Were you able to interview the PREA Compliance Manager?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	N/A
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input type="checkbox"/> Medical staff <input type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input type="checkbox"/> Administrative (human resources) staff <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness

	<input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) Click or tap here to enter text.
56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	0
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other Volunteer access to facility suspended due to COVID-19.
57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3

b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Residents access most programs and services in the community, which limited the number of contractors who have contact inside of the facility.

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: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

59. Did you have access to all areas of the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain what areas of the facility you were unable to access and why.	N/A
Was the site review an active, inquiring process that included the following:	
60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include reviewing/examining all areas of the facility.	N/A
61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	No new resident arrivals during the onsite audit. Therefore, no orientation, risk screening or intake processing could be observed.
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The Facility Administrator invited the auditor to attend the facility's "Morning Meeting" resident check in, to be introduced to all residents in the facility at that time.
Documentation Sampling	
<i>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.</i>	
65. 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	Auditor reviewed resident files, PREA Screening documentation, grievance information, staff training files.
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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<u>Inmate-on-inmate sexual harassment</u>	0	0	0	0
<u>Staff-on-inmate sexual harassment</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate sexual abuse</u>	0	0	0	0
<u>Staff-on-inmate sexual abuse</u>	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

N/A

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>N/A</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>N/A</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>No incidents during audit period.</p>
<p>74. 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="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files) </p>

Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>
<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>
<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>

	<input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
<i>Sexual Harassment Investigation Files Selected for Review</i>	
81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	No incidents during audit period.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	No sexual abuse or sexual harassment incidents reported or investigated during the audit period.

Support Staff Information	
DOJ-certified PREA Auditors Support Staff	
90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	N/A
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Non-certified Support Staff	
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<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:	N/A
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Auditing Arrangements and Compensation	
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<p>92. Who paid you to conduct this audit?</p>	<input checked="" type="checkbox"/> The audited facility or its parent agency <input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="checkbox"/> Other
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PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. Maine Coastal Regional Reentry Center (MCRRC) Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320: Prison Rape Elimination Act (PREA)
3. Waldo County Sheriff's Office (MCRRC) Organizational Chart

Interviews:

1. Waldo County Sheriff
2. Waldo County Sheriff's Office (MCRRC) Corrections Administrator
3. Waldo County Sheriff's Office (MCRRC) PREA Coordinator (Detention Manager)
4. Waldo County Sheriff's Office (MCRRC) PREA Compliance Manager

Site Review Observations:

1. PREA posters within the facility

Findings:

MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)* states that the facility will comply with the Prison Rape Elimination Act (PREA). The Policy also declares the facility's "zero tolerance" policy towards sexual abuse and sexual harassment. Section III, Policy (p.1) states:

"... it is the policy of the Maine Coastal Regional Reentry Center (MCRRC) to prohibit staff, which includes Waldo County Sheriff's Office employees and persons providing services by agreement with or under contract with the Waldo County Sheriff's Office, and volunteers from engaging in sexual misconduct with a client or sexual harassment of a client. It is also the policy of MCRRC to require the reporting of any sexual misconduct or sexual harassment or suspicion of either. The Maine Coastal Regional Reentry Center has zero tolerance toward all forms of sexual misconduct or sexual harassment."

MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)* states (Section V, Procedures, Procedure 'B', numeral 1, p. 4): "The MCRRC Detention Manager shall serve as the MCRRC PREA Coordinator. The PREA Coordinator shall implement, and oversee MCRRC's efforts to comply with PREA standards, and shall receive reports and track responses to reports of sexual misconduct at MCRRC."

Interviews of the Sheriff, Corrections Administrator, PREA Coordinator (PC) and the PREA Compliance Manager, confirmed that the PC has sufficient time, resources, and authority to develop, implement and oversee the facility's efforts to comply with the PREA standards. These interviews established that although the position is a part-time collateral duty, there are no restrictions in the number of hours for the PREA Coordinator to work in support of the facility's PREA program. During spikes in workload for specific events, such as preparation for annual staff training, the PREA Coordinator is allowed to work the number of hours necessary to complete tasks. The PREA Coordinator explained to the auditor how MCRRC utilizes the PREA Resource Center (PRC) website to obtain additional information on standards, such as the PRC's publication of "Standard in Focus" which is a targeted review of an individual standard as well as the Frequently Asked Questions (FAQ) section of the website to learn of interpretation clarifications on standards. Additionally, the website is used to access information to deliver staff training and resident education.

MCRRC demonstrated to the auditor that their zero-tolerance policy permeates the entire facility culture. Their allocation of resources and efforts to implement and monitor compliance with the PREA standards meet the minimum requirements of this standard.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents 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 residents.) Yes No NA

115.212 (b)

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

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)

2. MCRRC Policy F-320: Prison Rape Elimination Act (PREA)

Interviews:

1. MCRRC Corrections Administrator
2. MCRRC PREA Coordinator

Findings:

Maine Coastal Regional Reentry Center (MCRRC) is operated by the Waldo County Sheriff's Office. MCRRC is a "receiving" facility that accepts residents into their program from other jurisdictions. The facility houses individuals in a community setting. This facility does not contract or board residents out to any other facilities. There was no Contract Administrator to interview because MCRRC does not contract out for the confinement of its residents; the Corrections Administrator confirmed during interview that the facility does not board residents out.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320: Prison Rape Elimination Act (PREA)
3. MCRRC Facility Floor Plan with Camera Locations Marked

Interviews:

1. MCRRC Corrections Administrator
2. MCRRC Detention Manager
3. MCRRC PREA Coordinator

Site Review Observations:

1. Security staff on duty

2. Video monitoring system and camera locations

MCRRC Policy F-320: Prison Rape Elimination Act (PREA), Procedure 'B', *MCRRC PREA Coordinator and Facility PREA Monitor*, numeral 4, paragraph 'i' states that: (p.6-7):

i. Developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect prisoners/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 prisoners may be isolated) and availability of video monitoring.
4. The composition of the prisoner/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.
8. The prevalence of substantiated and unsubstantiated incidents of sexual misconduct.
9. Any other relevant factors.

The auditor interviewed the Corrections Administrator, the PREA Coordinator (PC) and each discussed the facility's staffing plan and confirmed their understanding of the intent of the PREA standards and how sexual safety is considered when reviewing the facility's physical plant and staffing plan. According to the interview with the PREA Coordinator, when MCRRC is developing a facility staffing plan, consideration is given to the physical layout including *blind spots*, the type of residents that are going to be supervised (i.e., sex offenders, residents at risk for sexual abusiveness), and any other relevant factors, such as the demographics of the population (i.e., age, ethnicity, disability). The PREA Coordinator confirmed during an interview that the facility's annual review of the staffing plan considers incidents of sexual abuse and sexual harassment including the results of any investigations (i.e., substantiated versus unsubstantiated) to identify if modifications to the physical plant, video monitoring systems or to the staffing plan are required. Interviews with the Corrections Administrator and the PC, who each serve on the Incident Review Team, confirmed that the staffing plan and the physical plant would be reviewed and discussed during an incident review. The PAQ revealed that there were no allegations of Sexual Abuse or Sexual Harassment during the audit period. The completed PAQ stated that there were no deviations from the facility's staffing plan. Deviation would be documented by the facility. During the onsite audit, the auditor observed the staffing plan being followed on each of the 12-hour shifts operating.

The PREA Coordinator and interviews with random staff confirmed no deviations from the staffing plan. The auditor reviewed staff scheduling records to confirm that the minimum staffing of two officers was adhered to.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy: *Prison Rape Elimination Act (PREA)*
3. MCRRC Resident Housing Roster

Interviews:

1. Corrections Administrator
2. Random Staff
3. Random Residents

Site Review Observations:

1. Resident rooms and facility bathrooms, toilets, and showers.

The MCRRC houses male residents only. The facility responded in the PAQ that it did not conduct cross-gender pat searches, strip searches or body cavity searches during the audit period.

During the interview with the PREA Coordinator the auditor confirmed that there were no female residents housed at the facility during the audit period. Interviews with random staff confirmed that they have not conducted any cross-gender pat searches or strip searches during the audit period.

During the site review the auditor observed all resident bathrooms. Showers in every bathroom had a privacy curtain installed which prevented anyone from seeing inside of the shower. The auditor observed staff announcing themselves whenever they entered a resident common area or room of the opposite

gender. Interviews with random residents confirmed that staff announce themselves before entering a resident room and interviews with random staff confirmed that they have been trained to always announce themselves before entering a resident room of the opposite gender. Staff were observed announcing themselves whenever they entered a resident room regardless of whether the occupant(s) were of the same or opposite gender.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.216 (a)

- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take 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 prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

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

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy: *Prison Rape Elimination Act (PREA)*
3. MCRRC *Zero Tolerance Statement* (multiple formats)

Interviews:

1. Corrections Administrator
2. PREA Coordinator
3. Random Staff

Site Review Observations:

1. PREA posters within the facility

The facility responded in the PAQ that it has established procedures to provide residents with limited English proficiency equal opportunity to access the agency's efforts to implement the PREA Standards. Additionally, the PAQ response confirmed that resident interpreters will only be used during limited circumstances. MCRRC Policy *Prison Rape Elimination Act (PREA)*, Procedure 'E', *Education*, numeral 2 (p.11-12) states that:

2. *This education shall be in formats accessible to all residents, including, but limited to, those who are limited English proficient, hearing impaired, visually impaired, developmentally delayed, or have limited reading skills. Receipt of this education shall be documented for each resident.*

At the time of the audit, there were no MCRRC residents with a physical disability and no residents who were limited English proficient (LEP). Interviews with random staff confirmed that the facility makes the PREA orientation video accessible in English, Spanish, Somali and American Sign Language; while written materials are available in English, French and Spanish languages. The information is also available in large print format when necessary. Interviews with the Corrections Administrator and the PREA Coordinator confirmed that MCRRC has advance notice of resident transfers where specific information is provided on any special needs, disabilities or language barriers that exist. This allows MCRRC to make necessary arrangements in advance. MCRRC has the ability to decline a placement if the individual cannot be managed at the facility (*i.e., medical care, mental health issues, disability*).

The supervisor's office contains information and instructions for staff to access the facility's interpretation services vendor. Random staff interviews confirmed staff's awareness of the availability of the interpreter vendor.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy *Prison Rape Elimination Act (PREA)*
3. MCRRC Personnel Files

Interviews:

1. Corrections Administrator
2. PREA Coordinator

The facility responded in the PAQ that it has established procedures to prohibit the hiring of applicants and the enlisting of contractors who may have contact with residents if they have engaged in sexual abuse or sexual harassment in an institution or in the community. MCRRC policy *Prison Rape Elimination Act (PREA) Procedure 'C', Hiring and Training (p.7-8)* states that:

- “1. MCRRC will not hire staff, or enlist the services of any volunteer or contractor who may have had contact with inmates or detainees in the following manner:
 - a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution i.e., hospital, nursing home, school, etc..*
 - b. 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.*
 - c. Has been civilly or administratively adjudicated to have engaged in the activity described in the above section b.**
- 2. MCRRC shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any volunteer or contractor, who may have contact with inmates or detainees.*
- 3. When hiring new employees or enlisting the services of any volunteer or contractor (i.e. medical personnel, kitchen personnel, or pre-trial services personnel, etc.) who may have contact with inmates, residents or detainees, MCRRC shall:
 - a. Perform a criminal background records check.*
 - b. 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.**
- 4. MCRRC will have in place a system for capturing criminal information and conduct of current employees, volunteers, and contractors.*
- 5. MCRRC shall ask all applicants and employees who may have contact with inmates, residents, or detainees directly about previous misconduct of sexual abuse or sexual harassment in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. MCRRC shall impose upon employees a continuing affirmative duty to disclose any such conduct.*
- 6. Material omissions regarding such misconduct, or the provision of materially false information, shall be given to the Correctional Administrator or designee for review.*
- 7. Unless prohibited by law, the Waldo County Human Resources personnel shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from another agency employer for whom such employee has applied for employment.*

8. Waldo County ensures that MCRRC is staffed with an adequate number of properly trained and qualified employees so that it operates in a safe and secure manner while minimizing interrupted services. The shift relief factor is analyzed annually, along with the staffing plan, to ensure the maximum possible efficiency and effectiveness of the staffing plan.”

The personnel files containing background and criminal history checks of all MCRRC employees were made accessible to the auditor, who reviewed a random sample of eight files . A review of selected documentation revealed that staff had the required criminal background checks every five years. Further review of the personnel files indicated that employees being hired were screened for incidents of sexual abuse and sexual harassment, as required by this standard and facility policy. The facility promoted a new supervisor and considered sexual abuse and sexual harassment as part of the promotional process, as required by this standard and facility policy.

A background check was conducted on the contracted medical provider. There were no approved volunteers entering the facility because of COVID-19 protocols.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC policy *Prison Rape Elimination Act*(PREA)
3. MCRRC Facility Floor Plan with Camera Locations Marked

Interviews:

1. Corrections Administrator
2. PREA Coordinator
3. Detention Manager

Site Review Observations:

1. Review of camera and monitor locations

The facility responded in the PAQ that it has not acquired new facilities or made any substantial expansions of the facility and that it did update its video monitoring system by installing two additional cameras since the last PREA audit. The cameras were installed in perceived blind spots which were identified during the facility's review of the video monitoring system. The security office on the first floor had two new video monitors installed to all maintain social distancing while viewing the electronic surveillance system.

MCRRC Policy *Prison rape Elimination Act (PREA)* Procedure 'B', numeral 4, paragraph 'i' (p.6-7) states that:

i. Developing and, as necessary, revising a plan, to be reviewed at least once a year with the PREA Coordinator, to protect prisoners/residents against sexual misconduct. When developing the facility's plan, the following shall be considered:

3. All components of the facility's physical plant (including "blind spots" or areas where staff or prisoners may be isolated) and availability of video monitoring.

Interviews with the Corrections Administrator, PREA Coordinator and Detention Manager confirmed that the video monitoring system is considered during the annual review of the facility and the staffing plan.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *a/ways* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

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

115.221 (f)

- 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.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)

2. *MCRRC Policy F-320 Prison Rape Elimination Act (PREA)*
3. Memorandum of Understanding (MOU) with Sexual Assault Response Services of Southern Maine (SARSSM)
4. Letter from Maine Medical Center RE: Standard of Care
5. Letter from Portland, Maine City Attorney RE: Compliance with National PREA Standards
6. National Institute of Corrections course: Investigating Sexual Abuse in a Confinement Setting, *Certificate of Completion*

Interviews:

1. MCRRC PREA Coordinator
2. MCRRC PREA Investigator (PREA Coordinator)
3. Random Staff

MCRRC Policy *Prison Rape Elimination Act (PREA)* (p.14-15) states that:

1. *The first staff person discovering an incident of sexual misconduct involving a sexual act shall ensure that the prisoner/resident is advised, if appropriate, that he/she should not shower, bathe, brush his/her teeth, clean his/her nails, or otherwise clean himself/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 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 staff person the resident has reported the incident to) shall ensure that if medical treatment is needed for a physical injury that it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the resident is immediately transported to a hospital.*
4. *Regardless of whether the prisoner/resident received medical treatment at the facility for a physical injury, the Correctional Administrator, or designee, to whom the report of sexual misconduct involving a sexual act is made shall ensure that, if the sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner/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 Waldo County Sheriff's Office is responsible for conducting both Criminal and Administrative Investigations and has two detectives who have completed the online training courses provided by the National Institute of Corrections for investigating incidents of sexual abuse in a confinement setting. The facility provided copies of the training certificates for both employees.

Interviews of random staff confirmed that they understood the facility's policy and the protocols for maximizing the potential for obtaining usable physical evidence. Staff were able to identify that the Waldo County Sheriff's Office was responsible for conducting criminal investigations at the facility.

MCRRC residents who are victims of sexual abuse can access sexual assault treatment services at the Waldo County General Hospital, located in Belfast, without cost. These services include SANE/SAFE exams conducted by trained hospital staff. The facility did not report any incidents of sexual abuse during the audit period.

MCRRC has an MOU with Sexual Assault Support Services of Midcoast Maine (SASSMM), which allows residents who are victims of sexual abuse, access to a victim advocate who will respond to Waldo County General Hospital and provide support during SANE/SAFE exams (if consented to by the victim). Residents can also access follow-up care, counseling, and community contact information for crisis intervention.

SASSMM contact information is posted throughout the facility. MCRRC does not have any staff member who is qualified to serve as a victim advocate. There were no incidents of sexual abuse during the audit period and therefore there were no residents in the facility who reported sexual assault, for the auditor to interview. The PREA Coordinator confirmed during interview that sexual assault incident reviews would occur after each incident to identify the possible cause. Aggregate incident data is used to evaluate PREA policies, protocols as well as the physical plant to determine if any changes are warranted.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- 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 conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*
3. MCRRC website PREA Policy (<http://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/>)
4. MCRRC website – Investigations Policy (<https://secureservercdn.net/198.71.233.129/g59.36f.myftpupload.com/wp-content/uploads/2019/02/MCRRCPREAPolicyF170InmateRightsInvestigations.pdf>)

Interviews:

1. Corrections Administrator
2. PREA Coordinator
3. PREA Investigators

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.13-14):

*“1. A prisoner/resident may report to any staff person within MCRRC that he/she has been a victim of sexual misconduct or sexual harassment by a staff person, a volunteer, or another prisoner or resident.
2. If a staff person or volunteer observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners/residents or sexual misconduct or sexual harassment by a staff person or volunteer with a prisoner/resident, that person shall immediately (verbally) report the incident to the Correctional Administrator, or designee, and, as soon as possible, to the facility PREA Monitor, who shall then immediately report it to MCRRC's PREA Coordinator.
3. The reporting staff person or volunteer shall then make a written report prior to leaving the facility and forward it to the Correctional Administrator, or designee, with a copy to the facility PREA Monitor, who shall immediately forward a copy to MCRRC's PREA Coordinator.
4. The reporting staff person or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings.*

5. Any staff person or volunteer found to have failed to report sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.
6. A staff person or volunteer shall not attempt to deter any person from reporting sexual misconduct or sexual harassment and shall not take retaliatory action against any person who reports sexual misconduct or sexual harassment or who otherwise provides information related to an allegation of sexual misconduct or sexual harassment.
7. Any staff person or volunteer found to have attempted to deter any person from reporting sexual misconduct or sexual harassment or taken retaliatory action against any person who reports sexual misconduct or sexual harassment or who provides information related to alleged sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.
8. Retaliatory action shall be reported and investigated in the same manner as described above for reports of sexual misconduct or sexual harassment.
9. The Corrections Administrator, or designee, shall provide multiple internal processes for inmates/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 neglect or violation of responsibilities that may have contributed to such incidents, including verbally, in writing, anonymously, and by way of third parties.
10. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports directly to MCRRC's PREA Coordinator, either by writing the PREA Coordinator, who shall, if requested, keep confidential the identity of the inmate/resident, or by calling the MDOC PREA hotline.
11. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports of sexual misconduct to sexual assault response services agencies in the community by providing the contact information for local agencies.

The interviews with the Corrections Administrator and the PREA Coordinator confirmed that all allegations regardless of how reported (i.e. verbal, written, anonymous, and third-party) are or would be investigated. The Corrections Administrator and PREA Investigators identified the steps taken after an allegation is reported and reviewed the facility's investigation process. There were no incidents of sexual abuse during the audit period and therefore there were no investigation files to review. The facility has two investigators trained to conduct both Criminal and Administrative investigations. The facility was in the process of assigning the Detention Manager to complete the National Institute of Corrections PREA Investigation training modules so that there would be an additional staff member from the facility who was qualified and available to complete Administrative Investigations.

The auditor visited the MCRRC website and confirmed that the PREA and Investigations policies include information regarding investigations and were posted on the site.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC PREA Training Lesson Plan
4. MCRRC Employee Training Records

Interviews:

1. PREA Coordinator
2. Random staff

MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*, Procedure 'C', *Hiring and Training*, states: (p.9-10)

"2. The Detention Manager shall ensure that all staff and volunteers who may have contact with a prisoner, resident, or person under supervision of MCRRC receive initial training with respect to:

- a. The person's right to be free from sexual misconduct and sexual harassment and Zero-Tolerance for sexual misconduct and sexual harassment.*
- b. How to fulfill their responsibilities in respect to sexual misconduct and sexual harassment prevention, detection, reporting, and response policies and procedures.*
- c. The right of prisoners, residents, persons under supervision, families, staff, volunteers, and others to be free from retaliation for reporting sexual misconduct and sexual harassment.*

2. Such training shall include subject areas specific to each gender, effective and professional communication with persons of each gender and all sexual orientations, and other gender-related circumstances.
3. The Detention Manager shall ensure that all staff and volunteers receive refresher PREA training every year.
4. All training shall be documented in the staff's or volunteer's training file and shall include, at a minimum:
 - a. subject/topic areas covered;
 - b. date training received;
 - c. signature of persons receiving training;
 - d. name of trainer/instructor;
 - e. results of performance evaluations and/or testing, if applicable.

The auditor's interviews with random staff confirmed that staff have received initial PREA training prior to assignment in the facility and those employed for more than one year have received annual refresher PREA training thereafter. The facility provided access to the training records for all MCRRC employees. The facility provided the auditor with a copy of the PowerPoint presentation used to provide the initial and the refresher training. MCRRC only houses male residents. MCRRC employees are required to acknowledge their attendance and understanding of the PREA training that they receive. During the auditor's review of records, one staff member was identified as not having completed the 2021 training yet (onsite audit conducted December 8-9, 2021). Prior to the end of 2021 (and before this Report was written) the PREA Coordinator sent the auditor documentation that the one employee had completed their 2021 training.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

- Have all volunteers and contractors who have contact with residents 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 residents)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Staff and Resident Sexual Abuse and Sexual Harassment (PREA)*
3. MCRRC Contractor Training Records

Interviews:

1. PREA Coordinator
2. PREA Compliance Monitor
3. MCRRC Contractors

MCRRC Policy F-320 *Prison Rape Elimination Act (PREA), Procedure ‘C’, Hiring and Training*, states: (p.9-10)

“2. The Detention Manager shall ensure that all staff and volunteers who may have contact with a prisoner, resident, or person under supervision of MCRRC receive initial training with respect to:

- a. The person’s right to be free from sexual misconduct and sexual harassment and Zero-Tolerance for sexual misconduct and sexual harassment.*
- b. How to fulfill their responsibilities in respect to sexual misconduct and sexual harassment prevention, detection, reporting, and response policies and procedures.*
- c. The right of prisoners, residents, persons under supervision, families, staff, volunteers, and others to be free from retaliation for reporting sexual misconduct and sexual harassment.*

2. Such training shall include subject areas specific to each gender, effective and professional communication with persons of each gender and all sexual orientations, and other gender-related circumstances.

3. The Detention Manager shall ensure that all staff and volunteers receive refresher PREA training every year.

4. All training shall be documented in the staff’s or volunteer’s training file and shall include, at a minimum:

- a. subject/topic areas covered;*
- b. date training received;*
- c. signature of persons receiving training;*
- d. name of trainer/instructor;*
- e. results of performance evaluations and/or testing, if applicable.*

The facility responded in the PAQ that there are eight (8) contractors who provide services at the MCRRC and have contact with residents. Interviews with the PREA Coordinator and the PREA Compliance Monitor confirmed contractor access. Interviews with the PREA Coordinator and the PREA Compliance Manager, revealed that the level and type of training provided to contractors was not based upon the services the contractors provide and the level of contact they have with the residents. There are contractors who have unescorted and unmonitored access to residents who provide services in private offices and in basement multipurpose rooms. These contractors have the ability to schedule appointments and interact with residents without obtaining prior approval from security staff and therefore must be provided with more substantial training on sexual abuse and sexual harassment. The auditor reviewed this with the Corrections Administrator and it was decided that these contractors would be provided with the same level of training that the corrections officers receive. The auditor reviewed records which demonstrated that contractors completed an acknowledgement form which affirms their understanding of the MCRRC Zero-Tolerance policy towards sexual abuse and sexual harassment and their understanding of how to report incidents of sexual abuse and sexual harassment.

Based upon this analysis, the auditor finds the facility is not substantially compliant with this standard.

Corrective Action:

Provide contractors with training that is based upon the services that they provide and the level of contact they have with residents. This training should mirror if not be the exact same training that MCRRC corrections officers receive.

Update:

The facility has effectively demonstrated compliance during the Corrective Action period by providing supporting documentation to the auditor. The facility is now substantially compliant with this Standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*

Interviews:

1. Intake Staff (Monitors)
2. Random resident

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)* Procedure 'E', Education states (p.11-12):

"1. Within 72 hours of intake to the facility, each resident shall receive education on MCRRC's Zero-Tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report sexual abuse and sexual harassment, their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such abuse and harassment and how MCRRC responds to such allegations. Residents will be required to verify, in writing, that they received this during their initial orientation to the facility.

2. This education shall be in formats accessible to all residents, including, but limited to, those who are limited English proficient, hearing impaired, visually impaired, developmentally delayed, or have limited reading skills. Receipt of this education shall be documented for each resident."

The auditor interviewed 8 random security staff (Corporals and Officers), who all indicated that residents are provided with an orientation immediately upon arrival at the MCRRC. This includes being issued and signing an acknowledgement form which includes the MCRRC zero tolerance policy and how to report incidents of Sexual Abuse and Sexual Harassment. Within 72 hours, residents are shown a PREA orientation video, *Speaking Up: Discussing Prison Sexual Assault* (The Moss Group/National Institute of Corrections). Residents are required to sign an acknowledgement form documenting that they have viewed this video. The auditor interviewed 10 residents, who all confirmed that they were provided with an orientation and had watched the PREA video. The auditor reviewed documentation which confirmed that all 16 residents had received the orientation and had watched the PREA video. There were no transfers from other facilities, however, residents arriving from other facilities are considered new intakes and are provided with a complete orientation.

PREA posters stating the facility's zero-tolerance policy and providing reporting information are posted in common areas throughout the facility. Each resident dayroom has reporting information for residents posted on the wall. Residents can access the MCRRC website and review PREA information directly without having to involve staff or other residents. The PREA orientation printed material is available in English, Spanish and French and as an audio file for vision impaired or blind residents; while the video is available in English and Spanish.

MCRRC utilizes a national vendor for language interpretation when required. Staff who were interviewed at the facility could not identify and there was no documentation of a need for an interpreter during the audit period. Random staff interviews confirmed that staff were informed of the availability of interpreter services.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, 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 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*
3. Staff Training Records (National Institute of Corrections Training Certificate)

Interviews:

1. MCRRC PREA Coordinator
2. Waldo County Sheriff's Office Investigators

The facility provided the auditor a copy the *Certificate of Attendance* for the National Institute of Corrections (NIC) courses titled: *Specialized Training: Investigating Sexual Abuse in a Confinement Setting*, and *Specialized Training: Investigating Sexual Abuse in a Confinement Setting – Advanced* for the two investigators from the Sheriff's Office. These are the only staff who are authorized to conduct Criminal and Administrative Investigations. The MCRRC Detention Manager is in the process of completing the NIC courses so that they will be qualified to conduct Administrative Investigations.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (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 No NA
- 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 No NA
- 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 No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (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 No NA

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*

Interviews:

1. MCRRC PREA Coordinator
2. MCRRC Contracted Medical Provider (part-time)

MCRRC has a contract with a licensed Nurse Practitioner (NP), who comes to the facility to conduct *sick call* each week. The NP has completed specialized PREA training for medical staff from the National Commission on Correctional Healthcare (NCCHC). Residents who are victims of sexual abuse are eligible to receive treatment without cost, which includes access to a SANE/SAFE examination.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC PREA Risk Assessment Tool

Interviews:

1. MCRRC PREA Coordinator
2. MCRRC Staff Responsible for Risk Screening
3. MCRRC Intake Staff
4. Random Residents

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.10-11):

Procedure D: Screening and Assessment

“1. The PREA monitor’s duties with respect to screening residents for risk of sexual victimization or abusiveness shall include, but are not limited to, the following:

- a. Ensuring the screening of all new residents by the case manager conducting the initial intake. This screening shall take place upon intake into MCRRC, if possible, and in every case within twenty-four (24) hours of admission to the facility. The PREA Monitor will ensure that the screener is using an approved PREA screening instrument. The PREA Monitor will ensure that the case manager takes into consideration any mental, physical, or developmental disability and whether the resident is or perceived to be LGBTQI.*
- b. Ensuring that within a set time period, not to exceed fourteen (14) days from the resident’s admission to the facility, that the Classification Officer reassesses the resident using PREA assessment questions and any additional relevant information received by the facility since the intake screening.*
- c. Ensuring that a resident’s risk level is reassessed by the resident’s case manager using the relevant PREA assessment instrument anytime when warranted due to a referral, request, incident of sexual misconduct, regardless of whether it results in discipline, or receipt of new or additional information that relates to the resident’s risk of sexual victimization or abusiveness.*
- d. Ensuring that a resident’s case manager reassesses the resident using the relevant PREA assessment instrument at the resident’s quarterly case management review.*
- e. Ensuring that a resident’s case manager reassesses the resident using the relevant PREA assessment instrument upon transfer to another facility.*
- f. Ensuring that residents are not disciplined for refusing to answer or not disclosing complete information in response to any questions asked as part of screening for risk of sexual victimization or abusiveness.*
- g. Ensuring that if a resident is identified as possibly being at risk, security staff and other appropriate facility staff are notified to determine an appropriate housing assignment and to take necessary safety and security measures.*
- h. Ensuring that information from the risk screening is considered when making housing, work, education and other program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, and ensuring that determinations about how to ensure the safety of each resident are individualized.*
- i. Ensuring that all PREA information from screening, assessment, and reassessment of a resident is otherwise kept confidential.”*

Interviews with six staff members (4 primary and 2 backup) who conduct risk screening revealed that residents are consistently screened within 72 hours of arrival at the facility. The auditor's review of resident records confirmed that all 16 residents in the facility during the audit had their screening conducted within 72 hours. The MCRRC's computer-based objective screening tool incorporates the nine criteria listed in this Standard. Staff confirmed that the screening instrument has a series of questions and a space for the staff member to type in the response. The facility maintains paper copies of the instrument to utilize in the event that there is a computer failure. The tool is used to interview the resident to inform the determination of risk for victimization or risk of abusiveness. As required by Standard the intake screening considers *prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse*. The auditor also reviewed the records for the required 30-day reassessments. All residents who were due for a reassessment had their reassessment completed within the 30-day time requirement. The PREA Coordinator reviews the resident records and confirms the timeliness of both the intake screenings and the reassessments. The PREA Coordinator confirmed that residents may be reassessed at any time when a staff member makes a referral, when a resident is involved in an alleged incident of sexual abuse or sexual harassment, when the resident requests a reassessment or when the facility receives information relating to a resident's risk of sexual abusiveness or victimization. Staff interviewed confirmed that residents are encouraged to answer all questions of the screening and reassessment instruments; however, residents are not disciplined for refusing to answer any questions or for failing to provide complete responses to questions. There were no resident discipline records in existence, which documented an instance of a resident being sanctioned for refusing or partially answering a question during screening. The PREA Coordinator confirmed that all resident screening and reassessment forms are secured in the resident's computer file and only the four corporals, the Detention Manager and the PREA Coordinator have permission to access this module of the electronic record. Random security staff interviews confirmed that they do not have access to this information.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- 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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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 residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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 residents, does the agency always refrain from placing intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. PREA Assessment Tool (PRAT)

Interviews:

1. PREA Coordinator
2. MCRRC Staff Responsible for Risk Screenings

Site Review Observations:

1. Facility Floor Plan

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p. 11):

Procedure 'D' Screening and Assessment

- g. Ensuring that if a resident is identified as possibly being at risk, security staff and other appropriate facility staff are notified to determine an appropriate housing assignment and to take necessary safety and security measures.
- h. Ensuring that information from the risk screening is considered when making housing, work, education and other program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, and ensuring that determinations about how to ensure the safety of each resident are individualized.
- i. Ensuring that all PREA information from screening, assessment, and reassessment of a resident is otherwise kept confidential.

The auditor interviewed the MCRRC PREA Coordinator, who confirmed that intake screening information is used to inform decisions regarding housing, bed, work, education, and program assignments within the facility. MCRRC reviews requests from inmates of area county jails and prisoners from the Maine Department of Corrections and possesses resident information which may include any special considerations, disabilities or institutional behavior history that may impact the resident’s stay. With this information, the Corrections Administrator makes a provisional housing determination on where the incoming resident should be housed. The initial housing assignment can be changed based upon the results of the intake risk screening. During the onsite audit, there were no transgender and no intersex residents in the facility. The facility layout provides private bathrooms and showers in each of the six dayrooms for resident use. During the site review, the auditor observed that there were no special housing areas identified for residents who were Lesbian, Gay, Bisexual, Transgender, or Intersex (LGBTI). There were no LGBTI residents housed in the facility during the onsite audit.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No

- Does that private entity or office allow the resident to remain anonymous upon request?
 Yes No

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Zero Tolerance Statement (undated)
4. MCRRC website ([www. https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/](https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/))

Interviews:

1. PREA Coordinator
2. Random Staff
3. Random Residents

Site Review Observations:

1. PREA posters within the facility
2. PREA Reporting Notices

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p. 12-14):

Procedure G: Reporting Sexual Misconduct or Sexual Harassment

1. A prisoner/resident may report to any staff person within MCRRC that he/she has been a victim of sexual misconduct or sexual harassment by a staff person, a volunteer, or another prisoner or resident.
2. If a staff person or volunteer observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners/residents or sexual misconduct or sexual harassment by a staff person or volunteer with a prisoner/resident, that person shall immediately (verbally) report the incident to the Correctional Administrator, or designee, and, as soon as possible, to the facility PREA Monitor, who shall then immediately report it to MCRRC's PREA Coordinator.
3. The reporting staff person or volunteer shall then make a written report prior to leaving the facility and forward it to the Correctional Administrator, or designee, with a copy to the facility PREA Monitor, who shall immediately forward a copy to MCRRC's PREA Coordinator.
4. The reporting staff person or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings.
5. Any staff person or volunteer found to have failed to report sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.
6. A staff person or volunteer shall not attempt to deter any person from reporting sexual misconduct or sexual harassment and shall not take retaliatory action against any person who reports sexual misconduct or sexual harassment or who otherwise provides information related to an allegation of sexual misconduct or sexual harassment.
7. Any staff person or volunteer found to have attempted to deter any person from reporting sexual misconduct or sexual harassment or taken retaliatory action against any person who reports sexual misconduct or sexual harassment or who provides information related to alleged sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.
8. Retaliatory action shall be reported and investigated in the same manner as described above for reports of sexual misconduct or sexual harassment.
9. The Corrections Administrator, or designee, shall provide multiple internal processes for inmates/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 neglect or violation of responsibilities that may have contributed to such incidents, including verbally, in writing, anonymously, and by way of third parties.
10. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports directly to MCRRC's PREA Coordinator, either by writing the PREA Coordinator, who shall, if requested, keep confidential the identity of the inmate/resident, or by calling the MDOC PREA hotline.
11. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports of sexual misconduct to sexual assault response services agencies in the community by providing the contact information for local agencies.

The MCRRC Zero Tolerance Statement provides a list of resident reporting options. This list includes informing any staff member, reporting to the PREA Coordinator, calling the Maine Department of Corrections PREA Hotline, call the Maine Coalition Against Sexual Assault or write a report and place it into an envelope and give it to a staff member or place it in the facility mailbox located in the front entrance area. Interviews with random residents confirmed that they were aware of multiple reporting methods. Residents stated that

they could report incidents of Sexual Abuse and Sexual Harassment in the following ways: *tell a staff member, tell the Corrections Administrator, call the hotline number, write a request, submit a grievance, tell their Case Manager.* Random staff interviews confirmed their understanding of how to accept a report and initiate a response. Staff confirmed that they would accept reports verbally, in writing, anonymously and through a third party. Staff confirmed that verbal reports would be reduced to writing as soon as possible but no later than the end of their shift. The auditor visited the facility website and verified that reporting information for third parties is posted to the website. Staff also recited several ways that they could privately report allegations of sexual abuse or sexual harassment, which include verbal reports, email correspondence and phone calls to the Corrections Administrator or PREA Coordinator. Random staff were interviewed and were able to identify multiple ways that residents could report incidents of Sexual Abuse and Sexual Harassment. Staff reported these methods as: *telling a staff member, filing a grievance, completing a request form, calling the police, and using the hotline number.* All residents acknowledged viewing PREA Reporting Notices in the facility. There were no reported incidents of sexual abuse or sexual harassment during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320, *Prison Rape Elimination Act (PREA)*
3. MCRRC Policy F-160 *Grievances*

Interviews:

1. PREA Coordinator

Site Review Observations:

1. PREA posters within the facility
2. Mailbox located in the front entrance area

MCRRC Policy F-320, *Prison Rape Elimination Act (PREA)* states: (p. 22-24)
Procedure L: Grieving Sexual Misconduct

- “1. An inmate or resident who is alleging that he or she has been a victim of sexual misconduct by a MCRRC staff person or a victim of sexual misconduct by a volunteer or another resident, for which he or she believes a MCRRC staff person is responsible, in addition to, or as an alternative to, making a report of sexual misconduct, may file a written grievance with the facility Grievance Officer as instructed in the MCRRC Resident Rulebook and outlined by Policy F-160. It is anticipated that prior to filing a lawsuit, a prisoner, or resident will attempt to resolve his or her allegation by using this grievance process.*
- 2. The prisoner or resident may be assisted in filing the grievance by any facility 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 Officer may personally speak to the prisoner or resident to ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Officer shall document that fact.*
- 3. The grievance, which may be submitted by a letter or other writing, must be clearly marked as a grievance about sexual misconduct. It must be addressed to the facility Grievance Officer and may be submitted in a sealed envelope or by another means that does not reveal its content or subject matter to a casual observer. If the facility Grievance Officer is the subject of the grievance, it must be submitted to the Detention Manager.*
- 4. No subject other than sexual misconduct may be brought up in the grievance. The grievance must describe the nature of the alleged sexual misconduct and must name or sufficiently describe the perpetrator of the alleged sexual misconduct. If the alleged perpetrator is not a facility staff person, the grievance must explain the basis for believing that a facility staff person is responsible for the alleged sexual misconduct and must name or sufficiently describe the person believed responsible. If the information provided is not sufficient, the Grievance Officer shall immediately send the grievance to the prisoner or resident, along with a note outlining what is missing. The Grievance Officer shall make a copy of the grievance and the note for the file. The missing information must be provided by the prisoner or resident within thirty (30) days of the date the Grievance Officer signs the note and sends out the note and the grievance. Sexual misconduct alleged in a grievance that is dismissed for failure to supply the missing information within this timeline may be the subject of a later grievance.*
- 5. There is no time limit on the filing of the grievance, and there is no requirement that the prisoner or resident attempt an informal resolution of the grievance. The investigation and other steps in the formal resolution of the grievance must be done only by those who are not named or described in the grievance as a perpetrator or staff person responsible for the sexual misconduct.*
- 6. If the matter being grieved might also be the subject of or otherwise involve a criminal investigation, the Grievance Officer shall immediately contact the Corrections Administrator, who will contact the Chief Deputy to initiate the criminal investigation.*
- 7. If the grievance contains a claim that the prisoner or resident is at a 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 Officer shall immediately forward the claim to the Corrections Administrator, or designee, for a determination of whether the prisoner or resident is subject to such a risk and, if so, to take immediate remedial action. The Corrections Administrator, or designee, shall make an*

initial response to the claim within forty-eight (48) hours and, a final response to the claim within five (5) days. The rest of the grievance shall be processed in the normal way.

8. If the Grievance Officer otherwise learns that a prisoner or resident is at a substantial risk of being a victim of imminent sexual misconduct, the Grievance Officer shall immediately notify the Corrections Administrator, or designee, for a determination of whether the prisoner or resident is subject to such a risk and, if so, to take immediate remedial action.

9. The Grievance Officer shall send to the prisoner or resident a response to the grievance, in writing, within thirty (30) days of its receipt. If a response cannot be made within the thirty (30) days, the Grievance Officer shall so advise the prisoner or resident in writing and shall indicate when the response will be made, which must not be later than an additional ten (10) days.

10. If the prisoner or resident is not satisfied with the response from the Grievance Officer, he or she may file a clearly marked appeal, by letter or other writing, to the Corrections Administrator within fifteen (15) days of the date the Grievance Officer signs and sends out the response. The prisoner or resident must file the grievance appeal on his or her own behalf.

11. The Corrections Administrator shall send to the prisoner or resident a response to the appeal, in writing, within thirty (30) days of its receipt. If a response cannot be made within the thirty (30) days, the Corrections Administrator shall so advise the prisoner or resident in writing and shall indicate when the response will be made, which must not be later than an additional ten (10) days.

12. If the prisoner or resident is not satisfied with the response from the Corrections Administrator he or she may file a clearly marked appeal, by letter or other writing, to the Sheriff within (15) days of the date the Corrections Administrator signs and sends out the response. The prisoner or resident must file the grievance appeal on his or her own behalf.

13. The Sheriff, or designee, shall send to the prisoner or resident a response to the appeal, in writing, within thirty (30) days of its receipt. If a response cannot be made within the thirty (30) days, the Sheriff, or designee shall so advise the prisoner or resident in writing and shall indicate when the response will be made, which must not be later than an additional ten (10) days.

14. No prisoner/resident 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."

MCRRC Policy F-160 *Grievances*, Procedure 'A', numeral 10 states (p.3):

10. Failure to adhere to outlined time frames will result in an automatic advancement to the next level of the grievance process.

MCRRC has administrative procedures in place to address resident grievances regarding sexual abuse and is not exempt from this standard. The auditor's interview with the PREA Coordinator confirmed that there is a grievance process in place and that there is no time limit on when a resident can submit a grievance regarding an allegation of sexual abuse. The facility does not require residents to utilize any informal grievance process prior to filing a formal grievance relating to sexual abuse. Interviews with random staff confirmed that residents have continuous access to grievance forms. The front entrance of the resident housing areas contains a locked mailbox which is mounted to the wall, for residents to file grievances. MCRRC policy establishes a resident's right to file an Emergency Grievance and prescribes the response timeframes, which are consistent with the requirements of this standard. MCRRC policy cited above, identifies the time limits for response, agency extension of the time limits and the automatic response of a denial, whenever the agency does not meet the time limits for any level of the grievance process. Third parties can assist residents in filing requests for administrative remedies.

During the audit period, there were no grievances filed related to sexual abuse and no Emergency Grievances filed related to imminent risk of sexual abuse. The facility reported that there were no instances of a resident being disciplined for filing a grievance related to sexual abuse.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Zero Tolerance Statement
4. MOU with Sexual Assault Support Services of Midcoast Maine (SASSMM)

Interviews:

1. PREA Coordinator
2. Random Residents
3. SASSMM Executive Director

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.15-16):

Procedure H: Responding to a Report of Sexual Misconduct or Sexual Harassment

4. *Regardless of whether the prisoner/resident received medical treatment at the facility for a physical injury, the Correctional Administrator, or designee, to whom the report of sexual misconduct involving a sexual act is made shall ensure that, if the sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner/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.*
5. *If the prisoner/resident has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff shall offer it as soon as possible upon the return of the resident to the facility and shall offer treatment, as deemed medically appropriate by the facility medical provider.*
6. *If the alleged perpetrator of sexual misconduct is a prisoner/resident, the first staff person discovering the incident shall ensure that the prisoner/resident who is the alleged perpetrator is immediately separated from the alleged victim.*
7. *If the alleged perpetrator is a prisoner/resident, the Corrections Administrator, or designee, shall ensure that they remain separated, using the 72 Hour Hold area as appropriate, at least until the investigation into the alleged incident is completed.*
8. *If the alleged perpetrator is a staff person or volunteer, the Corrections Administrator, or designee, shall ensure that staff person or volunteer has no contact with the alleged victim at least until the investigation into the alleged incident is completed.*
9. *The Corrections Administrator, or designee, shall ensure that the alleged victim is referred upon return from the hospital to Behavioral Health for assessment, counseling, and/or treatment, as appropriate. The resident shall also be informed of the option of referral to a community sexual assault response services agency and shall ensure that a 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.*
10. *The Corrections Administrator, or designee, shall ensure that the alleged victim is offered the option of having a Rape Response Advocate or SANE Nurse present (if available) during the investigatory interview to provide support.*
11. *If the report is one of sexual harassment, the Corrections Administrator, or designee, shall take appropriate steps in response to the report, including but not limited to, ensuring that contact between the alleged perpetrator and alleged victim is restricted, if appropriate.*
12. *The Corrections Administrator, or designee, shall ensure that a resident or staff who reports sexual misconduct and the staff/resident who is alleged to have been the victim of the sexual misconduct is monitored for 90 days and longer if appropriate, for any signs of possible retaliation, including but not limited*

to, monitoring of disciplinary reports, housing status or program changes, and negative performance reviews. Monitoring shall include periodic checks directly with the person. The Detention Manager, or designee, shall also ensure that any resident or staff involved in an investigation, is similarly monitored if the person expresses a fear of retaliatory or it's otherwise deemed appropriate. If an allegation is deemed unfounded after investigation, the Detention Manager, or designee, may terminate the monitoring process even if 90 days has not yet passed. All retaliation checks shall be entered into the SecurManage PREA Log (Under "Type of Resident Log", choose, "Retaliation Monitoring" and then enter the resident log note).

The facility has PREA posters posted in common areas in the facility, which include the name and toll-free contact information for a local rape crisis center, Sexual Assault Support Services of Southern Maine (SASSMM). The facility has an MOU in place with SASSMM which provides residents access to victim advocates, follow-up and crisis intervention resources related to sexual abuse. As part of the auditor's contacts with community-based organizations, the auditor contacted SARSSM and confirmed with the Executive Director, the MOU and the services provided to residents at MCRRC. There were no incidents of sexual abuse and sexual harassment and therefore there were no files to review to confirm the provision of support services and victim advocacy (if consented to by the victim). Interviews with residents confirmed that they were aware of the availability of victim advocacy and emotional support services and understood that conversations with these resources would remain confidential, except for state mandatory reporting requirements.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Zero Tolerance Statement
4. MCRRC Website (www. <https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/>)

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.13-14):

Procedure G: Reporting Sexual Misconduct or Sexual Harassment

“9. The Corrections Administrator, or designee, shall provide multiple internal processes for inmates/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 neglect or violation of responsibilities that may have contributed to such incidents, including verbally, in writing, anonymously, and by way of third parties.

10. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports directly to MCRRC’s PREA Coordinator, either by writing the PREA Coordinator, who shall, if requested, keep confidential the identity of the inmate/resident, or by calling the MDOC PREA hotline.

11. The Corrections Administrator, or designee, shall provide the means for prisoners/residents to make reports of sexual misconduct to sexual assault response services agencies in the community by providing the contact information for local agencies.

During the site review the auditor observed PREA posters which contained information on how to report incidents of sexual abuse and sexual harassment on behalf of someone else (third-party reporting). The MCRRC Zero Tolerance Statement also informs residents that they can make third-party reports on behalf of others. The auditor visited the MCRRC website and confirmed that information on how to make a third-party report of an allegation of sexual abuse or sexual harassment was listed on the website.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator
2. PREA Coordinator
3. Random Staff

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.12-13):

Procedure G: Reporting Sexual Misconduct or Sexual Harassment

"2. If a staff person or volunteer observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners/residents or sexual misconduct or sexual harassment by a staff person or volunteer with a prisoner/resident, that person shall immediately (verbally) report the incident to the Correctional Administrator, or designee, and, as soon as possible, to the facility PREA Monitor, who shall then immediately report it to MCRRC's PREA Coordinator.

3. The reporting staff person or volunteer shall then make a written report prior to leaving the facility and forward it to the Correctional Administrator, or designee, with a copy to the facility PREA Monitor, who shall immediately forward a copy to MCRRC's PREA Coordinator.

4. The reporting staff person or volunteer shall otherwise keep the report and its contents confidential, except as necessary to facilitate any investigation of the report and any administrative or criminal proceedings.

5. Any staff person or volunteer found to have failed to report sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.

6. A staff person or volunteer shall not attempt to deter any person from reporting sexual misconduct or sexual harassment and shall not take retaliatory action against any person who reports sexual misconduct or sexual harassment or who otherwise provides information related to an allegation of sexual misconduct or sexual harassment.

7. Any staff person or volunteer found to have attempted to deter any person from reporting sexual misconduct or sexual harassment or taken retaliatory action against any person who reports sexual misconduct or sexual harassment or who provides information related to alleged sexual misconduct or sexual harassment is subject to disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from MCRRC property, and may also be subject to criminal prosecution.

8. Retaliatory action shall be reported and investigated in the same manner as described above for reports of sexual misconduct or sexual harassment."

The auditor interviewed seven random security staff who each confirmed their knowledge and understanding of the requirement that they immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment. These staff also stated that they would report the incidents

to the Corrections Administrator or PREA Coordinator and that they would keep the information confidential and not disclose it to anyone else unless directed to do so.

MCRRC contracts with a Nurse Practitioner (NP) on a part-time basis, to conduct weekly sick call onsite. The auditor interviewed the NP who confirmed their knowledge and understanding of their mandatory reporting requirements for incidents of sexual abuse. The Corrections Administrator, and the PREA Coordinator both confirmed during interview that the facility is aware of state law for the mandatory reporting to law enforcement and to the state, of incidents of abuse against the elderly or dependent adults (the facility does not house juveniles). The auditor's review of records did not identify any PREA incidents that required mandatory reporting to law enforcement or state officials during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator
2. Random Staff

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.4):

Procedure A: PREA, Sexual Misconduct, and Sexual Harassment, General

“7. If any staff or volunteer learns that a prisoner, resident, or person under supervision of MCRRC is at a substantial risk of being a victim of imminent sexual misconduct, the staff or volunteer shall immediately notify the Corrections Administrator or designee, for a determination of whether the prisoner or resident is subject to such a risk and, if so, to take immediate remedial action to protect the prisoner or resident.”

The Corrections Administrator confirmed during interview that when MCRRC learns that a resident is subject to substantial risk of imminent sexual abuse, staff are trained and required to take immediate action to protect the resident. The Corrections Administrator stated during interview that protection could include removing the at-risk resident from their room and placing them in a staff office under the constant supervision of a staff member until the facility could obtain more information about the imminent risk being posed. The auditor interviewed 8 security staff members who each confirmed during interview that they would immediately separate and protect any resident who was at substantial risk of imminent sexual abuse. Facility records indicated that there were no residents identified as being in substantial risk of imminent sexual abuse during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. Documentation of MCRRC Report to Other Confinement Facility

Interviews:

1. Corrections Administrator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.27):

Procedure M: Contracted Staff and Pretrial Services

17. Upon receiving an allegation that a community corrections client was subjected to sexual misconduct or sexual harassment while confined at a detention or correctional facility, in addition to notifying MCRRC's PREA Coordinator, the vendor's chief administrative officer, or designee, shall notify the Corrections Administrator, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred.

- a. Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours after its receipt by the vendor's chief administrative officer, or designee.*
- b. The chief administrative officer, or designee, providing the notification shall document that such notification has been provided.*
- c. The chief administrative officer, or designee, shall ensure that the community corrections client is encouraged to obtain any appropriate services.*
- d. The Corrections Administrator, or designee, of a department facility who receives such notification shall ensure that the allegation is investigated in accordance with these standards.*

The facility did not experience a case where a resident reported sexual abuse at another correctional facility. Should this occur, the Corrections Administrator confirmed their knowledge and understanding to report the incident to the Warden/Corrections Administrator of the named facility within 72 hours.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

3. MCRRC Sexual Assault Response Plan (undated)

Interviews:

1. Random Staff

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.15-16):

Procedure H: Responding to a Report of Sexual Misconduct or Sexual Harassment

- 1. The first staff person discovering an incident of sexual misconduct involving a sexual act shall ensure that the prisoner/resident is advised, if appropriate, that he/she should not shower, bathe, brush his/her teeth, clean his/her nails, or otherwise clean himself/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 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 staff person the resident has reported the incident to) shall ensure that if medical treatment is needed for a physical injury that it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the resident is immediately transported to a hospital.*
- 4. Regardless of whether the prisoner/resident received medical treatment at the facility for a physical injury, the Correctional Administrator, or designee, to whom the report of sexual misconduct involving a sexual act is made shall ensure that, if the sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner/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.*
- 5. If the prisoner/resident has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff shall offer it as soon as possible upon the return of the resident to the facility and shall offer treatment, as deemed medically appropriate by the facility medical provider.*
- 6. If the alleged perpetrator of sexual misconduct is a prisoner/resident, the first staff person discovering the incident shall ensure that the prisoner/resident who is the alleged perpetrator is immediately separated from the alleged victim.*
- 7. If the alleged perpetrator is a prisoner/resident, the Corrections Administrator, or designee, shall ensure that they remain separated, using the 72 Hour Hold area as appropriate, at least until the investigation into the alleged incident is completed.*
- 8. If the alleged perpetrator is a staff person or volunteer, the Corrections Administrator, or designee, shall ensure that staff person or volunteer has no contact with the alleged victim at least until the investigation into the alleged incident is completed.*
- 9. The Corrections Administrator, or designee, shall ensure that the alleged victim is referred upon return from the hospital to Behavioral Health for assessment, counseling, and/or treatment, as appropriate. The resident shall also be informed of the option of referral to a community sexual assault response services agency and shall ensure that a 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.*
- 10. The Corrections Administrator, or designee, shall ensure that the alleged victim is offered the option of having a Rape Response Advocate or SANE Nurse present (If available) during the investigatory interview to provide support.*
- 11. If the report is one of sexual harassment, the Corrections Administrator, or designee, shall take appropriate steps in response to the report, including but not limited to, ensuring that contact between the alleged perpetrator and alleged victim is restricted, if appropriate.*

12. The Corrections Administrator, or designee, shall ensure that a resident or staff who reports sexual misconduct and the staff/resident who is alleged to have been the victim of the sexual misconduct is monitored for 90 days and longer if appropriate, for any signs of possible retaliation, including but not limited to, monitoring of disciplinary reports, housing status or program changes, and negative performance reviews. Monitoring shall include periodic checks directly with the person. The Detention Manager, or designee, shall also ensure that any resident or staff involved in an investigation, is similarly monitored if the person expresses a fear of retaliatory or it's otherwise deemed appropriate. If an allegation is deemed unfounded after investigation, the Detention Manager, or designee, may terminate the monitoring process even if 90 days has not yet passed. All retaliation checks shall be entered into the SecurManage PREA Log (Under "Type of Resident Log", choose, "Retaliation Monitoring" and then enter the resident log note).

13. The Corrections Administrator or designee will ensure that all incidents of alleged sexual misconduct or sexual harassment involving Maine Department of Corrections (MDOC) inmates are reported within 72 hours to the MDOC PREA Coordinator."

As noted above MCRRC policy requires security staff first responders to (1) separate the victim, (2) preserve and protect any crime scene, (3) when an incident is reported within a timeframe that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, (4) when an incident is reported within a timeframe that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence; which meets the requirements of this standard. There were no incidents of sexual abuse during the audit period; therefore there were no security or non-security staff who acted as First Responders to an incident of sexual abuse, for the auditor to interview. Both security and non-security staff members interviewed were able to describe the steps that they have been trained to take to protect the alleged victim, preserve and protect any crime scene, instruct the alleged victim not to destroy any physical evidence and take steps to ensure that the alleged perpetrator does not destroy any physical evidence.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Sexual Assault Response Plan (undated)

Interviews:

1. MCRRC Corrections Administrator

The Corrections Administrator confirmed during interview that MCRRC has a facility response plan to coordinate actions taken in response to an incident of sexual abuse, among staff, first responders and medical and mental health practitioners, investigators, and facility leadership. The Plan provides step-by-step instructions for security staff to take when responding to an incident of sexual abuse. MCRRC does not regularly have medical or mental health staff onsite and the Plan states that medical providers from the local hospital will be contacted. MCRRC has an MOU with Sexual Assault Support Services of Midcoast Maine (SASSMM) for victim advocacy and emotional support.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Collective Bargaining Agreement

Interviews:

1. Agency Head
2. Corrections Administrator

The Agency Head and the Corrections Administrator both confirmed during interview that MCRRC staff were covered by a Collective Bargaining Agreement (CBA); however, the CBA did not prohibit the agency from taking steps to modify staff assignments in order to protect residents.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with

victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator
2. PREA Coordinator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.16):

Procedure H: Responding to a Report of Sexual Misconduct or Sexual Harassment

"12. The Corrections Administrator, or designee, shall ensure that a resident or staff who reports sexual misconduct and the staff/resident who is alleged to have been the victim of the sexual misconduct is monitored for 90 days and longer if appropriate, for any signs of possible retaliation, including but not limited to, monitoring of disciplinary reports, housing status or program changes, and negative performance reviews. Monitoring shall include periodic checks directly with the person. The Detention Manager, or designee, shall also ensure that any resident or staff involved in an investigation, is similarly monitored if the person expresses a fear of retaliatory or it's otherwise deemed appropriate. If an allegation is deemed unfounded after investigation, the Detention Manager, or designee, may terminate the monitoring process even if 90 days has not yet passed. All retaliation checks shall be entered into the SecurManage PREA Log (Under "Type of Resident Log", choose, "Retaliation Monitoring" and then enter the resident log note)."

MCRRC policy establishes that the PREA Coordinator is responsible for monitoring residents and staff for retaliation. Interviews with the Corrections Administrator, PREA Coordinator confirmed that MCRRC has a tracking system in place to monitor residents and staff who have reported sexual abuse and sexual harassment and protect them from retaliation by other residents or staff for at least 90 days, as required by this standard. MCRRC can change a resident's room assignment, change an alleged abuser's room assignment, remove residents from a room to create a single room for the resident who reported the incident and in cases where such action is warranted, MCRRC can remove a resident from the facility and transfer them to a county jail or a state facility. The facility can also implement schedule changes which prohibit residents from being in the dining area, recreation area or laundry room at the same time. There were no residents who reported sexual harassment or sexual abuse at the facility during the onsite audit. There were no instances of a staff member, contractor or other individual reporting an incident, therefore there was no documentation of retaliation monitoring for the auditor to review.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. National Institute of Corrections Specialized Training *Certificate of Attendance*

Interviews:

1. Corrections Administrator
2. PREA Coordinator
3. MCRRC PREA Investigator (PREA Coordinator)

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.17-20):

Procedure J: Investigation of a Report of Sexual Misconduct or Sexual Harassment

1. *The Shift Supervisor, or designee, shall immediately forward all written or verbal reports of suspected sexual misconduct rising to the level of a criminal offense to the Detention Manager and Corrections Administrator, who in turn shall notify the Waldo County Chief Deputy who shall assign it to the Detective Division, for investigation. The investigator assigned must have received special training in sexual abuse investigations.*
2. *The assigned officer investigating allegations of sexual misconduct or sexual harassment, shall respond to these reports promptly, thoroughly, and objectively, even if the report of sexual misconduct is from a third party or anonymous individual. All referrals, allegations, and investigations will be documented.*
3. *The Investigating Officer shall secure the place where the incident occurred 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 oversee credibility on an individual basis without regard to the person's status as a prisoner/resident, staff, or otherwise.*
4. *An investigation shall not be terminated due to the release from custody of the alleged victim or alleged perpetrator or, in the case of a staff person alleged to be the perpetrator; the staff person's leaving employment.*
5. *If sexual misconduct is substantiated, the investigating officer shall also determine whether staff actions or failures contributed to the sexual misconduct.*
6. *The investigating officer shall forward a copy of the investigation report and all supporting documents to the Correctional Administrator, or designee and PREA Coordinator within three (3) weeks of the date of the allegation, unless extenuating circumstances require a lengthier investigation.*
7. *The investigating officer shall ensure that the report of the investigation and all evidence relating to the investigation including, but not limited to, physical evidence, test results, and supporting documents (including photographs or videos), audio or video recordings of interrogations or interviews, summaries or transcriptions of interrogations or interviews, and investigative notes, are retained in accordance with applicable Waldo County Sheriff's Office policies for the retention of records and evidence.*
8. *If the investigating officer conducting the investigation determines that a staff person or volunteer has knowingly made a false report of sexual misconduct or knowingly made a false statement related to a report of sexual misconduct, the investigating officer shall refer the matter for disciplinary or other appropriate action, including dismissal, termination of contract, or being barred from County property, and may also refer the matter for criminal prosecution.*
9. *The investigating officer shall refer a report of sexual misconduct that is substantiated 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 Sheriff, or designee, and the Department's PREA Coordinator of the referral. If the substantiated report is one of sexual misconduct by a corrections officer, the Corrections Administrator, or designee, shall refer the report to the Maine Criminal Justice Academy.*
10. *If the report is one of sexual harassment by a department employee or sexual misconduct not rising to the level of a criminal offense by a department employee, the Corrections Administrator, or designee, in consultation with the Sheriff, or designee shall take appropriate steps to have it investigated as a personnel investigation by appropriate staff.*
11. *If the report is one of sexual harassment or sexual misconduct not rising to the level of a criminal offense and does not involve a department employee, the Corrections Administrator, or designee, shall take appropriate steps to have it investigated as an administrative investigation by appropriate staff.*
12. *The Corrections Administrator, or designee, shall also ensure that written or verbal reports from third parties, including anonymous third parties, are referred for investigation in accordance with this procedure.*
13. *Following an investigation into a prisoner's/resident's allegation that he or she suffered sexual harassment or sexual misconduct in the facility, the Corrections Administrator, or designee, shall inform the prisoner/resident in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, if the alleged perpetrator is a prisoner, resident volunteer, or staff person who is not a county employee. The Corrections Administrator, or designee, shall also inform the*

prisoner/resident whenever the 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. If the alleged perpetrator is a county employee, this information is confidential and may not be disclosed to the prisoner/resident, except as set out below.

14. Following a prisoner's/resident's allegation that the prisoner suffered sexual harassment or sexual misconduct by a staff person who is a Waldo County employee, the Corrections Administrator, or designee, shall inform the prisoner/resident in writing whenever:

- a. The staff person is no longer posted within the prisoner's/resident's unit;
- b. The staff person is no longer employed at the facility;
- c. The staff person has been indicted on a charge related to the alleged sexual misconduct, or
- d. The staff person has been convicted on a charge related to the sexual misconduct.

MCRRC policy requires all allegations of sexual abuse and sexual harassment to be investigated. The Waldo County Sheriff's Office has two detectives who are assigned to investigate incidents at MCRRC. The auditor verified that both individuals have attended specialized training for investigators of sexual abuse in a confinement setting, as required by PREA standard. During interviews, the PREA Coordinator confirmed that an administrative investigation is initiated immediately upon receipt of an allegation. The PREA Coordinator also confirmed that allegations reported anonymously or via a third party are treated the same way as allegations reported directly from a victim.

Criminal investigations at MCRRC would be conducted by the Waldo County Sheriff's Office. MCRRC staff are trained to preserve the crime scene and any evidence of the incident. This includes monitoring the alleged victim and the alleged abuser to prevent either from showering, brushing teeth, changing clothes, or taking any other action that may alter usable physical evidence. The investigators have been trained to collect evidence. The investigators confirmed that for administrative investigations, they would interview alleged victims, suspected perpetrators, and witnesses. They would also review prior complaints and reports of sexual abuse involving the suspected perpetrator. MCRRC staff would not conduct any compelled interviews unless the incident was not criminal. The investigators be responsible for consulting with prosecutors prior to initiating a compelled interview in a criminal case.

The investigators confirmed during interviews that an administrative investigation would continue and would not be terminated if the alleged victim or abuser terminated employment or was released from the facility.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-170 Investigations
3. National Institute of Corrections Specialized Training Certificate of Attendance

Interviews:

1. PREA Coordinator
2. Social Services Coordinator

MCRRC Policy F-170 Investigations states : (p. 9)

"7. For administrative investigations, the standard for determining a substantiated allegation of sexual misconduct or sexual harassment shall be by preponderance of the evidence."

The Waldo County Sheriff's Office has two detectives who are training in conducting PREA investigations. The facility provided documentation verifying that the both attended specialized training for PREA Investigators. This specialized training includes information that the evidentiary standard for administrative investigations is no higher than a preponderance of the evidence.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator
2. PREA Coordinator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.17-20):

"12. Results of Investigation

a. When an investigation has been completed the PREA Compliance Manager will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded (Attachment Q).

b. If MCRRC did not conduct the investigation the PREA Compliance Manager shall request that the investigative agency involved provide the relevant information in order to inform the resident involved.

c. If the resident's allegation involves a staff member the agency shall form the resident whenever the following occurs:

(1) The staff member is no longer employed at the facility

(2) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility OR

(3) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

d. All such notifications or attempted notifications shall be documented by the PREA Compliance Manager.

e. MCRRCs' obligation to report under this standard is terminated when the resident is released from the agency's custody."

The Corrections Administrator confirmed during interview that MCRRC policy requires the facility to notify residents of the determination of an allegation (i.e., Substantiated, Unsubstantiated, Unfounded). The Waldo County Sheriff's Office conducts administrative and criminal. For allegations against a staff member, the facility must notify the resident when there is a change in staff member's post or the termination of their

employment and when facility learns that the alleged staff abuser has been indicted or convicted. The facility is also required to notify the resident when an alleged resident abuser is indicted and when they are convicted. These notifications shall be documented.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.20):

Procedure K: Sanctions and Other Actions in Response to Substantiated Sexual Misconduct or Sexual Harassment

"1. Disciplinary sanctions for a violation of this policy by a Waldo County 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.

a. Termination shall be the presumptive disciplinary sanction for an employee who has engaged in sexual misconduct or sexual harassment.

b. All terminations of Waldo County employees for violations of this policy or resignations by Waldo County employees who would have been terminated if not for their 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 bodies.

The facility responded in the PAQ that there have not been any substantiated cases of staff sexual abuse or sexual harassment during this audit period. MCRRC policy declares a zero tolerance towards sexual abuse and sexual harassment and states that employees will be disciplined, up to and including termination for engaging in sexual abuse or sexual harassment. The Corrections Administrator confirmed that termination would be the presumptive disciplinary action for staff who engage in sexual abuse, and that disciplinary sanctions for violations of agency policies relating to sexual abuse and sexual harassment shall be 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. The Corrections Administrator confirmed that MCRRC policy requires the reporting of terminations or resignations from employees who would have been terminated to law enforcement, unless the actions were clearly not criminal, and to any relevant licensing bodies.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.20-21):

“2. Actions taken against a staff person who is not a Waldo County employee (i.e., persons providing services by agreement with or under contract with the Waldo County Sheriff’s Office) or against a person who is a volunteer for a violation of this policy 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.

a. Barring the person from County property and other contact with prisoners/residents shall be the presumptive action for a person who has engaged in sexual misconduct.

b. All barring of a person from County property and other contact with residents 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, to relevant licensing bodies, and, if determined appropriate after consultation with the Department’s legal representative in the Attorney General’s office, to the person’s employer or agency to which the person is affiliated.”

The facility reported in the PAQ that there were no incidents of sexual abuse or sexual harassment by contractors or volunteers at the facility. MCRRC policy protects residents from volunteers or contractors who engage in sexual abuse or sexual harassment. The Corrections Administrator confirmed during interview that the facility was prepared to take remedial action against volunteers or contractors who violate MCRRC’s zero tolerance policy against sexual abuse and sexual harassment. This action could include additional training or a prohibition of having future contact with residents. MCRRC policy also requires the facility to report volunteers or contractors who engage in sexual abuse, to law enforcement and any relevant licensing authority.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

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

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require

the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

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

115.278 (f)

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

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. MCRRC Corrections Administrator

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.21):

“3. Disciplinary sanctions for a violation of this policy by a resident shall be commensurate with the nature and circumstances of the person’s act, the person’s disciplinary history, and the sanctions imposed for comparable violations by other inmates/residents with similar histories, in accordance with the applicable MCRRC disciplinary policy.

a. A resident may not be disciplined for sexual activity with staff, except upon a finding that the staff person did not consent to such activity.

b. A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct or sexual harassment or otherwise knowingly making or soliciting a false statement related to a report of sexual misconduct or sexual harassment. 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.

4. If the investigation is of a report of sexual harassment, the Correctional Administrator, or designee, shall ensure that appropriate steps are taken in response to the investigation.”

The facility reported that there were no residents who were disciplined for sexual abuse sexual harassment or sexual activity during the audit period. The Corrections Administrator confirmed during interview that the facility resident rulebook contains sanctions for sexual abuse, sexual activity between residents and sexual contact with staff that was not consensual. MCRRC’s zero tolerance policy towards sexual abuse and sexual harassment requires that sanctions would be commensurate with factors such as the nature and circumstances of the offense committed, the resident’s discipline history, and the sanctions imposed for similar situations (p.21). The policy also considers a resident’s mental illness or disability must be considered when determining what type of sanction, if any, to impose (p.21). The facility provides limited medical services onsite. Case Managers can refer residents to community providers for services if indicated. MCRRC policy also states that residents who make reports in good faith, even if the resulting investigation does not substantiate the allegation, are not subject to discipline (p.21).

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. Letter from Maine Medical Center
4. Memorandum of Understanding with Sexual Assault Support Services of Midcoast Maine (SASSMM)

Interviews:

1. PREA Coordinator

2. Random Staff

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.16-17):

Procedure I: Medical and Mental Health Care for Prior Incidents

"1. If a screening indicates, or staff otherwise receives information that a prisoner/resident has experienced prior sexual misconduct, sexual victimization, or has previously perpetrated sexual misconduct; Whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate/resident is offered a referral to facility mental health staff within seven (7) days. If medical treatment is needed for a physical injury, staff shall ensure that it is offered immediately. If testing or treatment for sexually transmitted diseases are medically appropriate, staff shall ensure that they are offered.

2. Any information related to prior sexual misconduct that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to facilitate treatment plans and security and management decisions, including housing, bed, work, education and program assignments.

3. Staff shall obtain informed consent from a prisoner/resident before reporting information about prior sexual misconduct that did not occur in an institutional setting.

4. Mental health staff shall offer counseling to the prisoner/resident and shall continue to monitor the mental health needs of the prisoner/resident.

a. Mental health care staff shall also notify the Corrections Administrator, or designee of the risk of sexual victimization or sexually predatory behavior and the Corrections Administrator shall note the prisoner's/resident's risk in CORIS.

b. The Detention Manager or designee shall ensure that the safety needs of the prisoner/resident continue to be monitored."

The PREA Coordinator confirmed during interview that there were no residents referred to outside medical or mental health providers during the audit period. There were no incidents of sexual abuse and therefore no investigative records to review. The auditor's interviews with random staff confirmed that staff are trained in how to respond to incidents of sexual abuse and the immediate steps that they need to take to protect the victim, preserve evidence and to notify law enforcement and emergency medical personnel (if necessary). MCRRC policy requires the facility to offer victims access to sexually transmitted disease treatment as required by this Standard (p.16-17).

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident 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 residents 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.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(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 residents 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.*) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 *Prison Rape Elimination Act (PREA)*
3. Memorandum of Understanding with Sexual Assault Support Services of Midcoast Maine (SASSMM)

Interviews:

1. MCRRC PREA Coordinator

Site Review Observations:

1. PREA posters within the facility

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.14-15):

"3. The first staff person discovering an incident of sexual misconduct involving a sexual act (or the Staff person the resident has reported the incident to) shall ensure that if medical treatment is needed for a physical injury that it is offered immediately by facility medical staff, or, if there is no medical staff at the facility, shall ensure that the resident is immediately transported to a hospital.

4. Regardless of whether the prisoner/resident received medical treatment at the facility for a physical injury, the Correctional Administrator, or designee, to whom the report of sexual misconduct involving a sexual act is made shall ensure that, if the sexual misconduct is alleged to have occurred within the prior 72 hours, the prisoner/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.

5. If the prisoner/resident has not been offered testing for sexually transmitted diseases at the hospital, the facility medical staff shall offer it as soon as possible upon the return of the resident to the facility and shall offer treatment, as deemed medically appropriate by the facility medical provider.

MCRRC provides limited medical services onsite. A contracted Nurse Practitioner (NP) conducts weekly sick call at the facility. Unless an incident of sexual abuse were to occur during the time that the part-time

Nurse Practitioner was onsite, medical services would be provided to a resident in the community. The auditor interviewed the NP and they were aware of this Standards requirements for medical care. The NP confirmed that there were no residents placed on a treatment plan during the audit period.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)

Interviews:

1. Corrections Administrator
2. PREA Coordinator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.28-29):

Procedure N: Review and Data Collection

"1. The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including where 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.

c. 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; religion; ethnicity; gender; gender identity; LGBTQI 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 of 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;
 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 be made as set out above, and any recommendations for improvement, and submit such report to the Correctional Administrator and the MCRRC PREA Coordinator.
- d. The Corrections Administrator shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so.

The facility responded in the PAQ and the PREA Coordinator confirmed that there were no incidents of sexual abuse or sexual harassment during the audit period. The facility did not conduct any Incident Reviews during the audit period. The incident review team meetings would consider the following criteria during their review:

1. Whether the incident requires a change to policy or practice to better prevent, detect, or respond to sexual abuse;
2. Whether the incident was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation or other group dynamics at the facility;
3. Examination of the area in the facility where the incident occurred to identify physical barriers that may enable abuse;
4. Adequacy of facility staffing levels;
5. Whether existing monitoring technology is sufficient, or it needs to be augmented;

The Incident Review Team is required to prepare a report of its findings and submit it to the Corrections Administrator. If the Incident Review Team's recommendations are not implemented, the facility generates a report detailing the reason(s) why not.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Website ([www. https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/](https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/))

Interviews:

1. Corrections Administrator
2. PREA Coordinator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.29-30):

“2. The PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the MCRRC PREA Coordinator at least semi-annually.

a. The incident-based data collected shall include, at a minimum, the date necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

b. MCRRC’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. MCRRC’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.

d. MCRRC’s PREA Coordinator shall provide all such data, to include any additional requested data, to the MDOC PREA Coordinator.

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

3. The MCRRC PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of MCRRC’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.

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 MCRRC’s progress in addressing sexual misconduct.

b. The report of all aggregated sexual abuse data (after removing all personal identifiers) shall be approved by the Sheriff and made readily available to the public at least annually through the county’s website at www.waldocountyme.gov.

c. The Sheriff, or designee, shall redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility or would violate state or federal confidentiality laws, provided the type of material redacted is specified.”

The MCRRC Annual PREA Report is published on their website. The interview with the Corrections Administrator and the PREA Coordinator confirmed that MCRRC aggregates incident-based sexual abuse data annually. MCRRC does not contract out to other facilities to house residents. MCRRC was not requested to provide previous calendar year data by the Department of Justice.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. MCRRC Pre-Audit Questionnaire (PAQ)
2. MCRRC Policy F-320 Prison Rape Elimination Act (PREA)
3. MCRRC Website ([www. https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/](https://www.waldocountyme.gov/maine-coastal-regional-reentry-center-prea-standards-and-reports-2/))

Interviews:

1. Corrections Administrator
2. PREA Coordinator

MCRRC Policy F-320 Prison Rape Elimination Act (PREA) states (p.29-30):

“3. The MCRRC PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of MCRRC’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.

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 MCRRC’s progress in addressing sexual misconduct.

b. The report of all aggregated sexual abuse data (after removing all personal identifiers) shall be approved by the Sheriff and made readily available to the public at least annually through the county’s website at www.waldocountyme.gov.

c. The Sheriff, or designee, shall redact specific material from the report when publication would present a clear and specific threat to the safety and security of a facility or would violate state or federal confidentiality laws, provided the type of material redacted is specified.”

PREA incident data is collected and evaluated by the Corrections Administrator and the PREA Coordinator to determine if policy, operational, staffing or program changes are warranted. The Corrections Administrator and PREA Coordinator also conduct an Annual Review to evaluate incidents of Sexual Abuse and Sexual Harassment that occurred during the year to determine root causes and to identify policy, operational or physical plant modifications that are necessary to improve the sexual safety of residents at the facility. The auditor visited the agency’s website and reviewed the 2019 and 2020 PREA Annual Reports. The Reports provide the required information and do not contain any personally identifiable information (PII).

Based upon this analysis, the auditor finds the facility substantially compliant with the requirements of this standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. Maine Coastal Regional Reentry Center (MCRRC) Pre-Audit Questionnaire (PAQ)
2. MCRRC Final Audit Report (June 25, 2018)

https://secureservercdn.net/198.71.233.129/g59.36f.myftpupload.com/wp-content/uploads/2019/02/MCRRCPREAFinalAuditReport_2018-06-25.pdf

3. Waldo County Sheriff's Office website:

<https://secureservercdn.net/198.71.233.129/g59.36f.myftpupload.com/wp-content/uploads/2021/06/MCRRC-2020-PREA-Annual-Report.pdf?time=1622736752>

Interviews:

1. Corrections Administrator
2. PREA Coordinator

The auditor interviewed the PREA Coordinator, who confirmed that the facility is required to maintain data for at least 10 years after the date of the initial collection as required by this standard. The Corrections Administrator conducts an Annual Review to evaluate incidents of Sexual Abuse and Sexual Harassment that occurred during the year to determine root causes and to identify policy, operational or physical plant modifications that are necessary to improve the sexual safety of residents at the facility. The auditor visited the Waldo County Sheriff's Office website and reviewed the 2019 and the 2020 PREA Annual Reports. The Reports did not contain any personally identifiable information (PII), while providing the required data.

Based upon this analysis, the auditor finds the facility substantially compliant with the requirements of this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- 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.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. Maine Coastal Regional Reentry Center (MCRRC) Pre-Audit Questionnaire (PAQ)
2. MCRRC Final Audit Report (June 25, 2018)

https://secureservercdn.net/198.71.233.129/g59.36f.myftpupload.com/wp-content/uploads/2019/02/MCRRCPREAFinalAuditReport_2018-06-25.pdf

The auditor reviewed the Waldo County Sheriff's Office website as part of the audit process and confirmed that the MCRRC was audited, and a Final Report issued and posted to its website in June of 2018. As detailed in the Audit Narrative of this audit, the auditor was provided access to all areas of the facility, provided access to or a photocopy (when requested) of all relevant documents from the facility and the auditor was allowed access to the video monitoring system. The auditor was provided a private conference room to conduct staff and resident interviews. The facility posted notices of the audit six weeks in advance, which provided the auditor's name and mailing address. No resident correspondence was received by the auditor. These Notices also identified communication with the auditor as confidential. The auditor contacted community-based organizations to gain insight into relevant conditions in the facility. No concerns were noted.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Documents:

1. Maine Coastal Regional Reentry Center (MCRRC) Pre-Audit Questionnaire (PAQ)
2. MCRRC Final Audit Report (June 25, 2018)

https://secureservercdn.net/198.71.233.129/g59.36f.myftpupload.com/wp-content/uploads/2019/02/MCRRCPREAFinalAuditReport_2018-06-25.pdf

The auditor reviewed the Waldo County Sheriff's Office website as part of the audit process and confirmed that the MCRRC was audited, and a Final Report issued and posted to its website in June of 2018. The auditor will verify that the Final Report for this current audit is posted to the Waldo County Sheriff's Office website as required by this Standard.

Based upon this analysis, the auditor finds the facility is substantially compliant with this standard.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the

agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Michael B. Vitiello

May 22, 2022

Auditor Signature

Date

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

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