

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: 01/14/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Jack Fitzgerald	Date of Signature: 01/14/2023

AUDITOR INFORMATION	
Auditor name:	Fitzgerald, Jack
Email:	jffitzgerald@snet.net
Start Date of On-Site Audit:	11/09/2022
End Date of On-Site Audit:	11/10/2022

FACILITY INFORMATION	
Facility name:	Leading the Way Transitional Living Residence
Facility physical address:	102 Hogan Road , Bangor , Maine - 04401
Facility mailing address:	

Primary Contact	
Name:	Jodie Johnson
Email Address:	jodie.johnson@maine.gov
Telephone Number:	2072155799

Facility Director	
Name:	Robert LaPlante
Email Address:	robert.laplante@maine.gov
Telephone Number:	+1207 557 2441

Facility PREA Compliance Manager	
Name:	Tammy Lewis
Email Address:	tammy.lewis@maine.gov
Telephone Number:	O: 207-474-7378

Facility Characteristics	
Designed facility capacity:	18
Current population of facility:	10
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	19-67
Facility security levels/resident custody levels:	Community custody
Number of staff currently employed at the facility who may have contact with residents:	6
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information			
Name:	Conner Mcfarland	Email Address:	conner.mcfarland@maine.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
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:	2022-11-09
2. End date of the onsite portion of the audit:	2022-11-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor 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.

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>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input 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>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">10</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>
<p>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:</p>	<p style="text-align: center;">0</p>

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>There were no individuals with significant disabilities</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

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:	6
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:	0
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:	0
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:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The Auditor interviewed all residents available.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:</p>	<p>The program only housed 10 individuals on days in question. The Auditor was on site more than 12 hours the first day and saw all but one individual who refused as they were tired after working a double. The Auditor showed up on the overnight shift to interview individuals and staff on the second-day but the other two persons had gone back out to work.</p>
<p>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):</p>	<p>No text provided.</p>

Targeted Inmate/Resident/Detainee Interviews

58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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:	1
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor met with all available residents and confirmed with case manager and supervisor as well as the review of screening information.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor met with all available residents and confirmed with case manager and supervisor as well as the review of screening information.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor met with all available residents and confirmed with case manager and supervisor as well as the review of screening information.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor met with all available residents and confirmed with case manager and supervisor as well as the review of screening information.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There have been no transgender resident admissions to the program to date.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no reported allegations at the program</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor met with all available residents and confirmed with case manager and supervisor as well as the review of screening information.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregation at Leading the Way it is a voluntary open community program for individuals under community supervision of the DOC.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Some other residents' interviewed access mental health services or medical services in the community but are not noticeably impaired. Most individuals work fulltime jobs in the community and without information from their files the Auditor would not otherwise be able to identify them for any risk. No individual in the current population scored on a level as a potential victim.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>3</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</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>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The Auditor Interviewed all staff who worked in the two-day site visit</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>7</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The Auditor interviewed staff on site who complete intake and screening as well as several agency leaderships while on site and at prior audits this year. The facility has not had any sexual assault allegations so not first responder or incident review teams have occurred. The Auditor relied on in the standard interviews supporting knowledge of the standards expectations in these areas along with agency policy.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The resident have their own phone to be able to communicate with any of the phone numbers listed. Resident can mail letters from the program or when they are out in the community</p>
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Documentation Sampling

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

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?	<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 all staff and current resident record on site and was provided additional information in the OAS.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations at the program since opening
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

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

Staff-on-inmate sexual abuse investigation files

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

Sexual Harassment Investigation Files Selected for Review

106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations at the program since opening
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<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>
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<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>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<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>

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator (PC)</p> <p>Interview with Director of Operations confirming PC authority/duties</p> <p>Interview with Staff</p> <p>Interview with Residents</p> <p>Tour Observations (posters, brochures, visitor notification)</p> <p>Summary determination.</p> <p>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 consistent with the federal terms in PREA. The agency’s policy statement directly names the federal legislation and defines expectations.</p> <p>“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</p>

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 of agency administrators and facility administrators to ensure PREA compliance. The policy states there is no consensual contact between residents and staff or between residents. It further identifies screening, education and monitoring, along with other elements that supports prevention, allows for detection, and ensures a full legal and medical response to any complaint. The facility staff showed knowledge consistent with training materials about their role

in preventing, detecting, and responding to sexual assault claims. Staff also are provided with reminder cards at training

about the importance of a Zero Tolerance environment. The cards are also found at the sign-in station reminding staff that failing to report sexual assault is a crime. Random Residents reported to the Auditor that the 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 to include coordinating and developing procedures to identify, monitor, and track sexual misconduct incidents occurring in DOC facilities. The Policy states, ““The Department PREA Coordinator shall develop, implement, and oversee the Department’s efforts to comply with PREA standards in all its adult and juvenile facilities and shall receive reports and track responses to reports of sexual misconduct elsewhere in the Department. Duties of this position include, but are not limited to:

a. serving as the primary contact and resource for the Department on PREA related inquiries;

b. collaborating with the Department’s Policy Development Coordinator to develop policy and procedures in compliance with federal and state statutes, national

standards, and Departmental goals concerning PREA issues;

c. receiving reports of complaints and alleged incidents of PREA violations from the facility PREA monitors;

d. reviewing PREA investigations as well as the resolution of complaints and alleged incidents;

e. assisting in the development, implementation, and evaluation of all PREA related training;

f. collaborating with the Department's Policy Development Coordinator to provide updates regarding law, policy, or services related to PREA;

g. collaborating with the Department's Director of Operations to ensure that all new contracts and contract renewals for the confinement of adult or juvenile residents outside the Department 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 an agency flow chart showing the relationship between the PREA Coordinator who works in the Maine Department of Corrections Central Office and DOC upper management and the facilities Wardens/Directors. The PREA Coordinator reports to the DOC Manager of Correctional Operations who oversees conditions of confinement in DOC facilities as well as the state County Jail system. The PREA Coordinator has been involved in agency planning including how new facilities' physical plant structure effects PREA safety measures.

The Leading the Way Transitional Living program is a new venture for the Maine DOC. Residents are not sentenced to the facility and as such any program violation may result in dismissal from the program but not necessarily require their incarceration. All staff are trained with the same PREA training the correctional facilities staff receive. The Facility receives support from the PREA Coordinator and central Office as well as the Mountain View Correctional Center. The Program's Director ensures agency PREA requirements are maintained including training/ education, screening and prevention.

Conclusions: The Maine Department of Corrections has policies that define the steps taken to prevent, detect and respond to sexual abuse and sexual harassment incidents. Policy 6.11 Sexual Misconduct (PREA and Maine Statutes) is broken into 7 sub-policies that direct the different aspects of the agency's efforts to provide safe environments. Policy 6.11 defines the roles of state PREA Coordinator. Interviews with the agency PREA Coordinator confirm his roles in maintaining PREA Compliance. The Auditor was able to see the agency transition process as both the Outgoing and incoming PREA Coordinators were present during the weeks audits. 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 states sexual misconduct is not a concern at Leading the Way, and they had knowledge of resources available if a concern arises. The PREA Coordinator believes he has the capacity in their jobs to advocate for policy or procedural changes needed to support resident safety. This was confirmed with the Director of Operations for Maine DOC.

Compliance was determined considering multiple factors including an extensive policy. 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 forms of sexual misconduct by staff. Residents were aware of program expectations and how to report a concern if one was to arise. The program has had no incidents of sexual abuse or sexual harassment since opening.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1094 524">Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="280 560 1251 595">MOU with Waldo County showing requirement to be PREA Compliant</p> <p data-bbox="280 631 1086 667">Documentation of the ongoing monitoring by Maine DOC</p> <p data-bbox="280 703 651 739">Waldo County Jail Website</p> <p data-bbox="280 775 1129 810">Annual PREA report of Waldo County for calendar year 2021</p> <p data-bbox="280 913 906 949">Individuals interviewed/ observations made.</p> <p data-bbox="280 985 995 1021">Interview with Manager of Correctional Operations</p> <p data-bbox="280 1128 632 1164">Summary Determination</p> <p data-bbox="280 1200 1477 1482">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). This 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 agreement set forth a time frame of one year for the facility to enter into a PREA audit. The MCRRC was initially audited in 2018 for PREA compliance and had a second audit in December of 2021.</p> <p data-bbox="280 1523 1468 1805">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 provides assistance as needed. Compliance is based on the documentation supporting the requirement of the contractor to provide a PREA compliant environment. Interviews with Manager of Correctional Operations earlier this year confirmed oversight responsibility of county jail</p> <p data-bbox="280 1845 1477 2047">compliance and DOC PREA Coordinator, support a system of monitoring and ongoing support exists. The PREA Coordinator receives information directly from the county jails on PREA Incidents and since he works with the Manager of Correctional Operations, he would be made aware immediately of any concerns with ongoing compliance at the Waldo facility.</p>

	<p>Conclusions: Residents of Leading the Way would not be eligible to transfer to the Waldo County facility. The Manager of Correctional Operations was interviewed as the agency's Contract Manager during the summer of 2022. The interview supports 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 requires immediate adoption and compliance with PREA standards, including ongoing monitoring by DOC. The documentation provided to the Auditor, policy requirements and interviews with the Manager of Correctional Operations support the Maine DOC will not enter into a subcontracting of beds without ensuring PREA compliance.</p>
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115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1094 452">Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="280 488 759 524">Policy 3.11 Staffing Requirements</p> <p data-bbox="280 560 1094 595">Leading the Way Transitional Living Program staffing Plan</p> <p data-bbox="280 703 903 739">Individuals interviewed/ observations made.</p> <p data-bbox="280 775 807 810">Interview with Director of Operations</p> <p data-bbox="280 846 743 882">Interview with PREA Coordinator</p> <p data-bbox="280 918 927 954">Interview with Regional Correctional Manager</p> <p data-bbox="280 990 1046 1025">Interview with the Regional Correctional Administrator</p> <p data-bbox="280 1061 632 1097">Interview with Residents</p> <p data-bbox="280 1205 632 1240">Summary Determination</p> <p data-bbox="280 1348 1477 1715">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 development of a plan including generally accepted correctional practice, frequency of sexual assaults/complaints, 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 data-bbox="280 1751 1430 2056" style="list-style-type: none"> 1) generally accepted correctional practices; 2) any findings of inadequacy by courts or by federal or state investigative or oversight agencies; 3) all components of the facility’s physical plant (including “blind-spots” or areas where staff or prisoners or residents may be isolated) and availability of video monitoring;

- 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 completion of the annual assessment of staffing. . The staffing plan is based on the capacity of 18 minimum security residents. Since opening the average population was 10. On the first day of the Audit the population was 11. Though the maximum capacity is 18 they have only been using one resident per room in the 14 bedrooms. The Regional Manager reports there were no judicial, federal or oversight bodies findings of inadequacies. He also confirmed the facility has not operated under the minimal staffing level. The population of the Leading the Way Transitional Living Program 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 Leading the Way Transitional Living Program or would be identified to ensure higher monitoring of their behavior.

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.

Indicator (c) The staffing plan created in 2021 for Leading the Way Transitional Living Program. The plan is descriptive of the population housed at Leading the Way Transitional Living Program and uses photos to show supervision and camera positions. Staffing requires one person working at all times. The Residential monitors are called Correctional Attendants who monitor resident movements in and out of the facility. The Attendant 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 Attendants interviewed know the importance of active monitoring of and described how the observe resident through cameras and while making tours of the areas periodically.

Conclusions: Maine Department of Corrections has two policies that address the requirements of the four indicators in this standard. Policy 3.11 Staffing

<p>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 plan, in a narrative format, that addresses the various considerations in indicator (a). The facility is not under any current judgement for inadequacy. The plan is reviewed annually with in-house administration and then a request would go to Maine DOC Central Office for staffing needs or technology upgrades. Correctional Attendant 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 consistent with the standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Pre-Audit Questionnaire</p> <p>Memo on program not doing searches</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> <p>Summary Determination</p> <p>Indicator (a) There are not clothed or unclothed searches of the residents of Leading the Way. Any searches or UA would be done by the Probation Office staff who are located one floor below the program.</p> <p>Indicator (b) Leading the Way Transitional Living Program does not house female residents and as noted there are no strip, body cavity or pat searched of resident of the program .</p> <p>Indicator (c) As noted in indicator (b) Leading the Way Transitional Living Program does not strip, body cavity, or pat searched of resident of the program</p> <p>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</p>

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 confirm that the residents are not observed in any form of undress by female staff. The is expectations on residents being 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.

Indicator (f) As noted previously give the voluntary nature of the program there is no searches. The Correctional Attendants have not been trained in completing any searches. If there is a concern about contraband the Probation staff or local police would be called.

Conclusion: The Maine Department of Corrections has policies to address the various elements in this standard but have 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 some stability until they can live on their own.

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 during the tour, the Knock and announcement before a female staff enters a room or the bathroom area. Residents support the male staff also announce before entering further supporting compliance.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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> <p>Agency PREA Video in English Spanish, Somali, and ASL</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Director of Operations for the agency head</p> <p>Interview with random Residents who are LEP or have Disabilities</p> <p>Interview with Random Staff</p> <p>Interview with Intake Staff</p> <p>Interview with Facility PREA Coordinator</p> <p>PREA Signage in English and Spanish</p> <p>Summary Determination</p> <p>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.</p>

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 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 up 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."

Conclusion: 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 were aware that it was not appropriate to use residents to interpret for each other except in extreme emergencies. Line staff knew to contact a supervisor if they needed to access an outside interpreter. Compliance was based on interviews with staff and residents and administration, as well as the hard materials (posters, orientation materials, agency video) and policies that support equal access to all services. The educational materials seen repeatedly on the tour support ongoing access to information exists.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1251 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 963 524">Policy 3.24 Pre-Employment Background Checks</p> <p data-bbox="280 560 908 595">Policy 3.3 Personnel Selection and Retention</p> <p data-bbox="280 631 679 667">Policy 3.05 Code of Conduct</p> <p data-bbox="280 703 1142 739">Department of Administrative and Financial Service -Protocol</p> <p data-bbox="280 775 1414 810">Wellpath (contracted Medical MH service provider) policy on background checks</p> <p data-bbox="280 846 1142 882">HR documentation for 27 DOC staff, 3 Wellpath, 3 volunteers</p> <p data-bbox="280 990 903 1025">Individuals interviewed/ observations made.</p> <p data-bbox="280 1061 852 1097">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1133 995 1169">Interview with Region 3 Correctional Administrator</p> <p data-bbox="280 1205 924 1240">Interview with Regional Correctional Manager</p> <p data-bbox="280 1276 604 1312">Interview with HR staff</p> <p data-bbox="280 1420 632 1456">Summary Determination</p> <p data-bbox="280 1491 1461 1818">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:</p> <ul style="list-style-type: none"> <li data-bbox="280 1854 1461 1930">a. engaged in sexual abuse in a prison, jail, lockup, community confinement facility, adult or juvenile facility, or other institution; <li data-bbox="280 1966 1430 2087">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 supports the process of screening all applicants for employment at 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 prohibit 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 Attendants individuals. All staff complete a form at 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. File reviews completed by the Auditor confirmed that the process is in place and is consistently done for all new employees and will complete them 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 5 employees of the facility.

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

Indicator (e). Leading the Way provided the Auditor with information from the 5 employees of which none were employed 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), including in the policy is a continues responsibility to self-report any misconduct. As noted in Indicator (a) all MSP 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 that future employees can now use 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 for the agency, with proper releases of information, to disclose to other institutions any PREA-related concerns. 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: 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 who are employed by the Maine Department of Administrative and Financial Services and are assigned to DOC to oversee the hiring at both for 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 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

<p>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 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.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>Individuals interviewed/ observations made.</p> <p>Memo from PREA Coordinator on facility renovation and design</p> <p>Documentation of meetings held during construction</p> <p>Interview with the DOC Director of Correctional Operations</p> <p>Interview with the Region 3 Correctional Administrator</p> <p>Interview with the Regional Correctional Manager</p> <p>Interview with the PREA Coordinator</p> <p>Observation on tour</p> <p>Random Staff spoken with on tours</p> <p>Summary Determination</p> <p>Indicator (a) Leading the Way Transitional Living Program is a new environment created in the last 18 months. The facility is an open environment 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 protection of residents from sexual misconduct and harassment.” The Director of Correctional Operations reported that the PREA Coordinator has been involved in all agency construction projects over the last three years which includes Leading the Way. The Regional Manager who oversees Leading the Way was able to point out the modifications they made prior to opening and some changes they have done since opening to improve safety. The Auditor was also provided a memo from the PREA Coordinator delineating the thought process in the design including camera placements. The Auditor also saw meeting documentation between the Regional Manager, the PREA Coordinator and the Assistant Director of Correctional Operations which occurred before the facility opened</p>

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

Conclusion: 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. The facility, as noted in indicator (a) is a new program that was supported by the PREA Coordinator and Maine DOC Operations Unit in reviewing the physical plant with an eye toward PREA safety. The Department reportedly has a practice of involving PREA in the 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 and 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, documentation supporting the application of policy in facility design and interviews with facility and agency leadership toward ongoing assessment of needs in maintaining a PREA safe environment.

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 863 452">Leading the Way Pre-Audit Questionnaire</p> <p data-bbox="280 488 1050 524">Policy 7.1 Investigations by a Correctional Investigator</p> <p data-bbox="280 560 1329 636">Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Reporting and Investigating.</p> <p data-bbox="280 672 794 707">Policy 14.6 Preservation of Evidence</p> <p data-bbox="280 743 906 779">Policy 18.8 Forensic Information or Evidence</p> <p data-bbox="280 815 868 851">Policy 18.3 Access to Healthcare Services</p> <p data-bbox="280 887 831 922">Maine Statutes 34A Chapter 3 Article 1</p> <p data-bbox="280 958 571 994">MRS Title 24, §2986.</p> <p data-bbox="280 1030 948 1066">Leading the Way Sexual Assault Response plan</p> <p data-bbox="280 1102 721 1137">State Protocol for sexual abuse</p> <p data-bbox="280 1173 639 1209">Information for Residents</p> <p data-bbox="280 1317 906 1352">Individuals interviewed/ observations made.</p> <p data-bbox="280 1388 986 1424">Interview with Sexual Assault trained Investigator</p> <p data-bbox="280 1460 762 1496">Interview with RRS representative</p> <p data-bbox="280 1532 1225 1568">Interview with Hospital staff about SAFE/SANE access and services</p> <p data-bbox="280 1603 1417 1639">Interview with Department of Health and Human Services staff on SAFE training</p> <p data-bbox="280 1747 632 1783">Summary Determination</p> <p data-bbox="280 1818 1474 2069">Indicator (a) The Maine Department of Corrections is responsible for completing investigations, including sexual assaults. The DOC employs criminal investigators at its correctional facilities who are trained law enforcement staff with full powers of a police officer. The nearest facility the Mountain View Correctional Center 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 state of Maine</p>

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 does cover 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 have the same ability to have a forensic exam without cost as any other resident of the state of Maine, regardless if they cooperate in the investigation. This is confirmed in DOC policy, interviews with investigator, 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 where it explains that medical cost for treatment are covered by the state's Victims Compensations funds.

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 supports an ability to provide support 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. The Department of Corrections Director of Victim Services has also reportedly been trained in providing forensic support services. A copy of the amended MOU between RRS and the Maine DOC was provided. Rape Response Services already was providing support to potential victims at the Mountain View facility, so the document was amended to include Leading the Way.

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.

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 to provide rape crisis support staff through RRS if needed. If a support advocate was unavailable for any reason, the DOC has a trained individual on staff.

Conclusion: 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 nurse. Sexual Assault Nurse Examiners in Maine are trained on protocols developed in the state of Maine Attorney General's office in conjunction with a SANE advisory team and

consistent with the National Protocol for Sexual Assault Forensic Exams. The Maine Attorney General's Office has produced a guideline for Sexual Assault Forensic Exams and the Care of Sexual Assault Patients. This 185-page document provided specific steps for forensic exams and was developed in conjunction with medical and legal experts from Maine, including nine SAFE or SANEs. Hospital staff confirmed this service would be done free of charge and if a SANE is not on duty one could be called in. It is also reported that the hospital would call a Rape Response Services. Compliance is determined based on the availability of resources to effectively investigate, secure and process evidence. Also taken into consideration in this determination was the overall staff knowledge displayed in the random staff interviews of how to preserve evidence, including instructions to the residents involved.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1182 452">Maine Statutes related to Correctional Law enforcement Powers</p> <p data-bbox="280 488 735 524">Policy 6.11.3 Sexual Misconduct</p> <p data-bbox="280 560 786 595">Policy 07.01 Criminal Investigations</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 770 1038 806">Interview with the Director of Correctional Operations</p> <p data-bbox="280 842 852 878">Interview with Agency PREA Coordinator</p> <p data-bbox="280 913 927 949">Interview with Regional Correctional Manager</p> <p data-bbox="280 985 746 1021">Interview with Investigative staff</p> <p data-bbox="280 1128 632 1164">Summary Determination</p> <p data-bbox="280 1200 1469 1487">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 the Investigator from Mountain View Correctional Center, or one assigned by the Office of Professional Responsibility. There have been no allegations since opening the required a administrative or criminal investigation to occur.</p> <p data-bbox="280 1594 1469 1756">Indicator (b) The Maine Department of Corrections has two policies that address the requirements of this standard. Policy 6.11.03 Sexual Misconduct (PREA and Maine Statutes). The Policy also complies with Maine State Statutes which govern law enforcement duties.</p> <p data-bbox="280 1863 1469 1989">Indicator (c) This indicator does not apply as the Department of Correction is responsible for criminal investigations. If the Bangor Police respond the Investigator report they will work together to determine who will complete the investigation.</p>

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

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

Conclusion: 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 claim initially 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 supports a consistent plan to support the investigation of any form of sexual misconduct that might occur

115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>Leading the Way training records</p> <p>Maine Justice Academy approved training materials, lesson plans, power points program outline</p> <p>Maine Justice Academy/ Maine Coalition Against Sexual Assault videos</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Regional Correctional Manager</p> <p>Interviews with random staff</p> <p>Summary Determination</p> <p>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 Attendants, 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 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 developed in conjunction with the state Rape Crisis agencies, county jail staff and Maine DOC staff. The Agency PREA Policy 6.11.2 outline requirements 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:</p> <p>a. the Department's zero-tolerance policy for sexual misconduct and sexual</p>

harassment;

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

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

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

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

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

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

h. how to distinguish between consensual sexual acts, contact, and touching and 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.”

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 was ever to change.

Indicator (c) The Correctional Attendants received classroom training on PREA as part of the onboarding process. The initial trainings have been provided by the state PREA Coordinator. The staff who were able to be interviewed by the Auditor

confirmed annual training and were able to describe various information consistent with the curriculum reviewed. The documentation supports the initial training was done in person and the second year was done on the state's learning online learning management system.

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.

Conclusion: 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). New employees are first exposed to PREA training in the Maine Criminal Justice Academy. Policy 6.11 Sexual Misconduct (page 2) addresses the requirements of the standard, including the required areas of education found in indicator (a), the frequency of training and gender-specific understanding of sexual victimization that is important for staff.

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 education of staff has happened in more than once in the first two years of the program. Compliance determination was based on training records, the material used in presentations and random staff ability to share examples of the content they had learned as part of PREA training consistent with standard requirements.

115.232	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 412 1211 448">6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p data-bbox="280 483 1422 560">Contractor Sign-in - (PREA acknowledgment of Brochure for 1 time or infrequent visitors)</p> <p data-bbox="280 595 493 631">PREA Brochure</p> <p data-bbox="280 667 841 703">Agency training program for Volunteers</p> <p data-bbox="280 810 904 846">Individuals interviewed/ observations made.</p> <p data-bbox="280 882 925 918">Interview with Regional Correctional Manager</p> <p data-bbox="280 954 564 990">Observation on tour</p> <p data-bbox="280 1097 632 1133">Summary Determination</p> <p data-bbox="280 1169 1422 1330">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 which outlines the agency efforts to maintain environments free from sexual abuse or harassment.</p> <p data-bbox="280 1438 1481 1644">Indicator (b) The Regional Correctional Manager is aware if there are individuals who routinely come to the program to provide services to clients that 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.</p> <p data-bbox="280 1751 1485 2002">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.</p>

	<p>Conclusion: The Leading the Way Transitional Living Program is compliant with the standard expectations. The Program does not use contractors or volunteers but has in place informational brochures for all individuals entering the site. The individual who oversees the program is aware of the expectation if the situation was to change. Compliance was determined through supporting documents and interview with the program head.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Pre Audit Questionnaire</p> <p>Maine DOC Website (PREA Education Videos)</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>1.9 Staff communication with residents and community corrections clients</p> <p>Leading the Way Resident Contract</p> <p>Resident files showing they have received PREA educational materials</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Intake Staff Person</p> <p>Interview with residents</p> <p>Observation on tour of PREA Signage in two languages</p> <p>Summary Determination</p> <p>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 and 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 the 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." The Auditor was provided a copy of the intake packet and was able to view the PREA education materials online that included a video in multiple languages, with closed captions. Residents confirm they are provided PREA education at this voluntary program.</p>

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. All residents have been housed in other correctional facilities prior to being admitted to Leading the Way. 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 Auditors interviews with residents confirmed that though many report PREA is not a worry they know how to report a concern. Residents were aware of the posting through out the facility that through their personal phones they could access the DOC website with policies, PREA reporting information and the videos on PREA.

Indicator (c) All residents received an education in PREA and how to report any concerns. Resident education is documented on 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) while all videos have closed captions. 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 materials for education 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, The staff who completes intake and other residential staff say they are willing to help residents who may have a comprehension issue.

Indicator (d) Records were reviewed for all residents in the program and several prior residents. This supports they have received PREA education and 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 have previously been educated about PREA in state and county jails.

Indicator (e) Observations throughout the tour support there are materials available to residents continuously. The information viewed included resident welcome folders, posters and other signage about PREA or resources such as the local rape crisis agency. The facility provided several pictures of the information posted about the facility in the OAS. All residents had personal cell phones with the ability to go online at any time to access the DOC PREA Page. The Auditor was able to see information that informed them how to report internally and externally an incident

of sexual abuse plus the ability to seek support from the local rape crisis agency. The agency PREA video provided a good description of the different phone numbers and their purposes. The video emphasizes the ability to get emotional support from the Rape crisis center even if the abuse happened outside of prison. Information is available in multiple languages such as Spanish, though the population of people who identify as Hispanic is less than 2 % in the state of Maine. The Intake staff was aware of the translation services but has not had to use it for any admissions to date.

Conclusion: 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. PREA information is reviewed with the resident by the Intake staff and they are provided a resident welcome folder that contains PREA information. The education session is signed by the resident and placed in their case record. The facility has PREA educational materials available to residents in the form of brochures and posters in addition to the intake packet.

On the tour the Auditor saw posters informing residents how to report PREA events or how to access advocate services or report to both 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 witness to an incident of sexual abuse or harassment. During interviews with residents they expressed several ways to contact administration or outside individuals if they did not have comfort in telling the line staff. Many of the residents stated that PREA was not a concern at the 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.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>6.11.2 Sexual Misconduct (PREA and Maine Statutes) - prevention</p> <p>6.11.3 Sexual Misconduct (PREA and Maine Statutes) - Reporting and Investigating</p> <p>Training Material from PRC training on completing a sexual Assault Investigation</p> <p>Training rosters</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with trained Investigators</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Corrections employs its own investigative body. The Department of Corrections Special Investigations and Intelligence (SII) unit and the Criminal Investigator at Mountain View Correctional Center are law enforcement officers in the state of Maine. As such, they have received training in completing investigations consistent with the Maine statutes and DOC policy. The Maine Department of Corrections was able to have a cadre of staff members trained by utilizing a curriculum developed by the PREA Resource Center. "How to complete sexual assault investigations of the correctional setting." Agency policy (6.11.3) sets forth the requirement of specialized training for investigators of sexual misconduct at DOC facilities. "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." Though Leading the Way is separate from Mountain View it is the nearest correctional Center so investigators would either come from there or be assigned by DOC central office in Augusta.</p> <p>Indicator (b) The material from the investigator training reviewed by the Auditor supports the required topics that were addressed. The training materials and the</p>

interview with a trained investigator confirmed the training covered, how to communicate with a victim of sexual assault, the use of Miranda and Garrity Warnings, proper steps in the collection and preservation of evidence, and the factors in making a determination of substantiation for administrative action or prosecutorial referral. Discussions with the trained investigator support his use of the information in his interactions with alleged victims and perpetrators of sexual violence. As there were no cases at Leading the Way so the investigator explained his experience using the information from the training in investigations at the Mountain View Correctional setting.

Indicator (c) Training records were provided for the Mountain View PREA trained investigator. The Maine DOC also has the Office of Professional Review which would complete investigations on staff-involved incidents. Staff in this unit can assign other investigators if there is a belief of any conflict of interest and can assign an individual to complete an administrative investigation in addition to the criminal cases. There are multiple individuals assigned to the Mountain View facility who have completed the training.

Conclusion: The Maine Department of Corrections ensures that staff who complete investigations have received appropriate specialized training on investigating sexual assault in a correctional setting. Currently, there are more than a dozen individuals approved by the Maine Department of Corrections to complete criminal investigations in a correctional setting. Documents and interviews support that the facility's investigators are trained in the requirements of a PREA-related investigation. Maine has set up that if allegations are against the staff the agency's Office of Professional Review would be brought in to investigate and ensure an impartial process. Given the number of DOC-trained PREA Investigators, the level of professional investigative training provided to the staff, and the interview with the facility's trained Investigator, the Auditor finds the facility compliant. Absent any current investigations the auditor relied on the training materials provided and the interview with the trained investigator in determining compliance.

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 at 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 medical or mental health services on site. The indicator is not applicable.</p> <p>Conclusion: The facility does not employ individuals to provide medical or mental health services on site at the facility. The Auditor was able to identify several treatment options for victims of sexual abuse to go for appropriate care. Residents support that staff in the program or there Probation Officer can help advise them on services in the area if there 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>

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1305 524">Policy 6.11.2 Sexual Misconduct (PREA and Maine Statutes) – prevention</p> <p data-bbox="280 560 842 595">Population report for LEADING THE WAY</p> <p data-bbox="280 631 935 667">Initial and follow up assessments for residents</p> <p data-bbox="280 703 836 739">Leading the Way PREA Tracking reports</p> <p data-bbox="280 913 906 949">Individuals interviewed/ observations made.</p> <p data-bbox="280 985 852 1021">Interview with Agency PREA Coordinator</p> <p data-bbox="280 1057 708 1093">Interviews with Wellpath staff.</p> <p data-bbox="280 1128 603 1164">Interview with Director</p> <p data-bbox="280 1200 564 1236">Observation on tour</p> <p data-bbox="280 1344 632 1379">Summary Determination</p> <p data-bbox="280 1415 1474 1742">Indicator (a) All residents who are admitted from 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 likelihood to be 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:</p> <ul style="list-style-type: none"> <li data-bbox="280 1778 1458 1984">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; <li data-bbox="280 2020 1458 2056">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 and files selected on site of current residents and in the interviews of random residents.

Indicator (b) The Policy stated in indicator (a) sets forth an obligation for the screening to be completed sooner than the standard requirement. The Maine DOC requires the screening to be completed in the first 24 hours. The review of the screening reports at Leading the Way Transitional Living Program supports 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 timeline. A review of a report show consistent compliance with the policy of the residents 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 PREA Coordinator is hopeful to have the Leading the Way program added into there statewide tracking system which allows the PREA Coordinator to keep tabs on compliance.

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 on 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 also used the CORIS report to view overall compliance with the requirements of the standard.

Indicator (g) The CRM would reassess individual if new information comes to light of if some 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 in their various stays in DOC facilities prior to Leading the Way.

Indicator (i) The Maine Department of Corrections completes the screening information on paper. The the screening information, especially the client’s more sensitive information would not be accessible by the Correctional Attendants. 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.”

Conclusion: The Leading the Way Transitional Living Program ensures all residents are screened for sexual victimization and abusiveness using an objective tool. Policy

<p>6.11.2 (page 4) requires that all residents are screened initially within 24 hours and reassessed within 14 days by the facility classification team. 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 consistent with time requirements in the standard and interviews supporting how each individual is screened.</p>
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115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 999 524">Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p data-bbox="280 560 995 595">Policy 23.8 Management of Transgender Residents</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 683 739">Interview with Random Staff</p> <p data-bbox="280 775 740 810">Interview with random residents</p> <p data-bbox="280 846 528 882">Population report</p> <p data-bbox="280 918 564 954">Observation on tour</p> <p data-bbox="280 1061 632 1097">Summary Determination</p> <p data-bbox="280 1133 1485 1877">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. Resident who score on 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 on where individuals can get employment as some may already be employed at time of admission but lack stable housing. The Facility does take the screening process seriously but cannot totally prevent interactions all interactions between individuals who may have past sexual aggressive histories and those with past victimization histories. They will house the individuals as far apart as possible, and staff can see an potentially here interactions in the Kitchen and common areas. Each resident has their own room and no one else is allowed in the room. All resident work, education and treatment happens in the greater Bangor region and are not controlled by the facility.</p> <p data-bbox="280 1984 1442 2065">Indicator (b) Safety of the residents is considered throughout the resident's stay. Each resident is met by the CRM. The management team has the ability to use all</p>

the information of the resident's prior stays at other Maine DOC facilities to develop an individualized plan for each resident. The Program works closely with the clients 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. All residents are housed on one floor with two hallways and individual sleeping rooms.

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. At leading the way those treatments would come from a community provider. A correctional treatment team or the client probation officer for those in the community would consider when it is appropriate for the individual to be transferred to the facility. Any Transgender resident would be made aware of the living arrangements. (Bedrooms, bathrooms etc.) before they were admitted to the program. 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, expectations and supports available before admission and on date of admission.

Indicator (d) Since there is no current transgender individuals at LEADING THE WAY, the Auditor considered the policy which requires all transgender individuals' own preference and perception 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 and urine testing is done at the probation office. As the program is voluntary the program would here the transgender individual's concerns before an admission. The Regional Correctional Manager would monitor the individuals transition into the program to see if any concerns arise after admissions.

Indicator (E) There are no gang showers in all-male Leading the Way. The unit has a central bathroom with individual stalls 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.

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 with interviews with the PREA Monitor, Random staff and residents.

Conclusion: Maine DOC Policy 6.11.2 Sexual Misconduct – Victim Services described the use of the PREA Screening tool (Pg.3-4) in Indicators (a) and (b). The remaining indicators are covered in 23.8 Management of Transgender and Intersex Residents. The electronic case management system of Maine DOC (CORIS) will prevent housing of potential or known victims with potential or non-aggressors based on the PREA Screening tool in 115.41. All individuals entering Leading the Way are asked how they feel about their safety which helps guide the placement process for housing. Though the screening tool is primarily used for identification of individuals at different risks, the one unit open voluntary program uses the information to assign client rooms. The program does not have work, education or treatment programming on site. Though there have not been any transgender individuals admitted the programs intention to provide information upfront about the living environment will allow for the resident to make real decisions on their perceived safety. The voluntary nature of the program also helps to ensure if they are uncomfortable the program or the individuals PO can assist in finding other housing options.

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.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 handbook</p> <p>PREA Posters</p> <p>Penobscot County Jail MOU</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Random Staff</p> <p>Interview with Contracted staff</p> <p>Interview with residents</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>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 handbook that describes options to report a concern, including directly to a staff they trust, to the case manager program supervisor or by calling the DOC PREA ‘hotline’ (agency PREA Coordinator). The Auditor observed the postings on the walls and discussed with</p>

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. A representative of Penobscot County Jail confirms the MOU and supports that no residents have sent mail to the county jail. The residents can make confidential calls on personal cell phones they are allowed to have.

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 posted and handbook also 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 by there own phone or while in the community while outside the program they had confidence in reporting. Residents also reported if you did not have a phone you could ask to make a call from the conference room

Indicator (c) Interviews confirm consistent with agency policy (6.11 Sexual Misconduct -page 3) that all staff take any report of a PREA-related incident seriously and report the concern to a superior or to the facility investigator. Random staff knew that they had to report the claim no matter the source of information including anonymous notes. The staff reported that any claim, even if they thought it did not occur, needed to be reported. The staff also confirmed that 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 lead 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 make a report using either the posted phone numbers to RRS or The Maine DOC PREA Coordinator. Staff interviews confirmed they were aware of multiple avenues to report a concern. The staff knew

they could report out of the chain of command without consequences.

Compliance Determination

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 responsibility to accept all forms of resident-reported Sexual Abuse and Harassment claims. The facility 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 were confident on being able to make confidential communication with these outside reporting groups.

The Auditor finds compliance with standard provisions based on the policy, documentation provided and viewed on the tour, the interview findings of random staff and residents, and interview information from the PREA Coordinator.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1347 524">Policy 6.11.4 Sexual Misconduct - Administrative Sanctions and Grievances</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 927 739">Interview with Regional Correctional Manager</p> <p data-bbox="280 775 756 810">Interview with Random Residents</p> <p data-bbox="280 846 568 882">Observation on tour</p> <p data-bbox="280 990 632 1025">Summary Determination</p> <p data-bbox="280 1061 1481 1720">Indicator (a) Even though the program is voluntary, the Leading the Way Transitional Living Program is not exempt from the standard; residents have the ability to file a grievance on conditions that violate their rights. Sexual misconduct is a reason for which an resident can file a grievance. There were no reported grievances at Leading the Way since 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."</p> <p data-bbox="280 1904 1465 2065">Indicator (b)) Agency policy and resident handbooks 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</p>

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 that formal grievances are not necessarily the way they would report a concern and 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 delay's reason. Each level of the appeal process requires similar notifications if the inmate is not responded to in the timeframes required. The total time not including appeals preparations by the resident, is expected in the policy by 90-day total.

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 are not 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.”

Conclusion: 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. It is reported by the Director and the PREA Monitor there has 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 send a request to the Director or a meeting 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 the grievance process from their prior incarceration stays.

115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 999 524">Policy 6.11.2 Sexual Misconduct - Prevention) DOC</p> <p data-bbox="280 627 906 663">Individuals interviewed/ observations made.</p> <p data-bbox="280 698 852 734">Interview with Agency PREA Coordinator</p> <p data-bbox="280 770 925 806">Interview with Regional Correctional Manager</p> <p data-bbox="280 842 564 878">Observation on tour</p> <p data-bbox="280 985 632 1021">Summary Determination</p> <p data-bbox="280 1057 1477 2011">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 note 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. Resident who the Auditor met with all had personal cell phone which they stated they could use to make confidential communication with Rape Response Services or a local mental health provider. Because of the voluntary nature of the program, individuals can seek mental health supports in the community that is separate from Leading the Way. Residents spoken with did report they are aware of treatment services and were aware of the poster about Rape Response Service if they ever had a concern. As the treatment services are in the community, they are confidential. The PREA education Video also addresses the confidential nature of the communication with rape crisis agencies. The Program does not have a correctional phone system meaning no calls are recorded. Residents all reported having cell phones which would allow for private conversations in their rooms or when the are in the community. Resident report if you do not have a phone, you may make calls from the conference room and that you can close the door for privacy.</p>

Indicator (b) All residents are informed at the inception of services by the rape crisis agency 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. There is not medical or mental health staff at the facility with whom the residents meet.

Indicator (c) The Department of Correction has a Memorandum of Understanding with Rape Response Services, which covers both the Leading the Way and Mountain View Correctional Center. The agreement is renewable for two-year periods. 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 on expanding relationships and communication. They were reportedly having quarterly meeting prior to covid.

Conclusion: Resident victims Leading the Way Transitional Living Program have access 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 RRS, which has a renewal clause. As part of the audit process the Auditor spoke by phone to an RRS representative who confirms their ability to provide service at DOC facilities. The PREA Brochure and signage at both facilities had a toll-free number for residents to access from the pay phone in the facility or with their case manager. 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 on the tour posters for RRS and though resident stated PREA was not a concern they knew where to access the information if needed. Compliance is based on DOC policy, the Resident interviews confirming that even if they were not aware of specific information about RRS they knew they were an option for support. The Auditor recommended routine refreshers on the services RRS provided so staff can be versed enough to speak to residents on RRS ability to provide support to those with victim histories.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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> <p>PREA Posters on Housing units</p> <p>Logs of the PREA report Hotline</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Observation on tour</p> <p>Summary Determination</p> <p>Indicator (a) Maine Department of Correction has developed a mechanism for individuals who want to report PREA concerns as a third-party be they fellow residents, family or friends. Information can be given in person, by phone, by e-mail, by US mail or by contacting the agency PREA Coordinator through the agency website Maine.Gov. There is information directing residents in the PREA brochure, PREA poster, 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 PREA potential violations, including from third parties. The facility phones allow for residents to dial out to the advocates or the Maine DOC PREA Coordinator. The Maine DOC Policy on communication (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</p>

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 allegations investigated 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.

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

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1251 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 922 524">Policy 6.11.5 Sexual Misconduct - responding</p> <p data-bbox="280 560 1155 595">Policy 6.11.3 Sexual Misconduct - Reporting and Investigating</p> <p data-bbox="280 631 807 667">Leading the Way PREA response plan</p> <p data-bbox="280 703 772 739">State PREA Coordinator hotline log</p> <p data-bbox="280 846 903 882">Individuals interviewed/ observations made.</p> <p data-bbox="280 918 852 954">Interview with Agency PREA Coordinator</p> <p data-bbox="280 990 673 1025">Interview with random staff</p> <p data-bbox="280 1061 762 1097">Interview with facility Investigator</p> <p data-bbox="280 1205 632 1240">Summary Determination</p> <p data-bbox="280 1276 1474 1809">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 understood, as evident in random staff questioning, 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 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.</p> <p data-bbox="280 1921 1474 2078">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,</p>

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 there are no medical or mental health services 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 would be notified by the investigator. Leading the Way may not have

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

Conclusion: There are policies that direct the staff of Leading the Way Transitional Living 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 lead to a sexual assault. Staff were aware of the importance of timely reporting and the need to provide confidentiality about information.

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 compliance on policy in place, the staff understanding of their training on responsibilities and the interviews with investigator and the PREA Coordinator.

115.262	Agency protection duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 906 376">Individuals interviewed/ observations made.</p> <p data-bbox="280 416 1150 452">Interview with the Deputy Director of Correctional Operations</p> <p data-bbox="280 488 852 524">Interview with Agency PREA Coordinator</p> <p data-bbox="280 560 911 595">Interview with Director of LEADING THE WAY</p> <p data-bbox="280 631 754 667">Interviews with random residents</p> <p data-bbox="280 775 632 810">Summary Determination</p> <p data-bbox="280 846 1477 1505">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 Region 3 Correctional Administrator acknowledged the agency’s response would be immediate. As an open and voluntary program the situation would be taken seriously, the claims investigated and a determination if 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. As a community confinement environment, aggression would be rare. The Regional Manager 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.</p> <p data-bbox="280 1541 1461 1662">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.</p> <p data-bbox="280 1697 1477 1908">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.”</p> <p data-bbox="280 2011 1398 2087">Conclusions: The Leading the Way Transitional Living Program is committed to resident safety. The administration cannot allow any forms of aggression in the</p>

	<p>program and staff know to call the police if they witness any physical or sexual aggression. Verbal aggression or the potential victims perception of risk of abuse will be assess 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 and the facility response plan.</p>
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115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1150 524">6.11.3 Sexual Misconduct- PREA Reporting and Investigations</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 775 852 810">Interview with Agency PREA Coordinator</p> <p data-bbox="280 846 995 882">Interview with Region 3 Correctional Administrator</p> <p data-bbox="280 918 979 954">Interview with the Regional Correctional Manager</p> <p data-bbox="280 1061 632 1097">Summary Determination</p> <p data-bbox="280 1133 1481 1796">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 a past abuse at Leading the Way Transitional Living Program.</p> <p data-bbox="280 1904 1481 2020">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 possible but no later than 72 hours.</p>

Indicator (c) The agency is aware of the need to follow up any telephone notification with a written email.

Indicator (d). The Regional Correctional Manager confirmed that the SII investigator or the Criminal investigator would be immediately notified of any allegation of abuse, including any allegations of past misconduct. As noted above there were no such incidents at Leading the Way Transitional Living Program in the past year.

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

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1241 524">Policy 6.11.5 Sexual Misconduct- PREA Reporting and Investigations</p> <p data-bbox="280 560 815 595">Leading the Was PREA Response Plan</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 770 855 806">Interview with Agency PREA Coordinator</p> <p data-bbox="280 842 746 878">Interview with investigative staff</p> <p data-bbox="280 913 799 949">Interview with Leading the Way staff</p> <p data-bbox="280 1057 632 1093">Summary Determination</p> <p data-bbox="280 1128 1485 1330">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.</p> <p data-bbox="280 1366 1477 1612">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. The knew the importance of protecting evidence and ensuring quick access to community hospitals with a SAFE/SANE trained staff. In addition to the policy review and interview the Auditor confirmed there were no cases where staff acted as a first responder.</p> <p data-bbox="280 1720 1469 2047">Indicator (b) The Department of Corrections has trained 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 all have some responsibility on client monitoring as it is not a correctional center including the case manager and the supervisor.</p>

	<p>Conclusion: 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 evident in their answers that support compliance. The staff knew to separated individuals while investigative teams complete investigations. Absent any staff at Leading the Way acting as a first responder, compliance is based on policies, the response plan, and interviews.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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) General</p> <p>Policy 6.11.5 Sexual Misconduct- (PREA and Maine Statutes) Responding</p> <p>Leading the Way PREA Sexual Assault Response Plan</p> <p>Documentation of staff training</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Regional Correctional Manager</p> <p>Interview with Staff</p> <p>Interview with Hospital with SAFE/SANE staff</p> <p>Interview with local Rape Crisis Agencies</p> <p>Summary Determination</p> <p>Indicator (a) The Maine Department of Correction updated its facility preparedness plan in 2019 for sexual assault incidents. The revised plan directs staff in their duties, so a coordinated response is completed the same way each time. The eight-page plan is individualized at the facility level to increase staff response time and accuracy of information needed, including local hospital numbers and local rape crisis agency contact information. Policy 6.11. (page 7), in the described duties of the PREA Monitor sets forth the responsibility of the development of an institutional response plan to address how individuals in different roles in the facility will ensure the appropriate tasks are taken in the event of a Sexual Assault or Sexual Harassment case. 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.”</p> <p>Conclusion: Leading the Way is compliant because of has developed a coordinated</p>

<p>response plan that directs staff in their duties. Policy 6.11.5 (page 2) Sexual Misconduct responding addresses the steps to coordinate efforts in response to a sexual assault. The facility plan describes the duties of first responders, supervisory staff, investigative staff. 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. Compliance absent any cases, is based on the policies, the plan that was provided, the available community resources and staff knowledge of the plan.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Policies and written/electronic documentation reviewed.</p> <p>Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p>The Department of Correction has a policy that (Policy 6.11.5 Sexual Misconduct AFSCME and MSCA 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) Maine Department of Corrections has union employees but the contracts consistent with Policy do not prohibit the agency from putting a staff person out on administrative leave. The Auditor also reviewed policy 3.16 which confirms the ability to place an individual out 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:</p> <p>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</p> <p>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</p> <p>Indicator (b) The Auditor is not required to review this indicator</p>

	<p>Conclusion: The Department of Corrections has contracts with multiple bargaining units. A review of the contracts by the Auditor, did not find any language which would limit the Department of Corrections from removing an alleged Staff Sexual Abuser from having contact with the reported victim. Each of the contracts has a subsection on the Prison Rape Elimination Act. In this section the unions and the Department of Corrections acknowledge they must comply with the Prison Rape Elimination Act. Director of Operations for Maine DOC and the Regional Correctional Administrator reported the ability to remove staff if needed from contact with residents. The agency has used administrative suspensions to separate staff from residents during investigations at other facilities. This standard is compliant based on the policy, contracts and interviews that supports the practice is used.</p>
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115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1390 564">Policy 6.11.3 Sexual Misconduct (PREA and the MAINE Statutes) Reporting and Investigating</p> <p data-bbox="280 600 671 636">Retaliation monitoring form</p> <p data-bbox="280 743 903 779">Individuals interviewed/ observations made.</p> <p data-bbox="280 815 983 851">Interview with Director of Correctional Operations</p> <p data-bbox="280 887 951 922">Interview with Interview with PREA Coordinator</p> <p data-bbox="280 958 927 994">Interview with Regional Correctional Manager</p> <p data-bbox="280 1030 791 1066">Interview with an Investigative Staff</p> <p data-bbox="280 1173 632 1209">Summary Determination</p> <p data-bbox="280 1245 1477 1406">Indicator (a) Maine Department of Corrections has information on the expectation to monitor individuals after any PREA claims. The information is contained in Policy 6.11.3 on pages 3 and 4. The agency adoption of a tracking form was completed 2 years ago to ensure more consistent documentation.</p> <p data-bbox="280 1451 288 1487">.</p> <p data-bbox="280 1514 1477 1926">Indicator (b) The Regional Correctional Manager supported the facility has the ability to support a victim from a perpetrator. The individual 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 Regional Correctional Administrator reported similarly 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 case worker and the Regional Manager would provide routine check-ins to ensure the client is feeling safe.</p> <p data-bbox="280 2033 1469 2069">Indicator (c) As noted in Indicator (a) the Department of Corrections policy supports</p>

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 as well as document if face to face communication has occurred or if a community mental health referral up 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 look to see if there is any appropriate referral for housing that could be made. As a voluntary program resident can choose to leave if such fear existed 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

Conclusion: The Department of Corrections has policy in place to address the elements of this standard. 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 further monitor staff.

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 were aware that protection monitoring should be done with all individuals who cooperate with the investigation. Absent an actual monitoring, the standard is compliant based on information provided, interview statements, the form in place and the policy.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 (SAR)</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with Agency PREA Coordinator</p> <p>Interview with Interview with PREA Monitor</p> <p>Interview with LEADING THE Way Director</p> <p>Interview with an Investigative Staff</p> <p>Summary Determination</p> <p>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,</p>

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 third party or anonymous sources. Random staff interviewed supported they must report all claims no matter the source or if they believe the incident to have occurred. To further support 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 who have completed a course through the Moss group on Investigations of Sexual Assaults in a correctional Institution. The training included the Mountain View Investigator who would complete investigations potentially at Leading the Way. As noted in indicator (a) the agency has policy and state statues for law enforcement officers that guide the process of completing sexual assault investigations.

Indicator (c) In the Investigator’s interview with the Auditor he described the steps he takes to protect evidence. This includes reviewing the staff actions that should be occurring immediately to protect evidence while he is in transit to the facility. As a trained law enforcement staff, he knows how to collect evidence from a crime scene to ensure the preservation of evidence including DNA. As noted in 115.21 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 all would occur in a private setting but the interview 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 of 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 that they work with local prosecutorial authorities routinely on criminal cases at Mountain View Correctional Facility.

Indicator (e) The investigator interviewed confirmed that there is no requirement of a victim to undergo any polygraph or other truth telling process to proceed with an investigation. The Investigating Officer will assess the credibility of each individual involved in the case without biasness toward their position as a staff or resident.

Indicator (f) All criminal investigations potentially can include a referral to office of professional practice if the evidence supports that a staff persons actions or inactions led to an 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 for failing to report information. All administrative investigations that are completed are required to have a related investigation file which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached. The Auditor was not able to 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 opening of the unit. All files also have an investigation checklist to allow tracking of information obtained.

Indicator (h) Agency policy requires all criminal acts to be referred for criminal prosecution (policy 6.11.3 page 5). "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 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 Criminal Investigator for Mountain View/Leading the Way 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 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) 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.

Conclusion: The Maine Department of Corrections, in accordance with policy 6.11.3 Sexual Misconduct- Reporting and Investigation, requires all incidents are investigated promptly upon notification to staff. This Policy along with 7.1 Criminal Investigations allows for prompt 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. To ensure issues are handled impartially, if the incident involved a staff member, the DOC central office's Office of Professional Review would lead the investigation.

In the Auditor's interview, the investigative staff was able to identify the steps taken to gather evidence, how 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 formation of a report 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.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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.”</p> <p>Conclusion: The Department of Corrections has several staff trained as PREA investigative staff for the the 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 preponderance of evidence in making determination 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 and the interview with the Investigative Officer and his explanation his process in coming to a determination on whether to substantiate a case or not.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1326 524">Policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations</p> <p data-bbox="280 631 906 667">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 794 739">Interview with an Investigative Staff</p> <p data-bbox="280 775 927 810">Interview with Regional Correctional Manager</p> <p data-bbox="280 846 683 882">Interview with PREA Monitor</p> <p data-bbox="280 990 632 1025">Summary Determination</p> <p data-bbox="280 1061 1481 1258">Indicator (a) Maine DOC provides notification to all residents on the outcome of their investigations into Sexual misconduct. The agency policy 6.11.3 Sexual Misconduct (PREA and Maine Statutes) Investigations page 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,</p> <p data-bbox="280 1294 1481 1541">“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.</p> <p data-bbox="280 1576 1481 1895">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.</p> <p data-bbox="280 1930 1481 2092">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.”</p>

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.”

The Regional Correctional Manager was aware of the need to inform a victim of the various portions of this indicator though notifications on indictment or convictions would be unlikely in the short-term nature of the program.

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

Conclusion: The Department of Corrections has policies in place to ensure that

<p>resident are properly informed about the progress of any investigation including the outcome of the investigation, if the case was referred for prosecution and if an indictment was reached. The residents are also required to be notified if the perpetrator has been removed from their ability to have contact with them. Since Leading the Way Transitional Living Program has not had any PREA incidents compliance relied on policy, the interviews with the investigative staff person, and the Regional Correctional Manager.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	not for his or her resignation, shall be reported to the appropriate criminal prosecuting authority, i.e.,

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 there is 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 there is no contracted or volunteers at the Leading the Way Transitional Living Program.</p> <p>Conclusion: The standard is found to be compliant as the conditions required in the indicators do not exist. It should be noted the Auditor did review agency policy which is in place it they ever add the use of contracted staff or volunteer access.</p>

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.4 Sexual Misconduct (PREA and the Maine Statutes)</p> <p>Policy 20.1 Resident Discipline</p> <p>Policy 18.6 Mental Health Services</p> <p>Policy 23.06 Privileged level system</p> <p>Resident Handbook</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with an Investigative Officer</p> <p>Interview with Residents</p> <p>Interview with Regional Correctional Manager</p> <p>Interview with PREA Coordinator</p> <p>Summary Determination</p> <p>Indicator (a) Residents who have been found to have engaged in a criminal offense, including sexual assault, are not only subjected to criminal prosecution they are also referred for agency disciplinary hearing. Policy 20.1 Resident Discipline page 6 to 15 defines the disciplinary hearing process and the levels of sanctions. Resident on resident sexual abuse is a class A offense and resident aggressors can receive a period of restricted housing, loss of good time and privileges. Since the residents of the Program are on home release if they commit a new sexual abuse crime they may go to county jail before being returned to DOC custody. The Auditor reviewed the resident housing agreement to confirm the information was clear. Residents spoken to understood that any sexual contact with another resident could result in removal from the program.</p> <p>Indicator (b) Two policy's address this indicator, Policy 6.11.4 states on page 4,</p>

“Disciplinary sanctions for a violation of a departmental sexual misconduct policy by a resident shall be commensurate with the nature and circumstances of the resident’s act, the resident’s disciplinary history, and the sanctions imposed for comparable violations by other residents with similar histories, in accordance with the applicable Department disciplinary policy.” Agency policy also states residents can be sanctioned for engaging in sexual misconduct even if it is consensual. The discipline code defined in Policy 20.1 shows four levels of discipline that could be imposed. The Policy also goes on to state that the hearing officer should review resident records to determine if prior disciplinary history, cognitive abilities or other mental health issues should be considered in the process. Residents with frequent discipline can receive additional sanctions. “If facility staff observes, receives a report of, or otherwise discovers prisoner conduct that is considered a Class A rule violation, the staff shall complete and submit a disciplinary report in accordance with the formal resolution process.” There was no substantiated cases of resident on resident sexual abuse in the past year. Individuals who commit resident on resident sexual abuse will be disciplined in the described process herein, but the individual will likely have been placed back in a secure facility immediately so the discipline hearing would occur in that environment.

Indicator (c) Disciplinary hearing for sexual abuse cases would not occur at Leading the Way Transitional Living Program as the alleged individual would not be able to stay in the open program model.

Indicator (d) there is no counseling services at Leading the Way and noted earlier individual who engage in any form of aggression would be removed from the program.

Indicator (e) The investigative staff confirmed that residents who engage in sexual misconduct with staff will not be disciplined unless it is proven the staff did not consent. Policy states, “A resident may not be disciplined for sexual activity with a staff person, volunteer, or student intern, except upon a finding that the other person did not consent to such activity.”

Indicator (f) Page four of Policy 6.11.4 states that a resident cannot be disciplined for a PREA allegation unless it is proven the allegation was filed in bad faith. The Investigative team must conclude this then the resident would be subject to a Class A violation for Deception. Class A events can result in disciplinary restrictions, loss of privileges and loss of good time. The policy supports a requirement of proof of intentional deceit. “A resident may be disciplined for knowingly making or soliciting a false report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy or otherwise knowingly making or soliciting

a false statement related to a report of sexual misconduct, sexual harassment, or another violation of a departmental sexual misconduct policy. A statement made or solicited in good faith shall not constitute making a false statement, even if an investigation does not establish evidence sufficient to substantiate the statement.” There were no residents disciplined for false statements related to sexual misconduct.

Indicator (g) Residents who engage in consensual sexual misconduct can be subjected to discipline as defined in policy 20.1. Sexual activity not by force or under duress is considered a class B offense. An individual may receive similar sanctions to Class A behavioral offenses but for shorter periods. There were no incidents of resident engaging in sexual misconduct resulting in a discipline referral. The Resident housing agreement states the Physical contact of a sexual nature is prohibited. The Regional Correctional Manager would determine what sanction was appropriate or if one or both resident would be asked to leave the program

Conclusion: The Maine DOC has several policies that address the requirements of this standard. The Leading the Way program is unique in that the program is voluntary and not secured. As such individual who commit a crime would be removed from the program immediately. If the contact between two resident is determined to be consensual the program will have to assess if the resident can remain in the program.

Residents who engage in sexual misconduct with staff can be disciplined unless it is determined the staff consented to the act. Residents can be disciplined for making an intentional false report related to PREA. Compliance was based on policy, interviews and documentation provided.

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Policies and written/electronic documentation reviewed.</p> <p>Policy 6.11.5 Sexual Misconduct (PREA and the Maine Statutes) Responding Website of the Maine Attorney General PREA Response Plan State Statutes on SA exam treatment payments Documentation of SANE training at local hospitals</p> <p>Individuals interviewed/ observations made.</p> <p>Interview with PREA Coordinator Interview with random staff Interview with Regional Manager</p> <p>Summary Determination</p> <p>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 will call 911 to access services for clients if needed.</p> <p>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 Attendants 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 them to protect potential evidence on their person, and to provide them assistance in going to the hospital for medical care by calling 911.</p>

Indicator (c) Discussions with hospital staff confirms that sexual assault victims would be offered prophylaxis medications.

Indicator (d) The Auditor confirmed that 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 would occur at the hospital clinic or at one of the community based health services provider. 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.

Conclusion: Leading the Way Transitional Living Program has the ability to quickly respond to and provide emergency care and referral to a local hospital for forensic services. The agency response plan for PREA incidents outlines the steps taken to ensure access to care. Though the facility does not employ any healthcare services they can ensure the resident can 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.

Compliance determination took into consideration the access to services in the greater Bangor area, policies of the DOC, information from the State of Maine on Forensic exam services without cost and with staff and program leadership on how to handle an allegation.

115.283	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</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> <p>Summary Determination</p> <p>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 victim of sexual misconduct are to refer to mental health for assessment, counseling, and/or treatment, as appropriate and based on the victims 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.</p> <p>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 are accessible since the program is an open environment.</p> <p>Indicator (c) Resident victims would receive follow up care at the local hospital or community health clinic.</p>
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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, consistent with agency policy. Policy 6.11.5 addresses the expectation of this indicator. The Maine Attorney Generals Sexual Assault protocol sets the expectation that SDT testing when warranted should be offered.

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.

Indicator (h) Resident who assault another resident would be removed from the facility immediately and they would likely be placed in county jail.

Conclusion

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. Resident who lack insurance can still have access to services if they are a victim of sexual abuse under state law and the 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.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 1185 524">Policy 6.11.1 Sexual Misconduct (PREA and the Maine Statutes)</p> <p data-bbox="280 627 906 663">Individuals interviewed/ observations made.</p> <p data-bbox="280 698 820 734">Interview with an Investigative Officer</p> <p data-bbox="280 770 983 806">Interview with Director of Correctional Operations</p> <p data-bbox="280 842 916 878">Interview with Regional Corrections Manager</p> <p data-bbox="280 913 740 949">Interview with PREA Coordinator</p> <p data-bbox="280 1057 632 1093">Summary Determination</p> <p data-bbox="280 1128 1442 1335">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.</p> <p data-bbox="280 1370 1391 1532">“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.</p> <p data-bbox="280 1568 1481 1774">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.”</p> <p data-bbox="280 1809 1468 1971">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 Investigator, and the Regional Correctional Manager to confirm there were no cases in the past year.</p>

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 review of the reports supported the review panel were held in less than 30 days from the date 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 on 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 form used to document the review panels considerations includes the required information. The form asked if policy needs to be reviewed, it looks at the underlying motivation of the incident including if the victim was targeted due to their perceived member of a particular group. It goes on to look at staffing, physical plant issues and surveillance needs.

Indicator (e) The form documents the finding of the various questions and provides the reader with information if the team has determined any recommended actions take place. In the 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 Operations for Maine DOC confirmed that he would take seriously any recommendations of the team in ensuring the overall safety of the environment.

Conclusion 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 standard. As evidence to support the standard the facility provided a review form for Incident reviews of PREA allegations. The information supported 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.

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 1254 452">Leading the Way Transitional Living Program Pre-Audit Questionnaire</p> <p data-bbox="280 488 647 524">Institutional data tracking</p> <p data-bbox="280 560 588 595">Agency annual report</p> <p data-bbox="280 698 906 734">Individuals interviewed/ observations made.</p> <p data-bbox="280 770 983 806">Interview with Director of Correctional Operations</p> <p data-bbox="280 842 740 878">Interview with PREA Coordinator</p> <p data-bbox="280 985 632 1021">Summary Determination</p> <p data-bbox="280 1128 1436 1415">Indicator (a) The agency collects data consistent with the policy definitions which were 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 data-bbox="280 1451 1420 1572">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 data-bbox="280 1608 1477 1729">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> <p data-bbox="280 1765 1471 1841">c. The Department’s PREA Coordinator shall maintain the data reported or collected for at least ten (10) years.</p> <p data-bbox="280 1877 1461 1953">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.</p> <p data-bbox="280 1989 1436 2065">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</p>

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 both the most recent three Annual PREA Reports on the agency website. Leading the Way has had no allegations but in the event of a actual case all reports go to the state PREA Coordinator who has a tracking database for all allegations.

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 Central Office. As the PREA Coordinator, he report it is his responsibility to ensure that the materials can meet the requirement 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 resident on resident contact will be retained locally with a copy to the agency PREA Coordinator. If the alleged incident involved a staff person as the accused perpetrator the Maine DOC Office of Professional Review would retain the copy of the incident. The 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 incident at the facility in the past year. The Auditor did find information of PREA on the contracted agency’s website.

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

Conclusion. 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 2021 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

	<p>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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115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 735 452">Policy 6.11.1 Sexual Misconduct</p> <p data-bbox="280 627 906 663">Individuals interviewed/ observations made.</p> <p data-bbox="280 703 852 739">Interview with Agency PREA Coordinator</p> <p data-bbox="280 779 979 815">Interview with the Regional Correctional Manager</p> <p data-bbox="280 855 858 891">Interview with the Director of Operations</p> <p data-bbox="280 990 632 1025">Summary Determination</p> <p data-bbox="280 1066 1481 1720">Indicator (a)The Maine Department of Corrections utilizes both data related to PREA incidents and data related to other critical safety incidents to determine program improvements. The department’s central office staff and the facility’s administrative teams review critical incidents with an eye toward improving safety. Interview with the 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 were provided how improvements have been used across the system to improve resident safety. 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.</p> <p data-bbox="280 1832 1481 1989">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 if the accused was a staff or a resident and provides the outcome determination.</p> <p data-bbox="280 2029 1458 2065">Indicator (c) The Director of Operations confirms the PREA report developed by the</p>

agency PREA Coordinator is approved by the Commissioner before being placed up on the agency's website

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

Conclusions: 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 they utilize data to make informed decisions on programmatic and policy needs. This is consistent with the standard expectation to do critical review of data to identify problem areas and enact corrective actions. 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 that combines data, graphs and narrative information on Maine's efforts since 2011 in the development of PREA safe facilities. The report highlights each facility and tracks trends of incidents without identifying information.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1070 374">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 412 1091 445">Policy 6.11 Sexual Misconduct (PREA and Maine Statutes)</p> <p data-bbox="280 483 667 517">Policy 5.3 Computer Safety</p> <p data-bbox="280 624 904 658">Individuals interviewed/ observations made.</p> <p data-bbox="280 696 852 730">Interview with Agency PREA Coordinator</p> <p data-bbox="280 768 560 801">Intake staff persons</p> <p data-bbox="280 840 451 873">File security</p> <p data-bbox="280 983 632 1016">Summary Determination</p> <p data-bbox="280 1055 1458 1216">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.</p> <p data-bbox="280 1323 1406 1440">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 website.</p> <p data-bbox="280 1547 1449 1626">Indicator (c) The annual report located on the state's website does not include any identifiers.</p> <p data-bbox="280 1664 1481 1825">Indicator (d) Policy 6.11 Pages 6 and 7 set forth the obligations of the agencies PREA Coordinator include the responsibility for collecting all incidents. Maine statutes controls record retention. The Agency PREA Coordinator is aware that all PREA related data be maintained for a period no less than 10 years.</p> <p data-bbox="280 1933 1474 2094">Conclusion: 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</p>

<p>are available annually. The Auditor reviewed the agency website to ensure the report was posted without any identifying information. The Policy 6.11.1 requires "The Department's PREA Coordinator shall maintain the data reported or collected for at least ten (10) years." DOC PREA Coordinator confirmed compliance with this standard's expectations.</p>
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115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1070 376">Policies and written/electronic documentation reviewed.</p> <p data-bbox="280 416 868 452">Maine Department of Corrections website</p> <p data-bbox="280 560 906 595">Individuals interviewed/ observations made.</p> <p data-bbox="280 636 852 672">Interview with Agency PREA Coordinator</p> <p data-bbox="280 712 979 748">Interview with the Regional Correctional Manager</p> <p data-bbox="280 846 632 882">Summary Determination</p> <p data-bbox="280 922 1474 1120">Indicator (a) The Maine Department of Corrections website shows that all its current and former facilities have been audited for PREA Compliance starting in 2014. The website supports that the audit are ongoing every three years since the initial audits. The State has one current contracted facility for bed which underwent its PREA audit in 2021.</p> <p data-bbox="280 1227 1474 1469">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 had been undergone PREA audit spread out over three years. Two facilities including The Leading the Way Transitional Living Program are in their first PREA Audit Cycle.</p> <p data-bbox="280 1576 1458 1818">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 be able to speak informally with residents to ensure they were aware of the Audit, the agency's efforts to educate resident and how to seek assistance if the need arises. Since most residents worked the Auditor made a visit back to the facility in the evening hours to meet with staff and residents.</p> <p data-bbox="280 1926 1474 2087">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</p>

compliance with PREA expectations. The Auditor was also able to get copies of other documentation as requested on-site. Leading the Way is using a paper version of the form currently which is completed by the CRM and 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 of 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 various locations throughout Leading the Way. The Auditor informed the Regional Manager the posting should remain up 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. Residents can mail letter while in the community and DOC policy treats mail to/from the auditor as legal mail.

Conclusions: 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 did post 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.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 all the previous PREA Audits posted. This was determined through a review of the state's DOC Website. This is the first 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 Auditors 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 timing requirement for the posting of the audit</p>

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	yes
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect 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
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	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 staffing patterns?	yes
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	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
115.215 (b)	Limits to cross-gender viewing and searches	
	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
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	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, 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 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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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

115.217 (a)	Hiring and promotion decisions	
	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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of 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
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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

115.217 (c)	Hiring and promotion decisions	
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	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

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	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
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	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
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na

115.231 (a)	Employee training	
	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 residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with 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

115.231 (b)	Employee training	
	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
115.231 (c)	Employee training	
	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, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	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
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	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
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of 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
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (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 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.)	na
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	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: Whether the resident's criminal history is exclusively nonviolent?	yes
	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

115.241 (e)	Screening for risk of victimization and abusiveness	
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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
115.241 (g)	Screening for risk of victimization and abusiveness	
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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
115.251 (a)	Resident reporting	
	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

115.251 (b)	Resident reporting	
	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
115.251 (c)	Resident reporting	
	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
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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

115.252 (b)	Exhaustion of administrative remedies	
	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 with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	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
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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

115.252 (e)	Exhaustion of administrative remedies	
	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 of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	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

115.252 (f)	Exhaustion of administrative remedies	
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	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
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that 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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
115.267 (a)	Agency protection against retaliation	
	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
115.267 (b)	Agency protection against retaliation	
	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

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	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
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.273 (c)	Reporting to residents	
	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
115.273 (d)	Reporting to residents	
	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 the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	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
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	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

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	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
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	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