

# PREA Facility Audit Report: Final

**Name of Facility:** Leading the Way Transitional Living Residence

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/01/2024

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

AUDITOR INFORMATION	
<b>Auditor name:</b>	Fitzgerald, Jack
<b>Email:</b>	jffitzgerald@snet.net
<b>Start Date of On-Site Audit:</b>	04/11/2024
<b>End Date of On-Site Audit:</b>	04/12/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Leading the Way Transitional Living Residence
<b>Facility physical address:</b>	102 Hogan Road , Bangor , Maine - 04401
<b>Facility mailing address:</b>	102 Hogan Road, Floor 3, Bangor, Maine - 04401

Primary Contact
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<b>Name:</b>	Jodie Johnson
<b>Email Address:</b>	Jodie.Johnson@maine.gov
<b>Telephone Number:</b>	207-215-5799

<b>Facility Director</b>	
<b>Name:</b>	Jodie Johnson
<b>Email Address:</b>	Jodie.Johnson@maine.gov
<b>Telephone Number:</b>	207-215-5799

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Jodie Johnson
<b>Email Address:</b>	jodie.johnson@maine.gov
<b>Telephone Number:</b>	O: 207-215-5799
<b>Name:</b>	Tammy Lewis
<b>Email Address:</b>	tammy.lewis@maine.gov
<b>Telephone Number:</b>	O: 207-474-7378

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	14
<b>Current population of facility:</b>	11
<b>Average daily population for the past 12 months:</b>	10
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18 - 80

<b>Facility security levels/resident custody levels:</b>	community
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	6
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Randall Liberty
<b>Email Address:</b>	randall.liberty@maine.gov
<b>Telephone Number:</b>	(207) 287-2711

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Cheryl Preble	<b>Email Address:</b>	cheryl.preble@maine.gov

# Facility AUDIT FINDINGS

## Summary of Audit Findings

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

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

### Number of standards exceeded:

2

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.215 - Limits to cross-gender viewing and searches

### Number of standards met:

39

### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-04-11
2. End date of the onsite portion of the audit:	2024-04-12

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor reached out to local rape crisis agencies as well as the Local County jail that serves as an alternative reporting source. The Auditor also spoke with representatives of the local hospitals with SANE Nurses and did web searches for news articles about the facility. The Auditor also researched LGBTI support groups and reviewed state websites and legislation that relates to the treatment of victims of sexual abuse or harassment.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	18
15. Average daily population for the past 12 months:	10
16. Number of inmate/resident/detainee housing units:	1

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>5</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The Population was low on the first day of the audit. Some residents had reportedly discharged in the prior 10 days and there are new admissions that would be coming in the next week.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	6
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	4



<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor Interviewed all residents who were in the facility over the two-day period who were not identified for target interviews</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</b></p>	<p>The total population was 5 at the time of the site visit.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>1</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>

<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>

<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>

<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The PREA Coordinator, Program Director, and PREA Monitor had reviewed the population before the site visit. During the initial meeting, the auditor reviewed the list with the staff present and then met with the entire population to confirm whether any other populations could be identified.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></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>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>As an open community confinement environment that is voluntary, there is no segregated housing.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>There was only one individual who was identified as a targeted population member.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>5</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></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 type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>

<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" 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).</p> <p><input 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.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>There were only two actual staff members assigned to the facility who did not count in the specialized interviews. To increase an understanding of the facility and its procedures, the Auditor also interviewed three probation staff who have filled in covering the facility on a handful of days over the last year.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>6</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



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

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	<p>Some persons filled more than one role in the interview process. The PREA Monitor is also the Intake and screening individual. No allegations have occurred since the facility opened, so there were no first responders or incident review participants. Discussions with leadership supported and understood the process.</p>
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.</p>	
<b>84. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	No text provided.
<b>Documentation Sampling</b>	
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.	
<b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The Auditor reviewed client records of the current population and those others who were discharged over the last year. Documentation of PREA education, PREA Screening, and PREA Reassessments were also reviewed. The Auditor also met with Human Resources staff onsite to review HR records. The 5-line staff records were provided.

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	There were no allegations of Sexual abuse at the Leading the Way program.



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

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>There were no allegations of sexual harassment at the Leading the Way program.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No text provided.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Documentation that Supports PC role/authority within the agency</p> <p>Posters and resident handbooks</p> <p>Documentation of Operations Unit meeting</p> <p>Documentation of PREA Team Meetings</p> <p>Individuals interviewed/ observations made.</p>

Interview with PREA Coordinator (PC)

Interview with Director of Operations confirming PC authority/duties

Interview with Staff

Interview with Residents

Tour Observations (posters, brochures, visitor notification)

Summary determination.

Indicator (a). The Maine Department of Correction has developed an agency-wide Policy on efforts to ensure compliance with the Prison Rape Elimination Act. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) was written to address the various requirements of the standards. The 47-page policy is divided into seven sub-policies, which set forth a zero-tolerance expectation for any sexual activity. Page one of the policy sets forth the zero-tolerance condition, and this initial portion of the policy defines sexual misconduct as consistent with the federal terms in PREA. The agency's policy statement directly names the federal legislation and defines expectations.

"In accordance with the United States Prison Rape Elimination Act of 2003 (PREA), 42 U.S.C. Sections 15601 et seq., and 17-A M.R.S.A Sections 251, 253, 254, 255-A, 260, and 760, it is the policy of the Department of Corrections to prohibit staff, volunteers, and student interns from engaging in sexual misconduct with an adult resident, juvenile resident, adult community corrections client, or juvenile community corrections client or sexual harassment of any of these persons. It is also the policy of the Department to prohibit any resident from engaging in sexual misconduct with another resident. It is also the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either. Any staff, volunteer, or student intern who engages in or threatens to engage in, fails to report, or otherwise fails to take appropriate steps in response to sexual misconduct with a resident or community corrections client or sexual harassment of a resident or community corrections client by any staff, volunteer, or student intern is subject to appropriate action, up to possible criminal prosecution. Any staff, volunteer, or student intern who fails to report or otherwise fails to take appropriate steps in response to sexual misconduct between residents is subject to appropriate action, up to possible criminal prosecution. The Department has zero tolerance toward all forms of sexual misconduct or sexual harassment, regardless of whether there is a violation of federal or state law."

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

response to any complaint. The facility staff showed knowledge consistent with training materials about their role in preventing, detecting, and responding to sexual assault claims. Staff are also provided with reminder cards at training about the importance of a zero-tolerance environment and that failing to report sexual assault is a crime. The Auditor also found at the sign-in desk cards informing visitors about the residents' rights to be free from sexual abuse and sexual harassment. Random Residents reported to the Auditor that Leading the Way is a PREA-safe environment and has a zero-tolerance culture.

Indicator (b). Leading the Way is one of several adult and Juvenile facilities run by the Maine Department of Corrections. PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes) defines the role of the PREA Coordinator (pages 5-6). The policy defines the duties of the PREA Coordinator as coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The Policy states, "The Department PREA Coordinator shall develop, implement, and oversee the Department's efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department. Duties of this position include, but are not limited to:

- a. serving as the primary contact and resource for the Department on PREA-related inquiries;
- b. collaborating with the Department's Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national standards, and Departmental goals concerning PREA issues;
- c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;
- d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;
- e. assisting in the development, implementation, and evaluation of all PREA-related training;
- f. collaborating with the Department's Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;
- g. collaborating with the Department's Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department includes the other facility's obligation to adopt and comply with PREA Standards and monitoring by the Department for compliance;
- h. collaborating with the Department's Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing protection of residents from sexual misconduct and harassment;

i. Collaborating with the Department’s Director of Health Services and Director of Training to ensure that all facility health care staff have been trained in the prevention of, detection of, preservation of evidence of, response to, and reporting of sexual misconduct; and

j. maintaining a memorandum of understanding with the Maine Coalition Against Sexual Assault for the provision of support services to residents.”

The auditor was provided with an agency flow chart showing the relationship between the PREA Coordinator, who works in the Maine Department of Corrections Central Office, DOC upper management, and the facilities wardens/directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations, who oversees conditions of confinement in DOC facilities and the state County Jail system. Documentation shows the PREA Coordinator’s access to agency senior leadership. The Agency also provided meeting notes that further support coordinated efforts, including communication with the agency’s senior leadership. The previous PREA Coordinator was involved in agency planning, including determining how the physical plant structure of new facilities affects PREA safety measures. For this audit, another central office staff member with experience as a PREA Compliance Manager took on the duties during the preparation for the audit.

The Leading the Way Transitional Living program opened in 2021, and this is their second PREA Audit. Residents are not sentenced to the facility, and as such, any program violation may result in dismissal from the program but does not necessarily require their incarceration. The facility program is voluntary for individuals who are transitioning back to the community from incarceration or those on community supervision who need a stable living environment. Though the program is not mandatory, the residents must comply with the Maine Department of Corrections policies. All staff are trained with the same PREA training the correctional facilities staff receive. The facility receives support from the PREA Coordinator, the central office, and the Mountain View Correctional Facility. The Program’s Director maintains agency PREA requirements, including training/education, screening, and prevention. The PREA Coordinator worked closely with the training and helped to implement PREA requirements.

**Compliance Determination:**

The Maine Department of Corrections has policies that define the steps taken to prevent, detect, and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into seven sub-policies that direct the different aspects of the agency’s efforts to provide safe environments. Policy 6.11 defines the roles of the state PREA Coordinator.

Interviews with the Manager of Correctional Operations and the Director of Operations confirm the PREA Coordinator’s role in maintaining PREA compliance. Residents in the facility knew they could call the DOC PREA Hotline as an option or ask to speak with the Program Director. Residents spoken with confirmed that sexual misconduct is not a concern at Leading the Way Transitional program, and



	<p>they had knowledge of resources available if a concern arises. Compliance was determined by considering multiple factors, including extensive policies. Interviews with the agency and facility leadership support compliance with all standard expectations, including the role of the PREA Coordinator. The Policy also addresses prohibited behaviors and sanctions for any form of sexual misconduct by staff. Residents were aware of program expectations and how to report a concern if one were to arise. The program has had no incidents of sexual abuse or sexual harassment since opening. The Auditor finds the standard has been exceeded; Maine DOC has made a choice to ensure a PREA-safe environment exists at Leading the Way Transitional Living Program, though the residents are not mandated to remain in the program.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>MOU with Waldo County showing the requirement to be PREA-compliant</p> <p>Documentation of the ongoing monitoring by Maine DOC</p> <p>Waldo County Jail Website</p> <p>Annual PREA report of Waldo County for the calendar year 2021</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Manager of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has one facility with whom it has an agreement for housing residents, The Maine Coastal Regional Reentry Center (MCRRC). The Waldo County facility is run by the county Sheriff's Office. The agreement between the Sheriff and the Department of Corrections began in January 2017. The current agreement goes from 2023-2026. A review of the language in the</p>

agreement finds on page 2 section 2.3 the state requires that the MCRRC is to comply with “the Federal Prison Rape Elimination Act” and add language on the requirement of an audit completed by the “federally certified PREA auditor”. The MCRRC has completed two PREA compliance audits, most recently in December of 2021.

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

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

#### Compliance Determination:

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

115.213	Supervision and monitoring
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 3.11 Staffing Requirements</p> <p>Leading the Way Transitional Living Program Staffing Plan</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director of Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with Regional Correctional Manager</p> <p>Interview with the Regional Correctional Administrator</p> <p>Interview with Residents</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC PREA Policy 6.11 sets forth the requirements of what should be considered in the assessment of needs in determining a staffing plan that considers PREA. Page 7 of the policy describes the various things that should be considered in the development of a plan, including generally accepted correctional practice, frequency of sexual assaults/complaints, the population make-up of the units, and how video monitoring can support safety. The Director is to develop a staffing plan; “at least once a year with the PREA Coordinator to protect prisoners or residents against sexual misconduct. When developing the facility’s plan, the following shall be considered:</p> <ol style="list-style-type: none"> <li>1) generally accepted correctional practices;</li> <li>2) any findings of inadequacy by courts or by federal or state investigative or oversight agencies;</li> <li>3) all components of the facility’s physical plant (including “blind-spots” or areas where staff or prisoners or residents may be isolated) and availability of video monitoring;</li> </ol>

- 4) the composition of the prisoner or resident population;
- 5) the number and placement of staff, including supervisory staff;
- 6) facility programs occurring on a particular shift;
- 7) any applicable state laws, regulations, or standards; and
- 8) the prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and any other relevant factors”.

Interviews with the Regional Correctional Manager who oversees Leading the Way and the Region 3 Regional Correctional Administrator describe the development process used in the completion of the annual assessment of staffing. The staffing plan is based on the capacity of 18 minimum security residents. The average population was 10 for the last year. On the first day of the Audit, the population was 5. Though the maximum capacity is 18 on paper, they have decided to cap the population at 14 residents for the 14 bedrooms. The Regional Manager reports there were no findings from judicial, federal, or oversight bodies of inadequacies. She also confirmed the facility has not operated below the minimal staffing level. The Leading the Way Transitional Living Program population has been screened through the Maine DOC’s classification process. As a result, individuals with histories of recent sexual misconduct in an institution are unlikely to be placed at the Leading the Way Transitional Living Program or would be identified to ensure higher monitoring of their behavior. There have been no allegations of sexual abuse or sexual harassment in the past year. Residents report those types of behavior do not occur at this facility.

Indicator (b). The Regional Correctional Manager and the Regional Correctional Administrator both report they have not had an incident in the last 12 months when minimal staffing was not maintained. Residents' support staff are always available to them and did not voice a concern about a lack of staffing at any time. The is comprised of 6 staff: the program director (Regional Correctional Manager), A Correctional Residential Monitor who completes intakes and screening, and four other Correctional Monitors. Regional Probation Officers who work in the same building can also fill in vacancies if they arise.

Indicator (c) The staffing plan was originally created in 2021 for Leading the Way Transitional Living Program. The 2023 updated plan is descriptive of the population housed at Leading the Way Transitional Living Program and uses photos and floor plans to show supervision and camera positions. The 16-page document provides a good overview of staffing monitoring technology and the population served. Staffing requires one person to work at all times. The residential monitors are called correctional monitors and monitor resident movements in and out of the facility. The Monitor's Office allows for visual supervision down the main hall or, as they

describe, the spine of the program. There is a second hallway with additional bed space. As an open environment, Leading the Way monitoring technology to assist in watching residents throughout the complex. The Correctional Monitors interviewed know the importance of active monitoring and describe how they observe residents through cameras while making tours of the areas periodically.

**Compliance Determination:**

The Maine Department of Corrections has two policies addressing the requirements of this standard's four indicators. Policy 3.11 Staffing Requirements and 6.11 Sexual Misconduct - (General) sets forth requirements of the Director to develop a staffing plan. Leading the Way Transitional Living Program has developed a narrative plan that addresses the various considerations in indicator (a). The facility is not under any current judgment for inadequacy. The probation administration reviews the plan annually, and then a request would go to the Maine DOC Central Office for staffing needs or technology upgrades. The Correctional Monitors supported the importance of active monitoring of the residents during the day. The standard is determined to be compliant based on policy, interviews, observations made throughout the onsite audit, and documentation provided that is consistent with the standard.

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Pre-Audit Questionnaire</p> <p>Memos on program staff not doing strip or pat searches</p> <p>Memo on no female residents</p> <p>PREA Policy 6.11.2</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Regional Correctional Manager</p> <p>Interview with random Staff</p> <p>Interview with random residents</p>

## Summary Determination

Indicator (a) There are not clothed or unclothed searches of the residents of Leading the Way. Any searches or UAs will be done by the probation office staff, who are located one floor below the program.

Indicator (b) Leading the Way Transitional Living Program does not house female residents, and as noted, there are no strip, body cavity, or pat searches of residents of the program.

Indicator (c) As noted in indicator (b), Leading the Way Transitional Living Program does not strip, body cavity, or pat search of residents of the program. The facility does not service female residents.

Indicator (d) Policy 6.11.2 Sexual Misconduct (Prevention Planning) page 7 states, 'The Chief Administrative Officer, or designee, shall implement practices that enable prisoners or residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in an emergency or when such viewing is incidental

to routine cell or room checks." As a voluntary program, the residents are given a level of privacy. Bedroom doors do not have viewing panels, and all residents' support staff will knock and announce before opening the door. The residents also support the staff do not enter the bathroom while individuals are using the facilities. Resident interviews support that they are never required to be unclothed in front of staff, including for strip searches or while taking care of personal hygiene. The Program has one bathroom with sufficient shower and curtains to allow privacy even if a staff member mistakenly enters. Staff also confirmed that female staff did not observe the residents in any form of undress. There is an expectation for residents to be fully clothed in all common spaces.

Indicator (e) As noted in indicator (a), the program does not search individuals. There were no transgender individuals in the program at the time of the audit. The search policy for Maine DOC confirms the agency does not condone searching individuals to determine genital status. "Facility staff shall not search or physically examine a transgender or intersex prisoner or resident for the sole purpose of determining the person's genital status."

	<p>Indicator (f) As noted previously, program staff do not search residents. The Correctional Monitors have not been trained to complete any pat or strip searches. If there is a concern about contraband, probation staff or local police will be called.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections has policies to address the various elements in this standard but has chosen to eliminate the searching of individuals by program staff. The Leading the Way Transitional Living Program is a voluntary program to help individuals achieve stability until they can live independently.</p> <p>Interviews with staff and residents were consistent with the described practices. There have been no searches of residents who also confirmed they can change and perform hygiene without opposite-gender observation. Residents and staff reported, and the Auditor observed the knock and announcement during the tour before a female staff member entered a room or the bathroom area. Residents support the male staff also announce before entering further supporting compliance. The Auditor finds the program has exceeded the standard by providing an environment in which residents feel safe while eliminating the need to search the resident's person.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 18.12 Accommodations for Prisoners with Disabilities or Other Special Needs</p> <p>Policy 19.2 Program and Services - Resident Rights</p> <p>Policy 1.10 Staff Communication with persons of Limited English Proficiency</p> <p>PREA Coordinator Memo</p> <p>Language link contract for interpretive services</p> <p>Pine Tree ASL interpretive services</p> <p>Resident Housing Agreement</p> <p>Intake notices in English and Spanish</p>

Agency PREA Video in English Spanish, Somali, and ASL

Individuals interviewed/ observations made.

Interview with Director of Operations for the agency head

Interview with random Residents who are LEP or have Disabilities

Interview with Random Staff

Interview with Intake Staff

Interview with Facility PREA Coordinator

PREA Signage in English and Spanish

Summary Determination

Indicator (a) The Maine Department of Corrections has taken appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to provide a PREA safe environment. Leading the Way can provide education to those individuals with visual or hearing impairments and informative supports to those individuals with significant cognitive concerns or significant mental illness that might make them a target for abuse. The Auditor was told there were no individuals in the population with whom the Auditor would have needed to use interpretive services or who were Limited English Proficient. Residents supported that there were staff they or others could approach if they had difficulty with understanding their rights related to PREA. There was signage throughout the facility about PREA safety and residents were aware about PREA and how to report. Policy 19.02 Defines further the rights of individuals with disabilities. "In accordance with the Americans with Disabilities Act no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or denied the benefits of the services, programs, or activities of the Department of Corrections. Services, programs and activities include, but are not limited to:

- a. academic and vocational education
- b. exercise and recreational activities
- c. work programs
- d. mail, telephone, and visiting
- e. library



- f. religious services and programs
- g. reception and orientation
- h. classification
- i. food service
- j. sanitation and hygiene
- k. health care
- l. social services
- m. release preparation and discharge
- n. disciplinary and grievance procedures
- o. access to media, courts, counsel and law library
- p. commissary/canteen
- q. volunteer programs
- r. mental health services.”

Indicator (b) The Maine Department of Correction has a limited population of individuals with whom English is not the primary language. The DOC has contracted with agencies to provide interpretive services, can produce the resident handbook in multiple languages, and has the PREA video available in four languages. The Auditor did not need to use interpretive services at Leading the Way Transitional Living Program to interview residents. The Auditor was able to see signage in a secondary language in the facility, though there were no LEP residents in the facility. In addition to a contract with a language interpreter, the agency also has a contract with interpreters for American Sign language.

Indicator (c) Staff were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. This prohibition is also addressed in Policy 1.10. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Policy 1.10 states, “The staff shall determine which form of interpreter services to make available, with a preference for telephone interpreter services. In-person interpreter services by a qualified interpreter are to be the next preference, provided that a staff interpreter, regardless of qualification, is not to be used as an interpreter for a client or a person involved with a client except in an emergency (a situation in which life, health, or safety of clients or others may be in immediate jeopardy). In an emergency such a staff member may be used as an interpreter until such time as a qualified interpreter becomes

available.” In discussions with the staff person who completes admission paperwork, she describes the steps she takes to ensure residents comprehend the program expectations, including the zero-tolerance policy toward sexual abuse or harassment. She confirms that in addition to interpretive aids, she will spend extra time with those who struggle with cognitive challenges or reading comprehension. She is also aware, as were other staff interviewed, that using resident interpreters outside life safety incidents is prohibited.

**Compliance Determination:**

PREA policy 6.11.2 Prevention and two other Maine DOC policies have language addressing the equal access of services for those residents who have a disability or who have limited English proficiency. The Auditor was able to speak with residents with disabilities but there were no residents that required translation services. The Auditor confirmed this through conversations with residents on tours, through random interviews with residents and through interviews with staff. The residents reported knowing their rights, how to report PREA concerns and if they had difficulty in understanding information how to get help.

Leading the Way provides all residents with an education about PREA upon admission. The residents are familiar with PREA as they have all had prior correctional stays with the Department of Corrections. Staff knew it was inappropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff, residents, and administration, as well as the hard materials (posters, orientation materials, agency video) and policies supporting equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information.

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 3.24 Pre-Employment Background Checks</p> <p>Policy 3.3 Personnel Selection and Retention</p> <p>Policy 3.05 Code of Conduct</p> <p>Department of Administrative and Financial Service -Protocol</p>

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

HR documentation for 5 line staff

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Region 3 Correctional Administrator

Interview with Regional Correctional Manager

Interview with HR staff

#### Summary Determination

Indicator (a). The Maine DOC policy 3.24 Pre-Employment Background Checks page 2 addresses the requirements of this indicator. The Policy prohibits employing or contracting services of individuals who have engaged in or have been adjudicated for sexual assault. It states, "To the extent permitted by law, the Department shall decline to hire or promote anyone who may have contact with adult residents, juvenile residents, or community corrections clients, and decline to enlist the services of any contractor who may have contact with adult or juvenile residents or community corrections clients, who has:

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

Interviews with HR staff support the process of screening all applicants for employment at the Leading the Way Transitional Living Program. The HR staff works with the Region 3 Corrections Office. The Facility does not employ Contractors or Volunteers. The process includes the employees confirming that they have not engaged in any form of the sexual misconduct described in indicator (a), including sexual assault in a prison or jail, any attempt to engage in sexual activity by force in the community or through coercion or engagement with an individual who could not consent.

Indicator (b). The Maine Department of Corrections policy prohibits the employment

of individuals who may have engaged in behaviors described in indicator (a). The Auditor confirmed with the HR staff that the Maine DOC performs criminal background checks on all Correctional Monitors individuals. All staff complete a form at the date of hire confirming they have not engaged in any of the acts described in indicator (a).

Indicator (c). The Maine Department of Corrections completes criminal background checks on all employees. The File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees. Discussions with the agency leadership and HR representative confirmed the background checks will be completed at the required 5-year intervals in indicator (e). The Check includes a criminal background check and prior institutional checks. Of the random employee's information requested 1 had prior institutional employment. The Auditor reviewed the records of all five employees of the facility.

Indicator (d). There are no contractor positions at Leading the Way Transitional Living Program. Maine DOC has existing policies and practices in place to support if, at a later date, this changes.

Indicator (e). Leading the Way provided the Auditor with information from the 5 employees, of whom none had been employed for over 5 years. The Auditor reviewed the expectations with the Human resources representative.

Indicator (f). The requirements of this indicator are covered in policy 3.05 Code of Conduct (page 5). Included in policy language is a continued responsibility to self-report any misconduct. Indicator (a) notes that all Leading the Way employees are asked to complete the PREA Employee Questionnaire. This document asks all prospective employees about the required element in the aforementioned indicator. The Policy addresses the requirements in stating, "The PREA Questionnaire for Applicants/Promotions form (Attachment A), a self-evaluation questionnaire about any previous PREA violations, is required to be completed: a. by all applicants who may have direct contact with adult residents, juvenile residents, or community corrections clients by any employee being considered for promotion who may have direct contact with adult residents, juvenile residents, or community corrections clients; c. and the completed form shall be retained in each employee's personnel file." The Auditor recommends that the questions be added to the online application process so that future employees can now use them when seeking employment.

Indicator (g). Contained also in the PREA Employee Questionnaire is the following passage: "any material omissions regarding such misconduct, or provision of

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

Indicator (h). The Maine DOC allows the agency, with proper releases of information, to disclose any PREA-related concerns to other institutions. The policy states, “ Interviews with Human Resources staff confirm they make requests of both internal and outside employers when hiring, but they had yet to receive an inquiry about a former employee as the program was so new.

Compliance Determination: The Maine Department of Corrections has a policy in place to address the requirements of the standard, including the completion of background checks and pre-employment screening that supports the agency’s efforts to screen out predatory candidates from employment. The auditor interviewed the Human Resources staff employed by the Maine Department of Administrative and Financial Services and assigned to DOC to oversee the hiring at Region 3 and LEADING THE WAY. The agency has all staff undergo multi-state criminal background checks, FBI fingerprint checks, and driver's license checks. The human resource manager reports that he works closely with facility management to maintain a line of communication.

The agency has several policies, including Human Resource and Personnel Policies (3.3, 3.24). The Auditor was also able to review appropriate personnel forms and criminal background checks for five employees. Record reviews support that all employees at the Leading the Way Transitional Living Program undergo prior institutional employer checks, pre-employment criminal background checks, and will, in the future, will be checked every five years. Compliance determination for this standard is based on policies, the several levels of documentation provided in advance and confirmed during the onsite visit, and the interviews with the Human Resource representative and the Regional Correctional Administrator.

<b>115.218</b>	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Leading the Way Transitional Living Program Pre-Audit Questionnaire

Individuals interviewed/ observations made.

Memo from PREA Coordinator on facility renovation and design

Documentation of meetings held during construction

Interview with the DOC Director of Correctional Operations

Interview with the Region 3 Correctional Administrator

Interview with the Regional Correctional Manager

Interview with the PREA Coordinator

Observation on tour

Random Staff spoken with on tours

**Summary Determination**

Indicator (a) Leading the Way Transitional Living Program is a new environment created in the last 18 months. The facility is open with two main hallways off which individual bedrooms exist. All bedrooms were single on the days of the Audit, but some had sufficient space for two residents. There are common bathroom areas with privacy. Policy 6.11 requires the agency PREA Coordinator to collaborate “with the Department’s Director of Operations to ensure that when a new facility is designed or an existing facility is expanded or modified or facility monitoring technology is installed or updated, consideration is given to ways of enhancing the protection of residents from sexual misconduct and harassment.” The Director of Correctional Operations reported that the former PREA Coordinator has been involved in all agency construction projects over the last four years, including Leading the Way. The Regional Manager who oversees Leading the Way was able to point out that no change since the last audit.

Indicator (b) The Leading the Way Transitional Living Program has limited fixed camera locations. The facility staff and supervisor were able to point out the program's limited blind spots. In the document described in indicator (a), the PREA Coordinator described the positions of the cameras and the staff's access to them to aid in client supervision. The PREA Coordinator also confirms how her role could further support ongoing assessments of any monitoring technology for leading the

way. The program has added one camera since the last audit. The camera was not added because of any incident, but the camera resolved a prior blind spot.

**Compliance Determination:**

The Leading the Way Transitional Living Program is an open environment where residents are able to come and go regularly. The facility is located on the grounds of a state mental health facility and is in the same building as the regional Probation Office. As noted in indicator (a), the facility involved the PREA Coordinator and Maine DOC Operations Unit in the physical plant design with an eye toward PREA safety. The department reportedly practices involving PREA in discussions when designing new facilities. The Regional Manager realizes the limitations of the camera system and must rely on residents being actively supervised in open settings. The Auditor did get a sense from residents that staff provide an appropriate level of supervision. The residents acknowledge that staff tour the facility, interact with residents, and address issues when needed.

The interviews also support Maine DOC's commitment to regular review of its physical plant needs and electronic surveillance to enhance resident safety. The Auditor spoke with the Regional Manager of Correctional Operations and Region 3 Correctional Administrator to confirm the ongoing assessment of the physical plant. Compliance is based on policy and interviews with facility and agency leadership toward ongoing assessment of needs in maintaining a PREA-safe environment.

115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Pre-Audit Questionnaire</p> <p>Policy 7.1 Investigations by a Correctional Investigator</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p>Policy 14.6 Preservation of Evidence</p> <p>Policy 18.8 Forensic Information or Evidence</p> <p>Policy 18.3 Access to Healthcare Services</p> <p>Maine Statutes 34A Chapter 3 Article 1</p>

MRS Title 24, §2986.

Leading the Way Sexual Assault Response plan

State Protocol for sexual abuse

Information for Residents

Memo confirming no investigations

Individuals interviewed/ observations made.

Interview with Sexual Assault trained Investigator

Interview with RRS representative

Interview with Hospital staff about SAFE/SANE access and services

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

Summary Determination

Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The DOC employs investigative staff at its correctional facilities who are trained law enforcement staff with the full powers of a police officer. The nearest facility, the Mountain View Correctional Facility, would be able to respond to a resident who alleges sexual abuse. Because the facility is open, allegations can be made directly to the local police in Bangor. The Bangor Police will respond to immediate situations, and they will either keep investigating the case or turn it over to the DOC investigator. The state of Maine has a protocol that was developed through the Attorney General's office with the assistance of medical, legal, and sexual assault advocates. The protocol and the Maine DOC investigative policies ensure uniform steps are taken in obtaining physical evidence. All residents of Leading the Way would go to local hospitals for the forensic exam, which can be completed by SANE-trained individuals. There are at least two hospitals in the city with SANE-trained individuals. The agency has several policies on investigations (7.1,7.3) and protecting evidence (14.6, 18.8) that help direct staff in addition to the state protocol developed by Maine's Attorney General. Since there have been no allegations, there have been no investigations to review.

Indicator (b) The state's protocol covers the procedure for youth, but the Leading the Way Transitional Living Program does not serve that population, so the first portion of the indicator does not apply. The Maine DOC has a policy to address youth under 18. The agency has a separate facility to house individuals charged with serious crimes as juveniles. The state protocol has a committee that reviews current



practices and makes adjustments consistent with national trends for best practices. The Auditor has spoken previously with an individual in Maine who works to keep their training and protocol consistent with national trends. The Auditor reviewed the protocol, compared it to the U.S. DOJ document, and found the topics similar.

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

The Leading the Way Transitional Living Program has the same ability to have a forensic exam without cost as any other resident of the state of Maine, regardless of whether they cooperate in the investigation. This is confirmed in DOC policy, interviews with investigators, and local hospital staff. Agency policy addresses this in policy 11.6.5. "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." It is also addressed in the Attorney General's Protocol on page 14, which explains that the state's Victims Compensations funds cover medical treatment costs.

Indicator (d) The Leading the Way Transitional Living Program has an agreement with the local rape crisis agency to provide support services to victims of sexual assault. The Rape Response Services (RRS) is part of the state coalition against sexual assault (MECASA). Discussions with the RRS representative support an ability to provide support to victims during forensic exams and police interviews. There have been no instances where RRS has been needed to provide accompaniment services for forensic exams or police interviews for an allegation at Leading the Way. A copy of the MOU between MECASA and the Maine DOC was provided. Rape Response Services also provides support to potential victims at the Mountain View facility. .

Indicator (e) Both hospital and agency staff confirm that a rape crisis staff would be available to help a victim through a forensic exam and criminal justice interview and provide ongoing support and referral to the victim. A MOU was provided to the Auditor. The Auditor also reviewed the facility's Coordinated response plan, which requires the medical staff to contact RRS to request an advocate to meet the victim at the hospital to support them through an exam. The Rape Response Services staff

person reports that the local hospital will call them once a victim arises. This ensures that if a resident went to the hospital on their own, they would still have access to the same support services.

Indicator (f) NA- The Department of Corrections is responsible for completing investigations at all its facilities. If the Bangor Police respond to the facility the DOC Investigator will work with the Local Police to determine who will complete the investigation.

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

Indicator (h) NA- The Department of Corrections has entered into an agreement with MECASA to provide rape crisis support staff through its hotline and local provider Rape Response Services (RRS) if needed.

#### Compliance Determination:

The Maine Department of Corrections has two policies that address concerns in this standard 7.1 Investigations by a Correctional Investigator and 6.11.3 PREA- Reporting and Investigating. Criminal investigative procedures are in place to ensure evidence is preserved. The criminal investigation would be done by the Criminal Investigator or the Special Investigations and Intelligence Unit (SII), who investigates crimes at both MVCC and Leading the Way. The Mountain View Investigator is a trained law enforcement officer, which includes the investigation of Sexual Assaults in a correctional setting. Residents who are victims of sexual assault can be taken to one of two Bangor Hospitals with trained SAFE/SANE nurses. Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFEs or SANEs. Hospital staff confirmed this service would be done free of charge, and if a SANE is not on duty, one could be called in. It is also reported that the hospital would call Rape Response Services. Compliance is determined based on the availability of resources to investigate, secure, and process evidence effectively. Factoring in the compliance decision is the availability of emotional support through RRS, including hospital and police interview accompaniments. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1072 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 412 1378 448">Maine Statutes related to Correctional Law enforcement Powers (34A-3-3001)</p> <p data-bbox="280 483 737 519">Policy 6.11.3 Sexual Misconduct</p> <p data-bbox="280 555 788 591">Policy 07.01 Criminal Investigations</p> <p data-bbox="280 627 855 663">Policy 7.03 Administrative Investigations</p> <p data-bbox="280 842 906 878">Individuals interviewed/ observations made.</p> <p data-bbox="280 913 1040 949">Interview with the Director of Correctional Operations</p> <p data-bbox="280 985 855 1021">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1057 925 1093">Interview with Regional Correctional Manager</p> <p data-bbox="280 1128 746 1164">Interview with Investigative staff</p> <p data-bbox="280 1200 727 1236">Maine Justice Academy website</p> <p data-bbox="280 1344 632 1379">Summary Determination</p> <p data-bbox="280 1415 1474 1702">Indicator (a) The Maine Department of Correction has systems in place to ensure criminal and administrative investigations occur in a timely fashion. The Maine DOC employs individuals in a law enforcement role within each of its facilities. The Leading the Way Transitional Living Program would utilize an Investigator from Mountain View Correctional Center or one assigned by the Office of Professional Responsibility. There have been no allegations since opening that required an administrative or criminal investigation to occur.</p> <p data-bbox="280 1809 1474 2051">Indicator (b) The Maine Department of Corrections has several policies that address the requirements of this standard. Policy 6.11.03 Sexual Misconduct (PREA and Maine Statutes) states, "All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must</p>

have received special training in sexual misconduct investigations.” The agency's policies also comply with Maine state statutes that govern law enforcement duties. The Auditor also reviewed the Maine Justice Academy’s website for information on police certification requirements.

Indicator (c) This indicator does not apply as the Department of Correction is responsible for criminal investigations. If the Bangor Police respond, the DOC Investigator reports they will work together to determine who will complete the investigation.

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

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

**Compliance Determination:**

The Maine Department of Correction has a policy and trained investigative staff in place to ensure all allegations of sexual assault and sexual harassment are investigated. The DOC has trained law enforcement staff persons who will ensure all crimes, including sexual assaults, are investigated. According to the Director of Correctional Operations, incidents involving staff members are investigated by a centralized unit: the Office of Professional Review or the state’s EEO unit. Using a different investigator than the facility’s Criminal Investigator ensures an impartial investigation.

The Maine Department of Corrections investigates all incidents of sexual contact by residents as a potential criminal investigation. This is done to ensure all evidence is collected, even if the residents initially claimed that the contact was consensual. This process has yielded actual criminal charges after residents are separated and interviewed again about the incident. Compliance absent any allegations is based on policy and interviews with agency and facility leadership that support a consistent plan to support the investigation of any form of sexual misconduct that might occur.

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

Leading the Way training records

Maine Justice Academy approved training materials, lesson plans, and PowerPoint

Maine Justice Academy/ Maine Coalition Against Sexual Assault videos

Individuals interviewed/ observations made.

Interview with Regional Correctional Manager

Interviews with random staff

Summary Determination

Indicator (a) The Leading the Way Transitional Living Program ensures all staff are trained in the agency's Zero Tolerance for Sexual Misconduct. All Correctional Monitors are aware of their role in the prevention, detecting, and responding to sexual assault and sexual harassment of residents. Random staff were able to describe in the interviews how their day-to-day job keeps residents PREA safe. The staff members knew the signs and symptoms of someone who may be victimized the rights of residents related to PREA and were able to give examples of why sexual assaults may occur. Staff persons confirmed they get training on avoiding inappropriate situations with a resident, the criminal liability for failing to report a PREA incident, and how to respectfully work with LGBTI residents. The staff knew to use the Transgendered or intersexed resident's preferred name and pronouns. The Auditor reviewed the training materials to confirm the elements were addressed. The training material includes videos about abuse in prison and its impact on victims. The staff also must complete an exam as part of the annual training. The Agency PREA Policy 6.11.2 outlines requirements that are consistent with the standards. "The Department PREA Coordinator shall ensure that all staff, volunteers, and student interns who may have contact with a prisoner, resident, or person under

supervision of the Department in the community receive initial training with respect to:

a. the Department's zero-tolerance policy for sexual misconduct and sexual harassment;

b. the right of prisoners, residents, and persons under the supervision of the Department in the community to be free from sexual misconduct and sexual harassment;

c. the right of prisoners, residents, persons under supervision in the community, families, staff, volunteers, student interns, and others to be free from retaliation for

reporting sexual misconduct and sexual harassment;

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

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

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

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

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

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

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

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

The Auditor also confirmed that Probation Officers receive annual PREA training from the Department of Corrections. Two officers interviewed had worked to fill in shift vacancies a handful of times in the past 12 months.

Indicator (b) The Leading the Way Transitional Living Program is an all-male facility. All staff are trained using the Maine Justice Academy’s Curriculum, which describes working with both male and female residents. The facility provided documentation of the state’s curriculum on cross-gender supervision and working with female offenders as evidence supporting the ability to address these issues if the population ever changes.

Indicator (c) The Correctional Monitors received classroom training on PREA as part of the onboarding process. The initial training has been provided by the state PREA Coordinator. The staff interviewed by the Auditor confirmed annual training and were able to describe various information consistent with the curriculum reviewed. The documentation supports that the initial training was done in person, and the second year was conducted on the state’s online learning management system. A copy of the annual training was provided

	<p>Indicator (d) Employees sign for their training acknowledging their understanding of the content. Online training would include an electronic signature and a quiz used to confirm content knowledge. The Auditor was provided with a report showing the training dates for all Leading the Way staff who received PREA training in 2021 and 2022.</p> <p>Compliance Determination: All staff are trained in Maine DOC’s Zero Tolerance policies toward sexual assault and sexual harassment. Staff files reviewed as part of standard 115.17 showed this documentation. Training is documented through signatures for classroom activities and electronically for individualized learning through online education or through classroom presentations. The Maine Department of Corrections has a training program for all staff related to the 10 requirements on indicator (a). Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training and gender-specific understanding of sexual victimization that is important for staff.</p> <p>This Auditor reviewed a copy of the PowerPoint portion of the general PREA training. All staff interviewed were aware of the different aspects of the training presentations and were able to give examples of the information provided. Staff also reported the ability to refresh PREA issues through online information that comes out through Power DMS. Training records and staff interviews support that PREA-related staff education has happened more than once in the first three years of the program. Compliance determination was based on training records, the material used in presentations, and random staff members' ability to share examples of the content they had learned as part of PREA training that was consistent with standard requirements.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Contractor Sign-in - (PREA acknowledgment of Brochure for 1 time or infrequent visitors)</p> <p>PREA Brochure</p> <p>Agency training program for Volunteers</p>

Individuals interviewed/ observations made.

Interview with Regional Correctional Manager

Observation on tour

#### Summary Determination

Indicator (a) The Leading the Way Transitional Living Program does not employ contractors or volunteers. All individuals who enter the facility sign in and are provided a brochure that outlines the agency's efforts to maintain environments free from sexual abuse or harassment.

Indicator (b) The Regional Correctional Manager is aware that if there are individuals who routinely come to the program to provide services to clients, they should be trained on PREA. The Auditor was provided with documentation of the state's training program for volunteers, which supports they are prepared if they ever decide to allow volunteers or contractors to work routinely with clients.

Indicator (c) PREA policy 6.11.2 Sexual Misconduct (pages 2-3) requires the agency PREA Coordinator to keep track of the training. The policy requires individuals to sign for the information they receive. Since there have been no individuals who provided routine service, the Auditor could only review the materials in place that he was provided as an infrequent visitor. The Auditor has seen a PREA Acknowledgement form that contractors or volunteers sign in other Maine DOC environments.

#### Compliance Determination:

The Leading the Way Transitional Living Program is compliant with the standard expectations. The program does not use contractors or volunteers but has informational brochures in place for all individuals entering the site. The individual who oversees the program is aware of the expectation if the situation were to change. Compliance was determined through supporting documents and interviews with the program head.



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Policies and written/electronic documentation reviewed.

Maine DOC Website (PREA Education Videos)

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

1.9 Staff communication with residents and community corrections clients

Leading the Way Resident Contract

Resident PREA educational acknowledgment forms

PREA Educational materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with residents

Observation on a tour of PREA Signage in two languages

**Summary Determination**

Indicator (a) All residents are provided information about PREA upon admission to LEADING THE WAY. As a voluntary community-based program of the DOC, residents entering Leading the Way have been educated on PREA at other Maine DOC facilities. Residents are provided a description of PREA, how to protect themselves, how to report a concern, and what services are available if someone has been a victim. There were no intakes on the day of the Audit for the Auditor to observe so the Correctional Monitor described the admission process and how residents are educated on PREA, including a review of the information in the welcome packet and the watching of the Maine DOC PREA video. All residents are provided information immediately upon arrival and get a review with the caseworker again in her first meeting. Agency policy addresses the standard requirement. "Within ten (10) days of intake to the facility, each newly admitted prisoner or resident shall receive a comprehensive education concerning sexual misconduct and sexual harassment and shall receive the appropriate acknowledgment and safety memo." In addition to the PREA documentation being reviewed on the first date, the resident also reviews the contract for living at Leading the Way with the staff. This document has several notices related to the agency's zero-tolerance stance toward sexual misconduct. In section one, the document tells the residents they cannot "behave in a violent, threatening, harassing or otherwise inappropriate manner towards clients or staff.

Engaging in conduct that consists of unwanted comments, gestures, writing, or physical contact that is sexual in nature toward other clients or staff is prohibited. “ It goes on to state, “engaging in discrimination on the basis of race, color, sex, religion, national origin, ethnicity, disability, age, sexual orientation or gender identity against other resident or staff is prohibited.”

Indicator (b) All residents at Leading the Way are provided with a review of the facility-specific PREA information with the case worker in the first few days in the facility. Before being admitted to Leading the Way, most residents were housed in other correctional facilities. Some residents are direct transfers from state community confinement settings. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it’s important to report a concern, the resident’s rights related to PREA, and the steps DOC will take to investigate and support individuals if an incident occurs. The Auditor’s interviews with residents confirmed that PREA is not a worry and that they know how to report a concern. Residents were aware of the posting through out the facility.

Indicator (c) All residents received an education in PREA on how to report any concerns. Resident education is documented on the paperwork they sign. Education is available in multiple languages, from written to video to large print documents. One of the videos includes American sign language (ASL). Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations or those who cannot read. The agency policy sets forth the requirement to ensure that educational materials are appropriate to address any disability or LEP concern. “This education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be documented in Coris for each prisoner or resident.” Since the Program does not use Coris, the signed documents are kept in the resident’s permanent file in the program. Each new resident receives an intake packet with information about PREA and how to report a concern.

Indicator (d) Records were reviewed for all residents in the program and dozens of prior residents. This supports the fact that they have received PREA education, which is consistent with statements by residents about the education process at Leading the Way and that they sign a form after orientation. As it is a voluntary environment, some residents remarked about the times they were previously educated about PREA in state and county jails.

Indicator (e) Observations throughout the tour support the fact that materials are continuously available to residents. The information viewed included resident welcome packets, posters, and other signage about PREA or resources such as the local rape crisis agency.

**Compliance Determination:**

The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, the manners in which education is delivered and the requirement for materials for LEP and disabled resident education. Residents at Leading the way confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. The Intake staff reviews PREA information with the residents, and they are provided with a resident welcome folder that contains PREA information for them to keep.. The resident signs the education session and places it in their case record. The facility has PREA educational materials available to residents, such as brochures, posters, and intake packets.

On the tour, the Auditor saw posters informing residents how to report PREA events, access advocate services, or report to internal or external reporting sources. Residents report they are given facility-specific PREA information within one day of admission. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be witnesses to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact administration or outside individuals if they are uncomfortable telling the line staff. Many of the residents stated that PREA was not a concern at Leading the Way. They also reported they believed any complaint would be taken seriously and investigated.

Compliance determination considered the policy, supporting educational documents, and the residents' answers about training and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the materials viewed during the tours, and the videos from the state website. Finally, the residents' interviews support the idea that they understood the information provided to them, as they provided me with multiple ways to report a concern.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Maine DOC Website (PREA Education Videos)

6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention

1.9 Staff communication with residents and community corrections clients

Leading the Way Resident Contract

Resident PREA educational acknowledgment forms

PREA Educational materials

Individuals interviewed/ observations made.

Interview with Intake Staff Person

Interview with residents

Observation on a tour of PREA Signage in two languages

Summary Determination

Indicator (a) All residents are provided information about PREA upon admission to LEADING THE WAY. As a voluntary community-based program of the DOC, residents entering Leading the Way have been educated on PREA at other Maine DOC facilities. Residents are provided a description of PREA, how to protect themselves, how to report a concern, and what services are available if someone has been a victim. There were no intakes on the day of the Audit for the Auditor to observe so the Correctional Monitor described the admission process and how residents are educated on PREA, including a review of the information in the welcome packet and the watching of the Maine DOC PREA video. All residents are provided information immediately upon arrival and get a review with the caseworker again in her first meeting. Agency policy addresses the standard requirement. "Within ten (10) days of intake to the facility, each newly admitted prisoner or resident shall receive a comprehensive education concerning sexual misconduct and sexual harassment and shall receive the appropriate acknowledgment and safety memo." In addition to the PREA documentation being reviewed on the first date, the resident also reviews the contract for living at Leading the Way with the staff. This document has several notices related to the agency's zero-tolerance stance toward sexual misconduct. In section one, the document tells the residents they cannot "behave in a violent, threatening, harassing or otherwise inappropriate manner towards clients or staff. Engaging in conduct that consists of unwanted comments, gestures, writing, or physical contact that is sexual in nature toward other clients or staff is prohibited." It goes on to state, "engaging in discrimination on the basis of race, color, sex, religion, national origin, ethnicity, disability, age, sexual orientation or gender

identity against other resident or staff is prohibited.”

Indicator (b) All residents at Leading the Way are provided with a review of the facility-specific PREA information with the case worker in the first few days in the facility. Before being admitted to Leading the Way, most residents were housed in other correctional facilities. Some residents are direct transfers from state community confinement settings. The education includes how to protect themselves from sexual assault/sexual harassment, how to and why it's important to report a concern, the resident's rights related to PREA, and the steps DOC will take to investigate and support individuals if an incident occurs. The Auditor's interviews with residents confirmed that PREA is not a worry and that they know how to report a concern. Residents were aware of the posting through out the facility.

Indicator (c) All residents received an education in PREA on how to report any concerns. Resident education is documented on the paperwork they sign. Education is available in multiple languages, from written to video to large print documents. One of the videos includes American sign language (ASL). Residents support that they can go to staff if they need assistance in comprehension of written or oral PREA education. The assistance is available to any individual who needs assistance, including those with physical disabilities, cognitive limitations or those who cannot read. The agency policy sets forth the requirement to ensure that educational materials are appropriate to address any disability or LEP concern. “This education shall be in formats accessible to all prisoners and residents, including, but not limited to, those who are limited English proficient, hard of hearing or deaf, visually impaired, developmentally disabled, or have limited reading skills. Receipt of this education shall be documented in Coris for each prisoner or resident.” Since the Program does not use Coris, the signed documents are kept in the resident's permanent file in the program. Each new resident receives an intake packet with information about PREA and how to report a concern.

Indicator (d) Records were reviewed for all residents in the program and dozens of prior residents. This supports the fact that they have received PREA education, which is consistent with statements by residents about the education process at Leading the Way and that they sign a form after orientation. As it is a voluntary environment, some residents remarked about the times they were previously educated about PREA in state and county jails.

Indicator (e) Observations throughout the tour support the fact that materials are continuously available to residents. The information viewed included resident

	<p>welcome packets, posters, and other signage about PREA or resources such as the local rape crisis agency.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections Policy 6.11.2 PREA-Prevention sets forth on page 3 the expectation of the timeliness of resident education, the manners in which education is delivered and the requirement for materials for LEP and disabled resident education. Residents at Leading the way confirm they are educated on PREA and the zero-tolerance expectations as soon as they get to the facility. The Intake staff reviews PREA information with the residents, and they are provided with a resident welcome folder that contains PREA information for them to keep.. The resident signs the education session and places it in their case record. The facility has PREA educational materials available to residents, such as brochures, posters, and intake packets.</p> <p>On the tour, the Auditor saw posters informing residents how to report PREA events, access advocate services, or report to internal or external reporting sources. Residents report they are given facility-specific PREA information within one day of admission. Interviews with residents confirm that they know how to report incidents if they were to occur. Residents reported comfort in telling staff if they were to experience or be witnesses to an incident of sexual abuse or harassment. During interviews with residents, they expressed several ways to contact administration or outside individuals if they are uncomfortable telling the line staff. Many of the residents stated that PREA was not a concern at Leading the Way. They also reported they believed any complaint would be taken seriously and investigated.</p> <p>Compliance determination considered the policy, supporting educational documents, and the residents' answers about training and their knowledge about facility-specific steps for reporting a concern. Further supporting compliance is the Auditor's review of client records that showed their education, the materials viewed during the tours, and the videos from the state website. Finally, the residents' interviews support the idea that they understood the information provided to them, as they provided me with multiple ways to report a concern.</p>
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<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p>

	<p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Regional Manager on client access to community healthcare services</p> <p>Summary Determination</p> <p>Indicator (a) Residents of the Leading the Way Transitional Living Program are allowed to seek medical and Mental health Services in the Community. The indicator is not applicable.</p> <p>Indicator (b) The staff does not complete a forensic exam. The indicator is not applicable.</p> <p>Indicator (c) There are no medical or mental health service providers in the Leading the Way Transitional Living Program. In the City of Bangor, there are two Hospitals with SAFE or SANE services as well as several community-based health and mental health clinics within a mile of the facility. The indicator is not applicable.</p> <p>Indicator (d) The facility does not employ on-site medical or mental health services. The indicator is not applicable.</p> <p>Compliance Determination:</p> <p>The facility does not employ individuals to provide on-site medical or mental health services. The Auditor was able to identify several treatment options for victims of sexual abuse to go for appropriate care. Residents support the fact that staff in the program or their probation officer can help advise them on services in the area if they are unfamiliar with Bangor. Compliance absent any medical staff or mental health staff was based on availability in the community and agency policies in place.</p>
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<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Leading the Way Transitional Living Program Pre-Audit Questionnaire

Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention

Population report for LEADING THE WAY

Initial and follow-up assessments for residents

Leading the Way PREA Tracking reports

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interviews with Wellpath staff.

Interview with Director

Observation on tour

Summary Determination

Indicator (a) All residents who are admitted from the community, County jails, or transferred from a Maine DOC facility will be assessed with an objective screening. This requirement is outlined in policy 6.11.2 Sexual Misconduct – prevention (pages 3-4) that all individuals admitted or transferred be screened for the likelihood of being a victim of sexual violence or likelihood of being a perpetrator of the same said violence. It states, “The PREA monitor’s duties with respect to screening and assessing prisoners or residents for risk of sexual vulnerability or sexual violence shall include, but are not limited to, the following:

a. ensuring the PREA screening of all prisoners admitted to a reception facility by a case manager or other staff trained to administer the screening or all residents admitted to a juvenile facility by the unit Social Worker, unit Juvenile Program Worker, or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of intake;

b. ensuring the PREA screening of all prisoners or residents transferred to a facility by a case manager or other staff trained to administer the screening, to assess the risk of sexual vulnerability or sexual violence, within twenty-four hours of transfer; “

This information was verified through file reviews at samples provided in advance, files selected on site of current residents, and interviews of random residents.



Indicator (b) The Policy as stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The Correctional Residential Monitor confirmed that she completed the screening on the first day before assigning a room. The review of the Leading the Way Transitional Living Program screening reports supports that this practice standard is met. The Leading the Way program has developed a tracking chart for the case manager and the Regional Manager to review and ensure compliance with the timeline. A review of files shows consistent compliance with the policy of the residents who were screened in the first 24 hours which is sooner than the standard time of 72 hours. The client records reviewed on-site confirmed the report and showed dates consistent to the report. The Auditor review all 30 admissions in the prior 12 months.

Indicator (c) The tool developed for screening residents for potential sexual violence or sexual victimization is an objective tool utilizing information from the resident's criminal records, information from another correctional setting, and the resident's self-reported information. The auditor was provided with the materials for administering and scoring the tool to ensure that the application is objective. The tool takes into consideration all the elements required in indicator (d) with the staff checking yes or no for each item. Scoring for the likelihood of victimization or perpetrating behaviors depends on how each question is scored. All new residents are scheduled intakes so the Correctional Regional Monitor (CRM) completes the screening in the first hours the individual is in the program.

Indicator (d) A review of the objective tool used in Maine DOC facilities shows that it accounts for all 10 elements required in this indicator.

Indicator (e) The tool does consider the resident's history of violence or sexual abusiveness in the community and in prior institutional settings. There are several factors, including prior sexual and physical aggression in an institution and prior criminal charges for sexual misconduct. Individuals with certain charges are not permitted in the program and because the program is voluntary any outward aggression would lead to immediate dismissal.

Indicator (f) Maine DOC Policy 6.11.2 sets forth the requirement that all residents are reassessed for PREA within 14 days of admission. This agency standard is more stringent than the PREA standard indicator. The policy states, "ensuring that the PREA assessment of all prisoners or residents transferred to a facility is

administered by a case manager or other staff trained to administer the assessment between five (5) days and fourteen (14) days after the PREA screening;" The CRM at Leading the Way completes all initial and rescreening of residents within 14 days. As a result, this measure has been consistently maintained as documented in the agency report and the files reviewed by the Auditor. The Auditor reviewed reassessments of all 30 residents who had stayed more than two weeks in the past year.

Indicator (g) The CRM will reassess the individual if new information comes to light if someone is victimized while in the program. As noted above, sexual aggressors would not remain in the program after an attempted or actual sexual abuse.

Indicator (h) The Auditor confirmed that residents are not disciplined for refusing to answer questions or not disclosing information as part of the screening process. The Auditor confirmed with residents that they felt residents would not be disciplined for failing to answer PREA-related questions at intake. The Auditor confirmed that no discipline has occurred for a resident refusing to answer a question related to a PREA-sensitive topic like the individual's sexuality, victimization history or perception of safety. Agency policy addresses this concern, "ensuring that prisoners or residents are not disciplined for refusing to answer or for not disclosing complete information in response to any questions asked as part of screening or assessment for risk of sexual vulnerability or sexual violence." Resident have become used to staff asking PREA-related questions during their various stays in DOC facilities before Leading the Way.

Indicator (i) The Maine Department of Corrections completes the screening information on paper. The screening information, especially the client's more sensitive information, would not be accessible to the other correctional monitors. Policy language also speaks to this concern, "ensuring that information from the risk screening is reviewed and considered by appropriate staff when making housing and work, education and other program assignments so that those prisoners or residents at high risk of being sexually vulnerable are kept separate from those identified as being at high risk for sexual violence and ensuring that determinations about how to ensure the safety of each prisoner or resident are individualized; and ensuring that information from the risk screening and risk assessments is otherwise kept confidential."

**Compliance Determination:**

The Leading the Way Transitional Living Program ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy 6.11.2 (page 4) requires that all residents are screened initially within 24 hours and reassessed

	<p>within 14 days by the facility classification team. The objective tool was developed by Maine DOC and has clear guidelines for its use. The tool accounts for all thirteen factors required in indicators (D) and (e). They have also implemented a system to ensure that the residents are asked about sexuality, victimization history, and perceived safety after the initial screening. It is confirmed through interviews that only case management and administrators know the specific reasons for PREA scoring results in CORIS. Compliance was determined based on the PREA screenings provided, which were consistent with time requirements in the standard and interviews supporting how each individual is screened.</p>
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<b>115.242</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Policy 23.8 Management of Transgender Residents</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with random residents</p> <p>Population report</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The PREA screen used at Leading the Way provides immediate assistance in determining the appropriate housing for any new resident. All individuals at Leading the Way are housed in their own rooms. Residents who score as a potential aggressor would be housed far from any resident who may score as a potential or known victim history. All individuals can seek treatment for past victimization in the community and are reminded about the support services of Rape Response Services, the local rape crisis agency. The program does not have mental health services or other programming on-site. Most residents are going to community-based treatment and/or going to work. The program has little control over where individuals can get employment as some may already be employed at admission but lack stable housing.</p>

Indicator (b) The safety of the residents is considered throughout their stay. The CRM meets each resident when they first arrive. The management team has the ability to use all the information from the residents' prior stays at other Maine DOC facilities to develop an individualized plan for each resident. The Program works closely with the client's Probation Officer to determine goals for the client. As a voluntary community-based facility, residents with recent aggressions or certain criminal histories in the community or in a correctional setting would unlikely be admitted to Leading the Way.

Indicator (c) There are currently no transgender individuals at Leading the Way. The Maine correctional system attempts to place transgender individuals in the facility in which they identify. Residents who identify after intake are allowed medications to support their transition. The team will then consider when it is appropriate for the individual to be transferred to the facility they identify as while considering safety and security. Transgender individuals would be eligible for placement at Leading the Way. The program would work with the resident's Probation Officer to discuss the rules and expectations.

Indicator (d) Since there is no current transgender individuals at LEADING THE WAY, the Auditor considered the policy, which requires all transgender individuals' own preferences and perceptions of safety to be part of the considerations in determining housing. Transgender Policy 23.08 states, "If there is a possibility that the prisoner might be recommended for transfer to another facility, the Chief Administrative Officer, or designee, of the facility where the prisoner is currently housed shall contact the Chief Administrative Officer, or designee, of the other facility for inclusion of that facility's staff on the team. The Department's Director of Classification, or designee, shall also be included on the team. This team shall make recommendations about the following: a. whether male or female housing is appropriate for the prisoner; b whether male or female staff will conduct searches; c. property items to be allowed; d. shower and toilet arrangements; e. any safety or security precautions required; and f. any other relevant decisions." The Leading the Way Program does not search residents.

Indicator (E) There are no gang showers in Leading the Way. The unit has a central shower with individual stalls for showers. The showers have solid curtains, providing a level of privacy from other residents. Female staff will not enter the bathroom until announcing their presence and will reportedly wait for residents to leave before entering.

	<p>Indicator (f) The Leading the Way Transitional Living Program does not, by policy, practice, or legal requirement, house all LGBT residents in one housing unit. This was confirmed by interviews with the PREA Monitor, random staff, and residents.</p> <p>Compliance Determination:</p> <p>Maine DOC Policy 6.11.2 Sexual Misconduct - Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining indicators are covered in 23.8 Management of Transgender and Intersex Residents. All individuals entering Leading the Way are asked how they feel about their safety, which helps guide the placement process for housing. The Facility does not house individuals together and can separate individuals in two hallways, putting some individuals closer to the staff office to allow greater observation.</p> <p>The standard is determined to be compliant based on policy, supporting documents, and interviews with residents and staff. The Auditor finds that practices are in place to use screening information to protect the population from abuse, and there is good communication, which will also limit risk. Agency policy is written to the standards, though some elements have a narrower focus at Leading the Way as employment, programming, and education are not on site.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and Maine Statues)- Reporting and Investigations</p> <p>Sexual Assault Brochure</p> <p>Resident Welcome Packet</p> <p>PREA Posters</p> <p>Penobscot County Jail MOU</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p>

Interview with Contracted staff

Interview with residents

Observation on tour

Summary Determination

Indicator (a) The Maine DOC has policy language to address the requirements of the standard. Policy 6.11.3 Sexual Misconduct - Reporting and Investigations states, "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." Random resident interviews confirmed that the residents know there are multiple ways to report a concern within the facility or to the Department of Corrections Central Office. Residents knew of the postings and information in the resident admission packet and posters in the facility describes options to report a concern, including directly to a staff they trust, to the case manager, program supervisor, probation officer, or by calling the DOC PREA 'hotline' (agency PREA Coordinator). The Auditor observed the postings on the walls and discussed with residents their access to supervisory staff and their ability to write individuals internally and externally through the mail system. Residents confirm access to materials to make a report and that mail going to outside agencies such as Penobscot County Jail would be considered protected communication. The Penobscot County Jail serves as an outside reporting option for residents. The residents can make confidential calls on personal cell phones they are allowed to have or can use the phone in the conference room, which is not recorded..

Indicator (b) The Maine Department of Corrections has set up two ways in which residents can report a PREA concern to an outside agency. The Phone numbers for the local rape crisis agency are posted prominently in each housing unit. The Poster also has the address of the PREA Coordinator of the Penobscot County Jail if they do not feel comfortable reporting to DOC staff. The postings and welcome packet provide phone and mailing address of the state PREA Coordinator. Residents were aware of these options and stated they could call attorneys or family members to report a concern. The residents were also confident that if a family member called to report a concern, the staff would take it seriously and investigate it. The Auditor also tried to call the local rape crisis agency RRS 24-hour manned line for emotional support. Each agency would notify the DOC of concerns while allowing the individual to remain anonymous. The Leading the Way does not house residents for immigration violations. Since the residents can make the calls on their own phones

or while in the community while outside the program, they had confidence in reporting. The residents also reported that if they did not have a phone, they could ask to make a call from the conference room, which is not recorded.

Indicator (c) Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 3) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew that they had to report the claim regardless of the source of information, including anonymous notes. The staff reported that any claim needed to be reported, even if they thought it did not occur. The staff also confirmed that they were required to file a written report on the claim after giving notice to a supervisor. Finally, the staff also confirmed they had to report on a fellow employee's actions or failure to act that led to a sexual assault.

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

#### Compliance Determination

Maine Department of Corrections Policy 6.11.3 SEXUAL MISCONDUCT - Reporting and Investigation outlines the requirements of this standard. Page one of the policies addresses the staff's responsibility to accept all forms of resident-reported Sexual Abuse and Harassment claims. The facility's Sexual Assault Brochure, the Resident Contract, and posters throughout the facility all give direction on the importance and methods of reporting sexual assault and sexual harassment. Interviews with staff were consistent in understanding their duties of accepting and responding to all reports of sexual assault or sexual harassment, whether done verbally, in writing, anonymously or by a third party (indicator (c)). Since residents go into the community, they confidently communicate with these outside reporting groups.

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

Policies and written/electronic documentation reviewed.

Leading the Way Transitional Living Program Pre-Audit Questionnaire

Policy 6.11.4 Sexual Misconduct - Administrative Sanctions and Grievances

Individuals interviewed/ observations made.

Interview with Regional Correctional Manager

Interview with Random Residents

Observation on tour

Summary Determination

Indicator (a) Even though the program is voluntary, the Leading the Way Transitional Living Program residents have the ability to file a grievance on conditions that violate their rights. Sexual misconduct is a reason for which a resident can file a grievance. There have been no reported grievances at Leading the Way since its opening. The agency policy provided to the Auditor supports they are not exempt, and the PREA allegations of sexual abuse or sexual harassment can be processed through the grievance system. "An adult or juvenile resident who is alleging that he or she has been a victim of sexual misconduct constituting a PREA violation or a violation of Maine criminal law by staff or a victim of sexual misconduct constituting a PREA violation ...or a violation of Maine criminal law by a volunteer, student intern, or another resident for which he or she believes staff is responsible, in addition to, or as an alternative to, making a report of sexual misconduct, may file a grievance about the alleged sexual misconduct with the facility Grievance Review Officer as set out below. It is anticipated that prior to filing a lawsuit, a resident will attempt to resolve his or her allegation by using this grievance process." Residents spoken with on-site knew about the state's grievance process but acknowledged that though PREA is not a concern, they had other avenues they would likely use before a grievance

Indicator (b) ) Agency policy support the resident can file a grievance to a person who is not the subject of the grievance, and there is not a requirement to resolve the situation through an informal process. Agency Policy 6.11.4 (page 5) set forth these conditions. It states, "The resident may be assisted in filing the grievance by any staff or by any other person with whom the resident is permitted to have contact. Such a person may also file the grievance on behalf of the resident, provided that the resident consents to the filing." The policy goes on to state, "There is no time limit on the filing of the grievance, and there is no requirement



that the resident attempt an informal resolution of the grievance.” The residents interviewed clearly understood they could assist another resident in filing a grievance on sexual misconduct. The residents supported the idea that formal grievances are not necessarily the way they would report a concern and that they would be more likely to speak to staff, the director, or their probation officer.

Indicator (c) All PREA-related grievances are forward to the Regional Correctional Manager.

Indicator (d) Maine DOC policy 6.11.4 SEXUAL MISCONDUCT (PREA AND MAINE STATUTES) ADMINISTRATIVE SANCTIONS AND GRIEVANCES sets forth the requirements for response and appeal consistent with the standard. A review of the policy shows that an initial grievance response must be made within 30 days. The policy allows for up to a ten-day extension but requires written notification, including the reason for the delay. Each level of the appeal process requires similar notifications if the inmate is not responded to within the required timeframes. The total time, not including appeal preparations by the resident, is expected in the policy to be 90 days.

Indicator (e) Policy 6.11.4 (page 6) states, “The prisoner or resident may be assisted in filing the grievance by any Departmental staff person or by any other person with whom the prisoner or resident is permitted to have contact. Such a person may also file the grievance on behalf of the prisoner or resident, provided that the prisoner or resident consents to the filing. If there is any question about consent, the Grievance Review Officer may personally speak to the prisoner or resident to ascertain whether he or she consents to the filing of the grievance on his or her behalf. If he or she does not consent, the Grievance Review Officer shall document that fact and shall not respond to the grievance.” Residents spoken to by the Auditor confirmed that there is no prohibition on assisting or filing a grievance for another resident. Staff also knew they needed to accept all complaints or grievances from third-party individuals.

Indicator (f) The policy describes the provisions for an emergency grievance. “If the grievance contains a claim that the 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 Review Officer shall immediately notify and forward the claim to the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action. The Chief Administrative Officer, or designee, shall make an initial written response to the

claim within forty-eight (48) hours of its receipt and a final written response to the claim within five (5) days of its receipt. The rest of the grievance shall be processed in the ordinary way.” The Policy goes on to state, “If the Grievance Review Officer otherwise learns that a resident is at a substantial risk of being a victim of imminent sexual misconduct, the Grievance Review Officer shall immediately notify the Chief Administrative Officer, or designee, for a determination as to whether the resident is subject to such a risk. If the Chief Administrative Officer, or designee, determines there is such a risk, he or she shall take immediate preventative or remedial action.” There were no incidents in which an emergency grievance was filed in the last 12 months.

Indicator (g) Residents can only be disciplined if, through an investigative process, it is substantiated that the grievance was filed in bad faith. This is the same standard for all PREA complaints filed, even if they have not been filed through the grievance process. Agency policy addresses the expectation consistent with the indicator. “No resident or other person using this grievance process in good faith shall be subjected to retaliation in the form of an adverse action or the threat of an adverse action for using this grievance process. However, a resident may have his or her access to this grievance process suspended and/or may be subjected to disciplinary action for abuse of this grievance process.”

#### Compliance Determination:

Leading the Way Transitional Living Program is not exempt from the exhaustion of administrative remedies. The Maine Department of Corrections has policy 6.11.4 Sexual Misconduct – Administrative Sanctions and Grievances as an option for residents to file a PREA complaint. The Director and the PREA Monitor report that there have been no instances in the past year that a resident used the grievance process for a sexual assault case. There were no instances in which an emergency grievance was filed. Residents knew they could file a PREA-related concern through the grievance process but acknowledged it would not be as quick to resolve as telling a staff person directly. Residents report they can get assistance from other residents in completing forms if needed. Residents in the random interviews reported no history of filing a grievance on a PREA-related concern. Residents reported comfort in telling staff directly about concerns; if they felt it wasn’t addressed, they would request a meeting with the Director to discuss concerns. With no PREA Grievances to review, compliance determination relied on the policy and interviews with the Regional Correctional Manager and the residents, who were all aware of the grievance process from their prior incarceration stays.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Regional Correctional Manager</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Leading the Way Transitional Living Program provides access to the local rape crisis agency, the Rape Response Services of Bangor, Maine. The agency’s employees are considered to have professional visitor status, allowing for confidential communication. The Maine DOC has adjusted policy 21.03 to specifically address the professional status of the state’s rape crisis network. “A phone call between a resident and the toll-free statewide sexual assault response line concerning a complaint of sexual misconduct shall be treated as a privileged phone call.” As noted previously in the report Leading the Way does not confine individuals as the program is voluntary, and they do not house individuals for civil immigration violations. Residents who the Auditor met with all had personal cell phones, which they stated they could use to make confidential communication with Rape Response Services or a local mental health provider. The residents also go to community-based mental health services where they can be offered similar confidential support.</p> <p>Indicator (b) All residents are informed at the inception of services that confidentiality is limited when an individual has been victimized in the institution. Residents have access to unrecorded communication to outside service providers on their own phone or the conference room phone, which is not recorded in any way.</p> <p>Indicator (c) The Department of Correction has a Memorandum of Understanding with MECASA (Maine Coalition Against Sexual Assault) covering both the Leading</p>

the Way and Mountain View Correctional Facility. The agreement is renewable for two-year periods. MECASA is the statewide umbrella organization under which Rape Response Services works. The representative of Rape Response Services confirmed the MOU and the relationship with the DOC PREA Office. The auditor spoke with the facility leadership and the Mountain View PREA Monitor about expanding relationships and communication with RRC. The RRC person confirmed they provide groups at Mountain View but not currently at Leading the Way.

Compliance Determination: Resident victims Leading the Way Transitional Living Program have access to victim advocates for emotional support. The agency has entered into a Memorandum of Understanding with the Rape Response Services of Bangor (RRS) to provide support to victims (Indicator (c). Rape Response Services is part of Maine Coalition Against Sexual Assault (MECASA). The Deputy Commissioner has signed the MOU MECASA, which has a renewal clause. As part of the audit process, the Auditor spoke by phone to an RRS representative who confirmed their ability to provide service at DOC facilities. The PREA Brochure and signage had a toll-free number for residents to access from facility phones that is not recorded on their own personal phones. Requirements for compliance with this standard are covered by agency policy 6.11.4 and policies 21.03 and 21.04. Residents whose sexual assault history was not in the institution may also pursue treatment options through community Mental Health services providers or through RRS. The auditor could see the information on the tour posters for RRS, and though residents stated that PREA was not a concern, they knew where to access it if needed. Compliance is based on DOC policy, and the resident interviews confirmed they were aware that posters had information about options for support. The Auditor recommended routine refreshers on the services RRS provided so staff can be versed enough to speak to residents on RRS's ability to support those with victim histories.

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.2 Sexual Misconduct – PREA and Maine Statutes</p> <p>Policy 21.03 Prisoner Telephone</p> <p>Maine DOC Website</p>

## PREA Posters on Housing units

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Observation on tour

## Summary Determination

Indicator (a) The Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third party, be they fellow residents, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. Information directing residents is in the PREA brochure, PREA poster, resident handbook, and the website noted above. The residents are provided information on how to send complaints to the local county jail. Staff knew they must take all reported concerns about potential PREA violations, including those from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on Communication (21.03) and PREA policy 6.11 address the requirements of this standard. "The Chief Administrative Officer, or designee, shall provide multiple internal means for prisoners or residents to report sexual misconduct or sexual harassment; attempts to deter them from reporting sexual misconduct or sexual harassment; retaliation for reporting sexual misconduct or sexual harassment; and staff, volunteer or student intern neglect or violation of responsibilities that may have contributed to such incidents. These multiple internal means shall include verbally, in writing, anonymously, and by way of third parties." The policy goes on to state, "The Department's PREA Coordinator shall establish a method to receive third-party reports of sexual misconduct or sexual harassment and shall distribute through the Department's website information on how to report sexual misconduct or sexual harassment on behalf of a prisoner or resident." The Auditor was provided with documentation from agency logs, and emails to and from the local county jail, with whom they share a reciprocal role as an outside reporting mechanism. The Auditor was able to see how these elements resulted in investigations. There were zero investigations that were initiated from a third-party allegation to staff, through the agency hotline, or through the local county jail. No family member or other interested parties have used this process to report sexual misconduct at Leading the Way in the past year.

## Compliance Determination:

The Maine Department of Corrections has put in place multiple resources for residents and families to report PREA-related concerns. The PREA Coordinator

	<p>shared the log of calls and emails from the local jail where outside reporting may occur to prove systems are in place and functioning. As part of the audit process, the PREA Auditor spoke with the PREA Coordinator of the local jail. Compliance was based on policy and the systems Maine DOC has put in place to support the residents, and residents were aware they could make a complaint on behalf of another resident. The Auditor took into consideration the systematic logs of information on all calls to the PREA Line over the past three years. Compliance also included policy interviews with the PREA Coordinator and discussions with local County Jail staff.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct - responding</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p>Leading the Way PREA response plan</p> <p>State PREA Coordinator hotline log</p> <p>State Department of Aging and Disability Services</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with random staff</p> <p>Interview with facility Investigator</p> <p>Summary Determination</p> <p>Indicator (a) In several parts of the Agency's PREA policy 6.11 Sexual Misconduct (PREA and Maine Statutes), staff are directed to report all knowledge or suspicion related to sexual misconduct against a resident. The policy requires, "It is the policy of the Department to require the reporting of any sexual misconduct or sexual harassment or suspicion of either and to refer all reports for investigation." Staff</p>

understood, as evident in random staff questioning, that the expectation included when a resident discloses information about abuse in a prior institution. The staff were also clear that knowledge of misconduct by staff through actions or inactions leading to abuse must be reported. They also were aware that all allegations are reported no matter the source or their personal belief as to the validity of the allegation. As noted, there have been no allegations of the required staff to notify a supervisor of sexual harassment, sexual abuse, or retaliation for those who make such statements so an investigation could occur.

Indicator (b) Staff were aware of the importance of keeping information disclosed by a resident to those with a need to know, such as the Regional Correctional Manager of the Region 3 Correctional Administrator. The policy also outlines this on page 3 of the Reporting and Investigation portion of the DOC PREA policy. "If a staff person, volunteer or student intern observes, receives a report of, or otherwise discovers what appears to be sexual misconduct or sexual harassment between prisoners or between residents or sexual misconduct or sexual harassment by a staff person, volunteer or student intern against a prisoner or resident, that person shall immediately verbally report the incident to the facility Chief Administrative Officer, or designee, and as soon as possible, to the facility PREA Monitor, who shall then immediately report it to the Department's PREA Coordinator." Staff spoken with understood that unnecessary disclosure was a violation of the victim's rights and could negatively impact an ongoing investigation.

Indicator (c) As noted in previous standards, no medical or mental health services are provided at Leading the Way. All health care is provided by community providers who must comply with state confidentiality and reporting laws.

Indicator (d) The portion of Indicator (d) about juveniles does not apply as the program does not house individuals under 18. Individuals Identified as vulnerable adults are protected under Maine State Laws, and there is an agency that the investigator would notify. The State of Maine's Office of Aging and Disability Services receives complaints from mandated reporters of any abuse against a vulnerable adult who is covered under Adult Protective Services.

Indicator (e) All staff are clearly aware that the Police or the DOC Investigator must be notified.

Compliance Determination:

There are policies that direct the staff of Leading the Way Transitional Living

	<p>Program in handling a report of Sexual Assault or Sexual Harassment. These policies include Maine DOC's Sexual Misconduct Policy 6.11.3 and Sexual Misconduct Policy 6.11.5. Random staff interviews confirmed that staff are aware of the immediate need to report all accusations of sexual assault, sexual harassment, or retaliation. They knew this included third-party and anonymous complaints and accusations that may not be true. The staff interviewed knew they also had to report on a coworker whose actions or inactions led to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information.</p> <p>The PREA Coordinator and the Investigator confirmed that all allegations are to be reported. They also confirmed that outside agency notifications will be made if the abuse is against a vulnerable adult. The Leading the Way Transitional Program has had no allegations since opening. The Auditor based the compliance determination on the policy in place, the staff's understanding of their training on responsibilities, and the interviews with the investigator and the PREA Coordinator.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct - responding</p> <p>Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p>Leading the Way PREA response plan</p> <p>Memo from the Director of Leading the Way</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Deputy Director of Correctional Operations</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the Director of Leading the Way</p> <p>Interviews with random residents</p> <p>Interviews with monitoring staff</p>



## Summary Determination

Indicator (a) The Leading the Way Transitional Living Program has not had to protect a resident at imminent risk of sexual abuse in the past year. The Director of Correctional Operations for Maine's Department of Correction and The Program Director acknowledged the agency's response would be immediate. As an open and voluntary program, the situation would be taken seriously, the claims investigated, and the determination of whether the individuals involved in the program should remain. The agency PREA Coordinator, who works for the Director of Operations, would also be notified of these events. In a community confinement environment that is voluntary, aggression would be rare. The Director confirmed that the aggressor(s) would be removed if any validity to the reported concern is determined. Agency policy 6.11.2 addresses the concerns of this standard when it states, "If any staff learns that a prisoner or resident is at a substantial risk of being a victim of imminent sexual misconduct, the staff shall take immediate action to protect the prisoner or resident. This may include immediately separating potential victim and potential perpetrator and any other steps deemed necessary to prevent an incident of sexual misconduct.

3. The staff shall also immediately notify the facility Chief Administrative Officer, or designee, for a determination as to whether the prisoner or resident is subject to a substantial risk of being a victim of imminent sexual misconduct.

4. If there is determined to be such a risk, the Chief Administrative Officer, or designee, shall take additional preventative or remedial action. This action may include but is not limited to: changing the prisoner's or resident's housing, changing a program location; starting an investigation into the situation; and any other steps deemed necessary to prevent an incident of sexual misconduct." It was clear from discussions with line staff, facility, and agency administration that all residents will be protected in an imminent risk situation for sexual abuse or any form of physical violence. The Program will work with residents to address other personality conflicts and can move housing assignments to provide additional support. Residents interviewed report no conflicts with peers of any type and denied any concerns about sexual safety in the setting.

## Compliance Determination:

The Leading the Way Transitional Living Program is committed to resident safety. The administration will not allow any forms of aggression in the program, and staff know to call the police if they witness any physical or sexual aggression. All verbal aggression or the potential victim's perception of the risk of abuse will be assessed to determine if one or both individuals need to be removed from the program.

Compliance was determined based on the interviews with agency and facility administration and line staff. Absent any cases, the Auditor also took into consideration the information in Policy 6.11.2 Sexual Misconduct Prevention Procedure D Substantial Risk of Immanent Sexual Misconduct, interviews and the

	facility response plan.
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<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the Director of Operations for Maine DOC</p> <p>Interview with the Regional Correctional Manager</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction Policy outlines the requirements if an individual discloses at one facility that they were previously victimized at a prior correctional facility. The policy requires notification by the PREA Monitor, the facility administrator or designee. "If the report is of alleged sexual misconduct or sexual harassment of a prisoner or resident while confined at another detention or correctional facility, regardless of whether it was a Department facility, in addition to forwarding a copy of the report to the Department's PREA Coordinator, the Chief Administrative Officer, or designee, of the facility where the allegation was made shall forward a copy of the written report to the Chief Administrative Officer, or designee, of the facility where the alleged sexual misconduct or sexual harassment occurred, no later than seventy-two (72) hours after receipt of the report by the Chief Administrative Officer, or designee. The Chief Administrative Officer, or designee, shall document that notification was provided. " There was no sexual abuse allegation that required notification to another facility. The facility also reports there was no notification from another site of past abuse at Leading the Way Transitional Living Program.</p> <p>Indicator (b) The PREA Monitor and the Administrator were both aware in their formal interviews that notifications to outside facilities should be made as soon as</p>

possible but no later than 72 hours. Many residents have prior incarceration periods in state or county facilities. The DOC PREA Coordinator is informed about allegations made by residents at county jails that may have occurred in any state facility.

Indicator (c) The Regional Correctional Manager, who is the Program Director, is aware of the need to follow up on any telephone notification with a written email.

Indicator (d). The Regional Correctional Manager and the PREA Coordinator confirmed a SII investigator or the SII Captain from the DOC would be immediately notified of any allegation of abuse, including any allegations of past misconduct. As noted above, no such incidents have occurred at Leading the Way Transitional Living Program in the past year. Allegations involving current residents would be referred to the local police.

**Compliance Determination:**

Maine Department of Correction's Policy 6.11.3 Sexual Misconduct- PREA Reporting and Investigations (pages 3 and 4) addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Policy requires that at all DOC facilities, notification is done in writing and within 72 hours. The interview with the Leading the Way Director and the PREA Coordinator confirmed they were aware of this responsibility, including the documentation of notifications. Compliance absent an allegation is based on policy and interviews.

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.5 Sexual Misconduct- PREA Reporting and Investigations</p> <p>Leading the Way PREA Response Plan</p> <p>Individuals interviewed/ observations made.</p>

Interview with Agency PREA Coordinator

Interview with investigative staff

Interview with Leading the Way staff

Summary Determination

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

The Leading the Way Coordinated Response Plan is located in the staff office as a easy access reminder to staff. The document states the following;

“I. DISCOVERING STAFF RESPONSIBILITES:

The first staff person discovering an incident of sexual misconduct involving a sexual act shall take the following steps:

A. Ensure the victim’s safety by separating the victim from the alleged perpetrator. Separate possible witnesses until the investigation into the alleged incident is completed.

B. Immediately report the incident to the Regional Correctional Manager and secure the crime scene (incident location, access paths, clothing, bedding, personal objects, etc.). The only persons that should be entering a secured crime scene are law enforcement personnel and the MDOC Investigator, as needed.

C. Maintain a log of events and chain of custody involving suspected evidence. Ensure entries in a log are made of anyone entering the crime scene and what time they entered and exited.

D. Advise the victim that they should not shower, bathe, douche, brush their teeth, clean his/her nails, or otherwise clean themselves. They should not use the bathroom, eat, drink liquids, smoke, change clothes, and should not take any other action that could damage or destroy evidence before it is collected.

E. Staff who receives a report or information regarding an alleged sexual act will document their knowledge of the alleged incident in an Incident Report before leaving the facility. Note the appearance and demeanor of the victim. Staff shall not make judgments or assumptions about the credibility of an alleged victim, perpetrator, or witness of sexual abuse in their reports.

F. Staff shall not reveal any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation, and other security and management decisions

All random staff interviewed were aware of the duties of the first responder. The employees were able to provide these steps from the training they received. They knew the importance of protecting evidence and ensuring quick access to community hospitals with SAFE/SANE trained staff. In addition to the policy review and interview, the Auditor confirmed there were no cases where staff acted as first responders. Staff knew where the PREA binder was to reference in the event of an incident.

Indicator (b) The Department of Corrections has trained all staff on how to protect evidence in the event of a sexual assault. The staff interviewed recognized the importance of closing off the crime scene, separating individuals, and instructing the individuals not to eat, drink, wash, or use the bathroom. They also know not to have them change clothing. The Auditor relied on consistent answers about the steps staff would take to protect evidence. The Leading the Way staff, including the case manager and the director, all have some responsibility for client monitoring as it is not a correctional center. The Auditor also confirmed that Adult Probation Officers who act as emergency relief staff were aware of their responsibilities in responding to sexual abuse allegations.

**Compliance Determination:**

The Maine DOC trains all employees in the duties of a first responder. Maine DOC has developed a coordinated response plan that gives first responders directions and information to support them through the crisis. Compliance determination relied on the interviews with staff who could identify steps 1-4 in (Indicator A) and that they were to tell the alleged victim and perpetrator not to do anything that could affect the evidence collection. (Indicator B). Staff at Leading the Way are prepared to respond, as evidenced by their answers that support compliance. All staff, including emergency relief probation officers, knew how to separate individuals, protect evidence, make notifications to police, and the importance of getting the victim to a forensic exam. Absent any staff at Leading the Way acting as a first responder, compliance is based on policies, the response plan, and interviews.

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and written/electronic documentation reviewed.
	Leading the Way Transitional Living Program Pre-Audit Questionnaire

Policy 6.11. Sexual Misconduct- (PREA and Maine Statutes) General

Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding

Leading the Way PREA Sexual Assault Response Plan

Documentation of staff training

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Regional Correctional Manager

Interview with Staff

Interview with Hospital with SAFE/SANE staff

Interview with local Rape Crisis Agencies

Summary Determination

Indicator (a) The Maine Department of Correction created its facility preparedness plan when Leading the Way was initially opened to respond to sexual assault incidents. The plan directs staff in their duties so a coordinated response is completed the same way each time. The four-page plan has been individualized at the facility level from a statewide template. Having a plan readily available it increases staff response time and the accuracy of information needed, including local hospital numbers and local rape crisis agency contact information. The facility has a PREA binder with information, including the Plan, in the staff office. The Document also includes two additional pages of definitions to provide clarity to staff.

Maine DOC Policy 6.11. (page 7), in the described duties of the PREA Monitor set forth the responsibility of developing an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a Sexual Assault or Sexual Harassment case. Policy 6.11.5 ensures understanding by requiring the Leading the Way (CAO) to ensure staff understands the expectation. The policy states, "The Chief Administrative Officer, or designee, shall ensure that all facility staff are familiar with their facility's PREA Response Incident Plan." Interviews with staff supported they were aware of their responsibilities. The facility does not employ medical or mental health staff so those elements are not part of the plan. The Auditor confirmed that resources, including forensic examinations and follow-up medical and mental health services, were available in the greater Bangor area.

	<p>Compliance Determination:</p> <p>Leading the Way is compliant because it has developed a coordinated response plan directing staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, and investigative staff. The facility does not have medical and mental health as part of the plan as those are community-based services. The document includes information about how to contact the local hospital with SANE staff available in addition to information on the local rape crisis agency. The Auditor confirmed with these agencies their ability to provide the services described in the plan. Interviews confirmed knowledge of their roles in the plan. Absent any cases, compliance is based on the policies, the provided plan, the available community resources, and staff knowledge of the plan.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.6 Sexual Misconduct (Community Confinement)</p> <p>AFSCME Union Contracts</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Director of Correctional Operations</p> <p>Interview with the Regional Correctional Administrator</p> <p>Policy 3.16 Administrative Leave</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has union employees, but the contracts consistent with the policy do not prohibit the agency from putting a staff person out on administrative leave. The Auditor also reviewed policy 3.16, confirming the ability to place an individual on administrative leave. It states, "The</p>

Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which:

- a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person, or
- b. there is a concern that the employee is suffering an emotional, physical, or other problem impairing or likely to impair the performance of their duties

The AFCSCME contract had the following language regarding the agency’s options for staff ability to work during and investigation. “In alleged matters of client/ patient/resident/inmate/student abuse, or other serious misconduct, the employee may be placed on administrative leave or other temporary action may be taken, which does not result in a loss of pay for the employee involved, in order to protect the clients, patients, residents, inmates, students, and/or other employees. Such action shall not constitute discipline under the Discipline Article.”

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

**Compliance Determination:**

The Department of Corrections has contracts with bargaining units that do not prohibit their ability to keep staff alleged to have engaged in sexual misconduct from having access to the victim. A review of the contract by the Auditor did not find any language that would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. In indicator (a) the union contract language allows the DOC to keep potential victims away from staff who have allegedly engaged in sexual misconduct. The Director of Operations for Maine DOC and the Regional Correctional Administrator reported the ability to remove staff if needed from contact with residents. During investigations at other facilities, the agency has used administrative suspensions to separate staff from residents. This standard is compliant based on the policy, contracts, and interviews that support the practice is used.

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



Policies and written/electronic documentation reviewed.

Leading the Way Transitional Living Program Pre-Audit Questionnaire

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

Retaliation monitoring form

Individuals interviewed/ observations made.

Interview with the Director of Correctional Operations

Interview with the PREA Coordinator

Interview with Regional Correctional Manager

Interview with an Investigative Staff

Summary Determination

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

“1. The Chief Administrative Officer, or designee, shall ensure that a prisoner or resident or staff, volunteer or student intern who reports sexual misconduct and the prisoner or resident who is alleged to have been the victim of the sexual misconduct is monitored for ninety (90) days, and longer if appropriate, for any signs of possible retaliation, including, but not limited to, monitoring of disciplinary reports, housing status changes, or program changes, and negative performance evaluations, as applicable. Monitoring shall include periodic contact directly with the person monitored.

2. The Chief Administrative Officer, or designee, shall also ensure that any prisoner or resident or staff, volunteer or student intern who cooperates with an investigation into alleged sexual misconduct is similarly monitored if the person expresses a fear of retaliation or it is otherwise deemed appropriate.

3. If an allegation is determined, after investigation, to be unfounded the monitoring process shall cease even if ninety (90) days has not yet passed.

4. Any possible retaliatory action shall be reported and investigated, and, if found to have occurred, shall be remedied, as set out in the applicable Department policy.

5. If a prisoner is being monitored, the Unit Manager, or other designated facility staff, shall be responsible for the monitoring. If a resident is being monitored, the Juvenile Program Manager, or other designated facility staff, shall be responsible for

the monitoring.

6. For each prisoner or resident being monitored, the monitoring staff shall document the monitoring weekly on a PREA Retaliation Monitoring form (Attachment A) and forward the completed form to the facility PREA Monitor and the Department's PREA Coordinator at the end of the monitoring period.

7. If a staff person is being monitored, the facility Human Resources Manager, or other designated facility staff, shall be responsible for the monitoring.

8. If a volunteer is being monitored, the facility Volunteer Coordinator, or other designated facility staff, shall be responsible for the monitoring.

9. If a student intern is being monitored, the intern's supervisor, or other designated facility staff, shall be responsible for the monitoring.

10. For each staff person, volunteer, or student intern being monitored, the monitoring staff shall report the results of the monitoring to the facility PREA Monitor and the Department's PREA Coordinator at the end of the monitoring period." The Maine DOC has a tracking form to ensure consistent documentation.

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Indicator (b) The Regional Correctional Manager supported the facility has the ability to support a victim from a perpetrator. Individuals involved in a criminal offense would be removed from Leading the Way, and the victim would continue to be monitored for any retaliatory behaviors by other residents or staff. The case management position was identified as being the lead person potentially responsible for monitoring residents who report or cooperate in PREA investigations. The Regional Correctional Administrator reported the staff involved would be monitored for any concerns after an event. The leadership believes incidents can be safely managed to ensure no retaliation occurs at Leading the Way. Resident victims would routinely be offered referrals to community-based counseling services or to Rape Response Services, and the case worker and the Regional Manager would provide routine check-ins to ensure the client is feeling safe.

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

Indicator (d) The occurrence of status checks can be documented through the form.

Indicator (e) As noted in indicator (b), the facility has sufficient means to protect a resident. If the belief is that the resident cannot overcome this fear, the agency could see if any appropriate referral for housing could be made. As a voluntary program, residents can choose to leave if such fear exists, but the program tries to provide an opportunity for a successful and orderly transition back to community living.

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

**Compliance Determination:**

The Department of Corrections has a policy to address this standard's elements. The facility did not have a staff person who needed to be monitored this year. The human resources staff are aware of the standard, and the regional administrator would utilize his administrative staff to monitor staff further. The Director of Correctional Operations for Maine DOC described multiple mechanisms that would be put in place to protect individuals who report sexual assaults, which include changing housing, preventing contact between the accused and the victim, and monitoring reports about the resident or staff to see if there is any change in behaviors. The facility leadership knew that protection monitoring should be done with all individuals cooperating with the investigation. Absent actual monitoring, the standard is compliant based on the information provided, interview statements, the form in place, and the policy provided.

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p>Policy 7.1 Investigations</p> <p>Policy 7.3 Investigations</p> <p>Sexual Assault Response Plan</p>

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with Interview with PREA Monitor

Interview with LEADING THE Way Director

Interview with an Investigative Staff from Mountain View Correctional Facility

#### Summary Determination

Indicator (a) Maine Department of Corrections in Policy 6.11.3 on pages 4 to 6 set forth the responsibilities of the investigative team, including the need for a prompt, thorough investigation of the facts and a complete report outlining the processes undertaken the reasoning behind the findings. The Maine Department of Corrections completes criminal investigations at it's facilities including into sexual assault and sexual harassment allegations. The policy language includes." All alleged sexual misconduct between prisoners or between residents shall be assigned by the facility Chief Administrative Officer, or designee, to a facility Inner Perimeter Security Officer for a criminal investigation and/or possible reporting as a disciplinary violation. The investigator assigned must have received special training in sexual misconduct investigations. The investigating officer shall secure the place where the incident occurred (if not already secured), and secure any evidence, both direct and circumstantial, including any available physical and DNA evidence; shall interview the alleged victim, suspected perpetrator, and witnesses; and shall review prior complaints and reports of sexual misconduct involving the alleged victim and suspected perpetrator. The investigating officer shall assess credibility on an individual basis without regard to the person's status as a prisoner or resident, staff, volunteer, student intern, or otherwise. The investigation of a report of sexual misconduct against a prisoner or resident shall be conducted in accordance with Department Policy 7.1, Investigations by Correctional Investigative Officers." The Policies and the Sexual Assault Response Plan define duties, and agency policy requires investigation of all allegations, including those from a third-party or anonymous source. Random staff interviewed supported the idea that they must report all claims, no matter the source or if they believe the incident to have occurred. To further support an objective and transparent process, the Maine DOC has an Office of Professional Review which is tasked with completing all criminal and administrative investigations of DOC staff persons.

Indicator (b) As noted in 115.34, the Maine DOC has several staff members who have completed a course through the Moss group on Investigations of Sexual Assaults in a Correctional Institution. The training included the Mountain View SII Captain, who would potentially complete investigations at Leading the Way. As

noted in indicator (a) the agency has policy and state statutes for law enforcement officers that guide the process of completing sexual assault investigations. Bangor Police will be called by staff if the allegation is a current situation. The local police and the DOC will work out who will take the lead in the investigation.

Indicator (c) In the trained investigator's interview with the Auditor, he described the steps he takes to protect evidence. This includes reviewing the actions of the staff that should be occurring immediately to protect evidence while he is in transit to the facility. As a trained law enforcement staff member, he knows how to collect evidence from a crime scene to ensure the preservation of evidence, including DNA. As noted in 115.21, a forensic exam of the victim would not occur at Leading the Way but at a local hospital with SANE-trained nurses. The custody staff and medical staff also were able to discuss steps they would take to protect evidence. In addition to potential DNA and physical evidence, the Investigator spoke about the importance of getting video and any written reports of the staff's actions and observations. He reports that interviews with witnesses, the alleged perpetrator, and the alleged victim would occur privately, but the interviews would be recorded. Victims' advocates would be allowed to support a victim during the process. The investigator also reports he would then look at the individuals involved to see if there is any history of past behaviors.

Indicator (d) The investigator supports that individuals can complete compelled interviews and that they would work closely with the local prosecutor on the case. Policy 7.1 describes the expected interactions with the prosecutorial authorities (page 3). "After the Department's Director of Security, or designee, has approved the investigation, the Correctional Investigative Officer may consult with the Maine Attorney General's Office, or appropriate prosecutor's office, to plan how the case will be handled going forward." The investigator interviewed supported the idea that they work with local prosecutorial authorities. He reports they routinely communicate with prosecutors on criminal cases at Mountain View Correctional Facility.

Indicator (e) The investigator interviewed confirmed that a victim is not required to undergo any polygraph or other truth-telling process to proceed with an investigation. The Investigating Officer will assess the credibility of each individual involved in the case without bias toward their position as a staff or resident.

Indicator (f) All criminal investigations potentially can include a referral to the Office of Professional Review if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions in sexual misconduct

investigations can result in discipline outside of termination. The Leading the Way Transitional Living Program has not disciplined an employee in the past year, reportedly because of failing to report information. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The Auditor could not view any investigation documents as there have been none.

Indicator (g). All criminal investigations completed by the Department of Correction investigative teams will result in a written report as required in the agency's related policies. There were no investigations to review, as there were no incidents related to PREA since the unit's opening. All files also have an investigation checklist to allow for the tracking of information obtained.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). "If the investigator determines that there has been sexual misconduct rising to the level of a criminal offense or juvenile criminal offense, the investigator shall refer the matter to the appropriate criminal or juvenile criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office and shall notify the Commissioner, or designee, the Chief Administrative Officer, or designee, and the Department's PREA Coordinator of the referral." The Investigator reports he works closely on investigations with the Penobscot County prosecutor but has yet to have any cases at Leading the Way Transitional Living Program.

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

Indicator (j) Agency policy and the Investigators interviewed confirmed individuals' departure from the institution would not result in the case being closed. The SII Captain for Mountain View is a trained law enforcement officer, as defined by the Maine Justice Academy, with full police authority to go outside the institution to continue to pursue information related to the case. Agency policy confirms this in a statement on when an investigation cannot be terminated. "An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody. If the alleged perpetrator is a staff person, volunteer, or student intern, an investigation shall not be terminated due to that person's leaving his or her position. An investigation shall not be terminated due to the release from custody of the alleged victim. If the alleged

perpetrator is a prisoner or resident, an investigation shall not be terminated due to that person's release from custody."

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

Indicator (l) This indicator does not apply as noted above; the Maine DOC has full authority to complete criminal investigations in its facilities. Because the facility is in Bangor, local police may make the initial response to the crime scene.

**Compliance Determination:**

The Maine Department of Corrections, in accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents to be investigated promptly upon notification to staff. This Policy and 7.1 Criminal Investigations allow for prompt investigations of Sexual Misconduct and Sexual Harassment in Maine's DOC facilities. In determining compliance, the Auditor took into consideration many factors. The Maine Department of Corrections has sufficient and appropriately trained individuals who can complete sexual assault investigations if needed at Leading the Way Transitional Living Program. Maine DOC investigates all potential sexual-related incidents as possible PREA events, even if the residents report the actions were consensual. In doing so they ensure all incidents are investigated and evidence is collected, providing an opportunity for a reluctant victim to come forward at a later date. The DOC central office's Office of Professional Review would lead the investigation to ensure issues are handled impartially if the incident involved a staff member.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various persons involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated investigative reports will be completed on all administrative and criminal investigations. The agency has implemented some forms that direct a consistent report formation, including the content. In determining compliance, the Auditor, absent any investigations, considered the stated information found in policy as well as interviews with the investigative staff.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.4 Sexual Misconduct</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC Policy 6.11.4 (Page 4) states, “The burden of proof for determining whether there is substantiated an allegation concerning sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy by a Department employee is preponderance of the evidence.” No administrative investigations were completed in the past year at Leading the Way.</p> <p>Compliance Determination:</p> <p>The Department of Corrections has staff trained to investigate PREA allegations at Leading the Way Transitional Living Program, as noted in 115.34. The investigative staff throughout the Maine Correctional system consistently report no greater standard than a preponderance of evidence in making determinations on cases. One of the trained Investigators reviewed with the Auditor the process he would use in investigating and making determinations about the case. Communication with local police may be necessary as they may be the first to respond if there is an allegation at Leading the Way. Compliance was based on the policy, the interview with the investigative officer, and his explanation of the process of determining whether to substantiate a case.</p>
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<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p>



Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations

Individuals interviewed/ observations made.

Interview with an Investigative Staff

Interview with DCU Unit Manager

Interview with PREA Monitor

Summary Determination

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

“1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.

2. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident

whenever the staff person is no longer posted within the prisoner’s or resident’s unit or the staff person is no longer employed at the facility.

3. The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct.”

There were no allegations of any form of sexual abuse or harassment in the past year that required the notification of the outcome of the investigation.

Indicator (b) The first portion of the indicator does not apply as Maine DOC completes criminal and administrative investigations at all DOC facilities. Leading

the Way has access to the investigative team from Mountain View Correctional Facility since it is the nearest Correctional Center. There were no allegations of sexual abuse or sexual harassment at Leading the Way in the past year.

Indicator (c) The policy (6.11.3 – page 7) also requires notification if the accused perpetrator is a staff person, contractor or volunteer if the individual has been removed from areas where they would come in contact or if they have been removed from access to the facility. The policy also requires notifications be made to any resident regarding any indictment or conviction of a perpetrator as long as the victim is still in custody. There have been no such required notifications in the past year. It states the following on notification requirements.

“ 1. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual misconduct or sexual harassment in a Department facility, the Chief Administrative Officer, or designee shall inform the prisoner or resident in writing as to whether the allegation has been determined to be sustained, not sustained, unfounded, or exonerated, if the alleged perpetrator is a prisoner, resident, volunteer, student intern or staff person who is not a state employee.

2. Following an investigation into a prisoner’s or resident’s allegation that he or she suffered sexual harassment or sexual misconduct by a staff person who is a state employee, the Commissioner, or designee, or Chief Administrative Officer, or designee, as applicable, shall inform the prisoner or resident in writing that the investigation has been completed and shall also inform the prisoner or resident whenever the staff person is no longer posted within the prisoner’s or resident’s unit or the staff person is no longer employed at the facility.

3. The Chief Administrative Officer, or designee, shall also inform the prisoner or resident whenever any alleged perpetrator has been indicted on a charge related to the alleged sexual misconduct or has been convicted on a charge related to the sexual misconduct.”

Indicator (d) The policy language covered in indicator (c) requires notification on all cases and does not differentiate between whether the perpetrator is a staff person/contractor/volunteer or another resident. The policy requires notification on all indictments and convictions.

**Compliance Determination:**

The Department of Corrections has policies in place to ensure that residents are properly informed about the progress of any investigation, including the investigation's outcome if the case was referred for prosecution and if an indictment was reached. The residents must also be notified if the perpetrator has been removed from their ability to contact them. Since Leading the Way Transitional

	Living Program has not had any PREA incidents, compliance relies on policy, interviews with the investigative staff, and the Regional Correctional Manager.
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<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Policy 3.15 Disciplinary Sanction</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative staff</p> <p>Interview with Human Resources representative</p> <p>Interview with the Director of Correctional Operations</p> <p>Summary Determination</p> <p>Indicator (a) Maine DOC provides notification to all employees in two policies on the sanctions for violating agency policies. In its Disciplinary policy (3.15) the DOC states the use of sanctions are to “enforces high standards of professional conduct and assures a safe and efficient operation in compliance with all applicable State laws”. The policy also goes on to state, “Misconduct that is considered to be egregious may result in disciplinary action, up to and including termination, as applicable, without progressive discipline.” The Auditor confirmed this expectation with the Agency Head’s representative and the facility administration.</p> <p>Indicator (b) The Maine Department of Correction has in place policy on disciplining staff who engage in sexual misconduct. The PREA policy 6.11.4 encourages the reporting of any violation and acknowledges the adult and juveniles in their custody rights to grieve and sexual abuse or sexual harassment. The policy defines the consequences for staff who engage in sexual misconduct. “If the violation is that a Department employee engaged in, attempted, threatened, or requested an act constituting sexual misconduct, termination of the employment of the employee shall be the presumptive disciplinary sanction.” There were no terminations at this</p>

facility since it opened.

Indicator (c) The Maine Department of Correction Policy allows for other sanctions to occur besides termination if the incident is a non-criminal act. Discipline can occur for other behaviors related to PREA, such as inappropriate comments/language. In these cases, the DOC would review the individual's history and make suitable sanctions consistent with laws and their bargaining unit agreement. Agency policy also addresses expectations consistent with the standard, "Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a Department employee shall be commensurate with the nature and circumstances of the employee's act or failure to act, the employee's disciplinary history, and the sanctions imposed for comparable violations by other employees with similar histories, in accordance with applicable collective bargaining agreements or civil service rules." The facility has had no formal staff discipline since opening.

Indicator (d) The Auditor was able to confirm, with the DOC's Investigator, that any termination or resignation would not stop the case from being referred for prosecution. The DOC employs individuals to complete investigations at the facility level and at the Office of Professional Review who are certified law enforcement agents in the state with full arrest authority both in the institution and the community. Policy 6.11.4 states, "Termination of employment for a violation of a departmental sexual misconduct policy, or the resignation by a Department employee who would have been terminated if not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e., the Attorney General's office or a District Attorney's office, unless the activity was clearly not criminal, and to any relevant licensing or certifying bodies." The Director of Operations and the Regional Correctional Manager confirmed there has been no discipline at this program related to sexual misconduct since its opening.

Compliance Determination:

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

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes) Administrative Sanction and Grievances</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator</p> <p>Interview with the Regional Correctional Manager</p> <p>Summary Determination</p> <p>Indicator (a) Interviews with the PREA Coordinator and the Regional Correctional Administrator confirmed no contracted or volunteers at the Leading the Way Transitional Living Program.</p> <p>Indicator (b) Interviews with the PREA Coordinator and the Regional Correctional Administrator confirmed that there are no contracted employees or volunteers at the Leading the Way Transitional Living Program.</p> <p>Compliance Determination:</p> <p>The standard is compliant as the conditions required in the indicators do not exist. The Auditor reviewed the agency policy, which is in place if they use contracted staff or volunteers in the future.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p>

Policy 6.11.6 Sexual Misconduct (Community Confinement)

AFSCME and MSCA Union Contracts

Individuals interviewed/ observations made.

Interview with Agency PREA Coordinator

Interview with the Director of Correctional Operations

Interview with the Regional Correctional Administrator

Policy 3.16 Administrative Leave

Summary Determination

Indicator (a) The Maine Department of Corrections has union employees, but the contracts consistent with the policy do not prohibit the agency from putting a staff member out on administrative leave. The Auditor also reviewed policy 3.16, confirming the ability to place an individual on administrative leave. It states, "The Chief Administrative Officer of a facility, the Regional Correctional Administrator of a community corrections region, or the Commissioner of Corrections may place an employee on administrative leave when determined to be beneficial to the Department, including, but not limited to, situations in which:

a. there has been an allegation that the employee has engaged in conduct warranting disciplinary action and administrative leave is determined necessary to preserve the integrity of the investigation or the safety of the employee or another person, or

b. there is a concern that the employee is suffering an emotional, physical, or other problem impairing or likely to impair the performance of their duties

The AFSCME contract had the following language regarding the agency's options for staff ability to work during and investigation. "In alleged matters of client/patient/resident/inmate/student abuse, or other serious misconduct, the employee may be placed on administrative leave or other temporary action may be taken, which does not result in a loss of pay for the employee involved, in order to protect the clients, patients, residents, inmates, students, and/or other employees. Such action shall not constitute discipline under the Discipline Article."

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

Compliance Determination:

	<p>The Department of Corrections has contracts with bargaining units that do not prohibit their ability to keep staff alleged to have engaged in sexual misconduct from having access to the victim. A review of the contract by the Auditor did not find any language that would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. In indicator (a) the union contract language allows the DOC to keep potential victims away from staff who have allegedly engaged in sexual misconduct. The Director of Operations for Maine DOC and the Regional Correctional Administrator reported the ability to remove staff if needed from contact with residents. During investigations at other facilities, the agency has used administrative suspensions to separate staff from residents. This standard is compliant based on the policy, contracts, and interviews that support the practice is used.</p>
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<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding</p> <p>Website of the Maine Attorney General</p> <p>PREA Response Plan</p> <p>State Statutes on SA Exam Treatment Payments</p> <p>Documentation of SANE training at local hospitals</p> <p>Websites of Hospitals, state SANE program, rape crisis agencies, and community healthcare providers</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator</p> <p>Interview with random staff</p> <p>Interview with Regional Manager</p> <p>Interviews with Local Hospital staff</p> <p>Interviews with Rape Response Services staff</p>

## Summary Determination

Indicator (a) The Leading the Way Transitional Living Program does not employ individuals in medical or mental health services. If an individual is a victim of sexual abuse, they will be taken to the local hospital for treatment, and a SAFE/SANE exam Agency Policy 6.11.5, and the response plan requires unimpeded access to care. The policy states, "The Chief Administrative Officer, or designee, shall ensure that alleged victims of sexual misconduct receive immediate, unimpeded access to medical and mental health services." The Staff interviewed reported they would call 911 to access services for clients if needed.

Indicator (b) Though there is no medical services at Leading the Way, the facility is located in close proximity to two community hospitals with SANE services available. All Correctional Monitors who monitor residents have been able to describe their first responder duties if a resident discloses any sexual abuse. The individuals spoken with knew to advise the resident to protect potential evidence on their person, to close off the location of the abuse for law enforcement, and to provide them assistance in going to the hospital for medical care by calling 911. The program would reportedly work with the resident to access continued support services after the forensic examination through community-based medical and mental health service providers or through the local rape crisis agency Rape Response Services.

Indicator (c) Discussions with hospital staff confirm that sexual assault victims would be offered prophylaxis medications. Several Community Health clinic resources were identified as options if the resident victim initially refused prophylaxis medications or STD testing.

Indicator (d) The Auditor confirmed that the resident's medical services related to sexual assault victims are provided without cost. This is guaranteed in policy 6.11, which states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." The facility provided statute documentation supporting sexual abuse victims are provided treatment without cost and without having to name their abuser. The Maine Attorney General's website confirms that the state covers the cost of sexual assault exams no matter if the victim wants to pursue a criminal case. This is done to encourage all victims to come forward for help. Follow-up care



	<p>would occur at the hospital clinic or at one of the community-based health services providers. The Auditor confirmed that the Program would help with encouraging the victim to utilize community mental health services or the Rape Response Services to support them post-incident.</p> <p>Compliance Determination:</p> <p>Leading the Way Transitional Living Program can quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Though the facility does not employ any healthcare services, it can ensure that the residents get to a local hospital for appropriate treatment. The facility has trained staff on the importance of getting a victim to a healthcare provider as soon as possible while also encouraging the resident to protect potential evidence.</p> <p>The compliance determination took into consideration access to services in the greater Bangor area, Interviews with Community providers, the DOC's policies, information from the State of Maine on Forensic exam services without cost, and interviews with staff and program leadership on how to handle an allegation.</p>
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<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding Maine Attorney General's website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Screening Staff</p> <p>Interview with Regional Manager</p> <p>Interview with RRS representative</p> <p>Interview with PREA Coordinator</p>

## Summary Determination

Indicator (a) The Maine Department of Corrections ensures that all residents are provided with the appropriate level of medical and mental health services for any issues of sexual abuse. If the incident has occurred recently, the resident will be offered a forensic exam at a local hospital. If the incident is a prior life event that occurred in another institution or community, screening staff will discuss if the individual is interested in treatment in the community through a local mental health clinic or the services of Rape Response Services (RRS). Policy 6.11.5 includes language on the expectation that alleged victims of sexual misconduct are to refer to mental health for assessment, counseling, and/or treatment as appropriate and based on the victim's willingness to seek support. The policy goes on to ensure residents are informed of the option of referral to a community sexual assault response services agency.

Indicator (b) Leading the Way Transitional Living environment does not have mental health services on site. As a result, the hospital would likely make follow-up referrals in the community, which would be accessible since the program is an open environment. The facility Director confirmed they will work with the client to ensure ongoing medical and mental health services would be made available.

Indicator (c) Resident victims would receive follow-up care at the local hospital or community health clinic. The Auditor confirmed there were several agencies in the area available to provide support.

Indicator (d) Not Applicable -The facility is all male

Indicator (e) Not Applicable - The facility is all male

Indicator (f) The Auditor confirmed with the representative of 2 local hospitals that victims of sexual assault are offered testing for sexually transmitted diseases. This testing is provided free of charge and is consistent with agency policy. Policy 6.11.5 addresses the expectation of this indicator. The Maine Attorney General's Sexual Assault protocol sets the expectation that SDT testing, when warranted, should be offered.

	<p>Indicator (g) Treatment services are provided without cost to the resident, including if the resident must go out for a forensic exam. PREA policy 6.11.5 states, "The Chief Administrative Officer, or designee, shall ensure that medical and mental health services are provided to alleged victims of sexual misconduct without financial cost and regardless of whether an alleged victim names the perpetrator or cooperates with any investigation arising out of the incident." The Attorney General's website also confirmed that all sexual abuse victims in the state can have forensic exams covered by state funding.</p> <p>Indicator (h) A resident who sexually assaulted another resident would be removed from the facility immediately, and they would likely be placed in county jail.</p> <p>Compliance Determination:</p> <p>The Maine Department of Corrections ensures residents have ongoing access to services. Leading the Way Transitional Living Program is an all-male facility, so indicators (d) and (e) do not currently apply. All Medical And Mental Health Services are available in the community. Residents who lack insurance can still have access to services if they are victims of sexual abuse under state law and agency policy. Compliance is based on the resources available in the greater Bangor area, the interviews with the screening staff, and the regional manager. The Auditor also took into consideration discussions with Rape Response Services staff and the Local Hospital staff.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with the Director of Correctional Operations</p> <p>Interview with the Regional Correctional Administrator</p>

Interview with Regional Corrections Manager

Interview with PREA Coordinator

#### Summary Determination

Indicator (a) Maine DOC PREA Policy 6.11.1 (page 2) sets forth the requirement of an incident review on all cases of sexual misconduct unless the investigation has determined the allegation was unfounded. The policy goes on to describe the individuals who should be on the review team and the information that should be considered.

“The facility PREA Monitor, or designee, shall ensure that a sexual misconduct incident review is conducted at the conclusion of every sexual misconduct investigation, including when the allegation has been determined to be unsubstantiated unless the allegation has been determined to be unfounded.

a. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation. b. The review team shall include upper-level management officials, with input from line supervisors, investigators, the PREA Monitor, and medical or mental health care staff. The Department’s PREA Coordinator shall also be invited to be a member of the review team.”

The Auditor was provided with examples of the review team's findings on the DOC Sexual Misconduct Review form. The OAS pre-audit questionnaire stated there were zero cases reviewed. The Auditor spoke to the PREA Coordinator, the Investigator who would likely complete investigations, and the Regional Correctional Manager to confirm there were no cases in the past year.

Indicator (b) The policy states the review should occur within 30 days of the investigation conclusion. The sample provided in the electronic file supports this time frame. The PREA Coordinator supported the idea that the review panel would be held within 30 days of the conclusion of the investigations. Policy 6.11.1 sets forth the requirement as noted in indicator (a). The Regional Correctional Manager was aware of the timeline for reviews

Indicator (c) As noted in indicator (a) the policy language addresses the multi-discipline nature of the team. Absent an actual case to review, the auditor spoke with the facility leadership to ensure an understanding of who should be on a review committee, including the state PREA Coordinator.

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

- 1) Consider whether the allegation or investigation indicates a need to change policy, procedure, or practice to prevent, detect, or respond to sexual misconduct;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to determine whether physical layout or barriers in the area might enable misconduct;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to, determinations required to be made as set out above, and any recommendations for improvement, and submit such report to the Chief Administrative Officer and the Department's PREA Coordinator."

The agency uses a form to document the review panel considerations. It includes the required information described in the standard. The form asks if the policy needs to be reviewed. It looks at the underlying motivation of the incident, including whether the victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues, and surveillance needs.

Indicator (e) The form documents the findings of the various questions and provides the reader with information if the team has determined any recommended actions take place. In the form reviewed, the Auditor was able to see a recommendation on staffing in a particular housing unit. PREA Policy 6.11.1 addresses the requirement of this indicator. "The Chief Administrative Officer shall implement the recommendations for improvement made by the review team or shall document any reasons for not doing so." The interview with the Director of Operations for Maine DOC and the Regional Correctional Administrator each confirmed that he would take any team recommendations seriously in ensuring the overall safety of the environment.

#### Compliance Determination:

The Maine DOC PREA 6.11.1 pg. 2 requires the completion of the steps outlined in this standard. The steps to provide for a critical incident review on all PREA sexual assault cases. The policy requires what information needs to be part of the incident review. The language comes directly from the standard. As evidence to support the standard, the facility provided a review form for Incident reviews of PREA allegations. The information supported the question that the questions in indicator D would be asked and answered. Absent an actual review, compliance was

	determined based on policy language, documentation provided, and interviews supporting an understanding of the requirements.
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<b>115.287</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Institutional data tracking</p> <p>DOC state-wide data tracking</p> <p>Memo on tracking</p> <p>Agency annual report</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with the Director of Correctional Operations</p> <p>Interview with PREA Coordinator</p> <p>Interview with Correctional Operations Manager</p> <p>Summary Determination</p> <p>Indicator (a) The agency collects data consistent with the policy definitions developed to be consistent with the standard. PREA Policy 6.11.1 define the data collection responsibilities of the PREA Coordinator and the facility PREA Compliance Manager. “Each facility’s PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department’s PREA Coordinator at least annually, who shall aggregate it for all Department facilities.</p> <p>a. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p>b. The Department’s PREA Coordinator shall collect and review data as needed from all available incident-based documents, including reports, investigation files, and sexual misconduct incident reviews.</p>

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

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

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

Indicator (b) The agency completes an annual report with aggregate data at the Leading the Way Transitional Living Program. The Auditor reviewed the three most recent annual PREA reports on the agency website. Leading the Way has had no allegations but in the event of an actual case all reports go to the state PREA Coordinator, who has a tracking database for all allegations. Examples of the facility and agency-wide tracking systems were provided.

Indicator (c) The Auditor was able to confirm the various elements of the Survey of Sexual Violence are maintained and could be used to complete the report if requested by the Department of Justice. The agency PREA Coordinator confirms that all information is provided to the Central Office. As the PREA Coordinator, she reports it is his responsibility to ensure that the materials can meet the requirements of the DOJ reporting forms in SSV. The Auditor also reviewed the most recent SSV tool in preparation for questioning and file reviews.

Indicator (d) The agency has rules on the retention of records at all DOC facilities. Copies of criminal files involving residents on resident contact will be retained locally, with a copy sent to the agency PREA Coordinator. The Department's Investigative units have secure web access to their electronically stored files. If the alleged incident involved a staff person as the accused perpetrator the Maine DOC Office of Professional Review would retain a copy of the incident. The OPR will work with the PREA Coordinator to ensure all necessary information is provided.

Indicator (e) The Department of Correction has provided the Auditor with the Data from the county jail with whom they subcontract. There were no reported incidents at the facility in the past year. The Auditor did find information of PREA on the contracted agency's website. The state PREA Coordinator's supervisor oversees safety concerns in the state's county jail system and would be made aware of any sexual abuse incident in the state no matter if they contracted for beds with the DOC or not. The 2023 Annual report provided this information on page 15.

	<p>Indicator (f) The Department of Justice has not requested PREA-related information from the Maine DOC in the past year.</p> <p>Compliance Determination.</p> <p>The Auditor has found the standard to be in compliant with the PREA standards for Adult Prisons and Jails. The Maine DOC has a system in place for collecting uniform data that could be used to complete the Survey of Sexual Violence. The 2023 Maine Department of Corrections Prevention of Rape in Prison report outlines the efforts, including data for each of Maine DOC’s adult and juvenile facilities. The agency policy 6.11.1 pg.3 commits the agency to comply with the data collection requirement of the standard. The policy states, “Each facility’s PREA Monitor shall ensure the collection of incident-based sexual misconduct data and shall report that data to the Department’s PREA Coordinator at least annually, who shall aggregate it for all Department facilities.” The agency has not been required to complete the Survey of Sexual Violence for this year, but the State PREA Coordinator reports he has all the information available to complete the report and provided the previous year’s report to further support their compliance.</p>
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<b>115.288</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.1 Sexual Misconduct</p> <p>Annual Reports 2022 and 2023</p> <p>Maine DOC Website PREA page.</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with the Regional Correctional Manager</p> <p>Interview with the Director of Operations</p> <p>Summary Determination</p>



Indicator (a) The Maine Department of Corrections utilizes data related to PREA incidents and other critical safety incidents to determine program improvements. The department's central office staff and the facility's administrative teams review critical incidents with an eye toward improving safety. Interview with the Regional Correctional Manager who oversees Leading the Way and the Director of Correctional Operations support critical analysis occurs not only at the facility level but also at a system level. Examples of how improvements have been used across the system to improve resident safety were provided. Though there were no PREA allegations, the management team will consider all security or safety concerns on how sexual safety is enhanced. Agency policy 6.11.1 supports the expectations of this standard. "The Department's PREA Coordinator shall review data collected and totaled in order to assess and improve the effectiveness of the Department's sexual misconduct prevention, detection, and response policies, procedure, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of findings and corrective actions for each facility, as well as the Department as a whole.

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

Indicator (c) The Director of Operations confirms that the Commissioner approves the PREA report developed by the agency PREA Coordinator before placing it on the agency's website. The Deputy Commissioner signed the 2023 report, which was uploaded to the website during the post-audit period.

Indicator (d) The DOC removes all identifiers from summary reports

Compliance Determinations: The Maine Department of Correction meets the requirements of this standard in Policy 6.11.1 page three. The data elements are required to be reviewed by the agency PREA Coordinator to ensure consistent data. The Director of Operations and the Regional Correctional Manager supported the utilization of data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to critically review data to identify problem areas and enact corrective actions. The PREA Coordinator works in the Operational oversight unit of the Maine Department of Corrections trends can be reviewed, and changes supported either from the facility level, such as supporting the need for additional staff or electronic surveillance equipment, or from a central administrative level, such as policy/procedural or training modifications. The agency also showed compliance with PREA standards through the annual report, which

	<p>combined data, graphs, and narrative information on Maine's efforts since 2011 in developing PREA-safe facilities. The report highlights each facility and tracks incident trends without identifying information.</p>
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<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p>Policy 5.3 Computer Safety</p> <p>State Retention Schedule</p> <p>Maine Statute 129</p> <p>Memo on file controls of PREA Screening information</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Intake staff persons</p> <p>File Security</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections has policies that protect the security of information. Policies 5.3 and 6.11 outline the safety of PREA information and who has access. Discussions with PREA Coordinator, individuals who complete screenings and layers of controls in place to ensure no unnecessary disclosure. The only two individuals with access are the facility Director and the PREA Monitor, who screen all individuals in the facility.</p> <p>Indicator (b) The Maine Department of Corrections ensures that the information related to PREA incidents and the agency’s efforts to support a zero-tolerance culture are published in an annual report available on the agency's website. The</p>

	<p>Auditor reviewed the annual report from 2022 and also reviewed the annual statewide tracking report information.</p> <p>Indicator (c) The annual report located on the state’s website does not include any identifiers.</p> <p>Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agency's PREA Coordinator, including the responsibility for collecting all incidents. Maine statutes control record retention. The Agency PREA Coordinator is aware that all PREA-related data be maintained for a period of no less than 10 years.</p> <p>Compliance Determination:</p> <p>The Standard is compliant. Maine State Statute (Title 5 pg. 65) and Department of Correction policies ensure that records are maintained in a secure manner. Since much of DOC documentation lies within the CORIS information system, policy 5.3 dictates security. Aggregate data for DOC and contracted facilities are available annually. The Auditor also witnessed the onsite security of client records. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. Policy 6.11.1 requires “The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.” The DOC PREA Coordinator confirmed compliance with the expectations of this standard.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Policies and written/electronic documentation reviewed.</p> <p>Maine Department of Corrections website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p>

Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance since 2014. The website supports the fact that the audits have been ongoing every three years since the initial audits. The state has one currently contracted facility for beds, which underwent its PREA audit in 2021.

Indicator (b) The Maine DOC has no less than one facility audited in a year. The number of DOC facilities audited per year has been impacted by the closure of facilities and the combination of other institutions. The seven current adult and juvenile facilities have undergone PREA audits spread out over three years. Two facilities, including The Leading the Way Transitional Living Program, were first PREA Audit Cycle. The Maine DOC requested this audit be completed only two years after its initial site visit to ensure a third of audits by type are completed each year.

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

Indicator (i) The Maine Department of Correction has used electronic PREA auditing files for several years and changed over to the OAS this year. The agency has electronic storage of information in its service network that allows some centralizing of information and has allowed them to create reports that aid in ongoing compliance with PREA expectations. The Auditor also got copies of other documentation as requested on-site. Leading the Way is currently using a paper version of the form, which the CRM completes and is only accessible by her and the Regional Manager.

Indicator (m) The Auditor was able to interview residents throughout the facility in private spaces. The space provided was appropriate to allow the Auditor and the resident to speak freely without others being able to hear our conversations. The office that was provided for interviews for both staff and residents was located away from others, allowing some privacy in conversations.

Indicator (n) The Auditor did not receive any confidential mail nor did any residents request to speak with the Auditor when on site. The Auditor's information was posted in the housing units and in the main building of DCU. The Auditor informed the Regional Manager that the posting should remain until the final report is issued. The Auditor has not received any communication from staff, residents or other interested parties in the post-audit phase.

	<p>Compliance Determination;</p> <p>The Maine Department of Corrections has had PREA audits of each of its facilities since 2014. The DOC has spread its facility audits over the three-year PREA cycle and have set up strong deadlines when contracting for new beds to be PREA compliant, including undergoing formal audits. The Auditor was given full access to the site and was not prohibited from returning to areas of the facility if requested. The Auditor was provided ample space and privacy to conduct confidential interviews with staff and residents. The facility posted the audit notice; it was visible on the tour, and residents were aware of the posting and the audit. Random residents were aware of the audit and the posting. Compliance is based on the above-mentioned facts which support a culture in which PREA is monitored daily.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policies and written/electronic documentation reviewed.</p> <p>Maine Department of Correction website</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator: (f) The Maine Department of Corrections website has posted all the previous PREA Audits. This was determined through a review of the state's DOC Website. This is the second Audit of the Leading the Way Transitional Living Program</p> <p>Conclusions:</p> <p>The Maine Department of Correction website has all previous facility PREA Audits posted under it PREA information link. The Auditor's prior experience with the agency allows first-hand knowledge of the prompt uploading of these documents. The Auditor also took into consideration that the Agency PREA Coordinator was also aware of the timing requirement for the posting of the audit</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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 adopt and 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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</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
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	na

	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.)	
	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.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</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 inmates.)	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 inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes



	perform bodily functions, and change clothing without non-medical 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?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	If the 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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</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
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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).)	na
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes



	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</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
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	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.)	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.)	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.)	na
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
	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
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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



	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
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
	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
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
<b>115.251 (b)</b>	<b>Resident reporting</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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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 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
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</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
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</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
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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
	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
	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,	yes



	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</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
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</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
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
	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
	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
	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
	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:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
	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
	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
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</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
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	yes



	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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

<b>115.288 (b)</b>	<b>Data review for corrective action</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
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

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

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes