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| **Prison Rape Elimination Act (PREA) Audit Report****Adult Prisons & Jails**[ ]  **Interim** [x]  **Final****Date of Report** 01/23/19 |
| **Auditor Information** |
| **Name:** Jack Fitzgerald | **Email:** jffitzgerald@snet.net |
| **Company Name:** Fitzgerald Correctional Consulting LLC |
| **Mailing Address:** 87 Sharon Drive | **City, State, Zip:** Wallingford CT 06492 |
| **Telephone:** 203-694-4241 | **Date of Facility Visit: Oct 22-24 2018** |
| **Agency Information** |
| **Name of Agency:**Two Bridges Regional Jail | **Governing Authority or Parent Agency** *(If Applicable)***:**County |
| **Physical Address:** 522 Bath Rd | **City, State, Zip:** Wiscasset ME |
| **Mailing Address:** Click or tap here to enter text. | **City, State, Zip:** Click or tap here to enter text. |
| **Telephone:** 207 882-4268 | **Is Agency accredited by any organization?** [ ]  Yes [x]  No |
| **The Agency Is:**  | [ ]  Military | [ ]  Private for Profit | [ ]  Private not for Profit |
|  [ ]  Municipal | [x]  County | [ ]  State | [ ]  Federal |
| **Agency mission:** The mission of the Two Bridges Regional Jail is to protect the public; to provide a safe, secure and professional environment, which embraces direct supervision principles in the management of detainees; and, through role-modeling and programs, to equip detainees with the means to live a productive and law-abiding lifestyle. |
| **Agency Website with PREA Information:** https://www.tbrj.org/prea |
| **Agency Chief Executive Officer** |
| **Name:** Col. James Bailey | **Title:** Correctional Administrator |
| **Email:** jbailey@tbrj.org | **Telephone:** 207 882-4268 |
| **Agency-Wide PREA Coordinator** |
| **Name:** Major William Frith | **Title:** Major |
| **Email:** wfrith@tbrj.org | **Telephone:** 207 882-4268 |
| **PREA Coordinator Reports to:**Correctional Administrator  | **Number of Compliance Managers who report to the PREA Coordinator** 1 |
| **Facility Information** |
| **Name of Facility:** Two Bridges Regional Jail |
| **Physical Address:** 522 Bath Road Wiscasset Maine |
| **Mailing Address (if different than above):** Click or tap here to enter text. |
| **Telephone Number:** 207 882-4268 |
| **The Facility Is:**  | [ ]  Military | [ ]  Private for profit | [ ]  Private not for profit |
|  [ ]  Municipal | [ ]  County | [ ]  State | [ ]  Federal |
| **Facility Type:** |  [x]  Jail |  [ ]  Prison |
| **Facility Mission:** The mission of the Two Bridges Regional Jail is to protect the public; to provide a safe, secure and professional environment, which embraces direct supervision principles in the management of detainees; and, through role-modeling and programs, to equip detainees with the means to live a productive and law-abiding lifestyle. |
| **Facility Website with PREA Information:** https://www.tbrj.org/prea |
| **Warden/Superintendent** |
| **Name:** Col James Bailey | **Title:** Correctional Administrator |
| **Email:** jbailey@tbrj.org | **Telephone:** 207 882-4268 |
| **Facility PREA Compliance Manager** |
| **Name:** Lt Stephen Carmichael | **Title:** Special Projects Supervisor |
| **Email:** scarmichael@tbrj.org | **Telephone:** 207 882-4268 |
| **Facility Health Service Administrator** |
| **Name:** Sally McCourt | **Title:** Nursing Director |
| **Email:** smccourt@tbrj.org | **Telephone:** 207 882-4268 |
| **Facility Characteristics** |
| **Designated Facility Capacity:** 210 | **Current Population of Facility:** 179 |
| **Number of inmates admitted to facility during the past 12 months** | 2143 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:** | 543 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** | 1445 |
| **Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:** | 0 |
| **Age Range of** **Population:** | **Youthful Inmates Under 18:** 0 | **Adults:** 18-82 |
| **Are youthful inmates housed separately from the adult population?** |  [ ]  Yes |  [ ]  No |  [x]  NA |
| **Number of youthful inmates housed at this facility during the past 12 months:** | 0 |
| **Average length of stay or time under supervision:** | 25 |
| **Facility security level/inmate custody levels:** | Minimum-Medium-maximum |
| **Number of staff currently employed by the facility who may have contact with inmates:** | 85 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 15 |
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 3 |
| **Physical Plant** |
| **Number of Buildings:** 2 | **Number of Single Cell Housing Units:** 2 |
| **Number of Multiple Occupancy Cell Housing Units:** | 4 |
| **Number of Open Bay/Dorm Housing Units:** | 1 |
| **Number of Segregation Cells (Administrative and Disciplinary:** | 4 |
| **Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):**The Two Bridges Regional Jail is designed with limited corridors allowing for excellent lines of sight. The facility is well covered in cameras with a central control office that is manned 24 hours a day. The Control Officer has several monitors to watch to support staff and notify supervisor of potential disruptions. The facility systems record’s continuously and allows the facility to look backwards several weeks. The system allows the electronic burning of incidents for permanent records. The electronic case management system by creating prohibitions for victims and perpetrators to be together in housing, programming or vocational settings.  |
| **Medical** |
| **Type of Medical Facility: Medpro** | Standard Correctional medical services |
| **Forensic sexual assault medical exams are conducted at:** | Mid-Coast Hospital  |
| **Other** |
| **Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:** | 15 |
| **Number of investigators the agency currently employs to investigate allegations of sexual abuse:** | 2 |

**Audit Findings**

**Audit Narrative**

*The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.*

The Prison Rape Elimination Act (PREA) Audit of the Two Bridges Regional Jail was conducted on October 22-24, 2018 by certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting LLC. The audit process began with communication between the PREA Monitor Lt. Stephen Carmichael and the auditor in March of 2018. The auditor explained the audit process detailing that compliance is assessed through written policies and procedures, observed practices and interviews with residents and staff. The PREA Monitor indicated this was the facility’s first PREA audit. After discussion it was determined a fall audit would be most appropriate to give the facility ample time to have sufficient documentation to support standard compliance.

The Audit Posting was sent to the facility by the Auditor in advance of the onsite visit to ensure transparency of the process. The facility acknowledged receiving the audit posting and the postings were placed throughout the facility. The Auditor would later confirm with residents and staff that the postings were visible in high traffic areas. The Auditor informed administration that the posting must stay up until the issuance of the final report. The posting did not result in any mail to the Auditor

In August, the Auditor received access to PREA Pre-Audit Questionnaire and supporting documents on the Two Bridges Regional Jail’s Power DMS account. Power DMS provides web-based access to the supporting documentation for each PREA standard and the Pre-Audit Questionnaire. The Power DMS PREA folders for each PREA standard contained relevant policies and procedures and supporting documentation to demonstrate compliance. After the initial online review of the Pre-Audit Questionnaire and documentation, the Auditor emailed the facility requesting further documentation for clarification and review on various standards. Some of this information was provided electronically prior to the audit and the remaining documentation was provided during the audit visit. The Auditor reviewed the PREA Annual Reports and the PREA information on the Two Bridges Regional Jail website. Prior to the on-site visit, contact was made with the PREA Monitor to discuss the audit process and set a tentative time schedule for the on-site audit. The use of Power DMS provided an excellent process for information exchange during the audit process. The tool also provides the facility a mechanism to keep staff informed on policy changes and provide training updates.

The Auditor requested the following information be provided the first day of the audit: daily population report, staff roster to include all departments, list of staff who perform risk assessments, list of contractors and volunteers, list of residents by housing unit and with PREA targeted classification. This information will be utilized to establish interview schedules. The Auditor also requested information on a random portion of the staff that would be verified when onsite. The Auditor also provided dates of supervision rounds that would be reviewed. The dates requested in the week prior to the audit dated back six weeks.

 The Auditor arrived in the central Maine coast on October 21st. The Auditor arrived at 7:45am for the first day of the Audit. The Auditor had an opening meeting with Col. James Bailey, Lt Stephen Carmichael, Special Projects Officer Levon Travis and Sally McCourt Director of Nursing. The Auditor discussed the proposed schedule for the audit, including the facility tour, interviews schedule, review of audit documentation. It was established that the Auditor would meet with the PREA Monitor at the close of each day to review the day’s activities and prepare for the next audit day. The facility was informed no correspondence was received from any inmates or staff member prior to the audit.

A facility tour was completed after the opening meeting with the key staff. The housing areas, program area, and service areas were toured by the auditor. During the tour, the Auditor made visual observations of the program, service and housing areas including bathrooms, staff sight lines and camera locations. The auditor spoke to random staff and inmates regarding PREA education and facility practices. The Tour was led by PREA Monitor Lt. Stephen Carmichael who was able to show areas of concern that had previously been addressed. All required facility staff and resident interviews were conducted on-site during the three (3) day audit.

The Auditor began the interview process with resident interviews at the facility. The formal resident interviews were held in a private room located off the main housing unit that afforded privacy for the interviews. The Auditor was able to inform all interviewees about the purpose of the audit and that it was voluntary. Consistent with the PREA Audit requirements for a jail population of 179 inmates, the Auditor interviewed 22 inmates (1 refusal). Of this population interviewed 12 were targeted populations. The inmates interviewed acknowledged they had been screened during the intake process, they were provided education on PREA and they knew how to report. Inmates also indicated they felt safe at the facility and believed a zero-tolerance culture exists toward sexual abuse and sexual harassment and their right to be free from retaliation for reporting. The Auditor spoke to 14 random staff and 15 specialized staff as part of the audit process. Specialized staff may have more than one duty (i.e. the PREA Monitor is also the designated monitor of retaliations) since the facility does not have SAFE nurses the Auditor included his interview with local hospital staff in the total. On the final day of the audit, the Auditor met with facility administration to review initial findings including items that would need additional documentation or were possibly being considered for a corrective action plan.

As part of the Audit Process the Auditor spoke by phone with community-based service providers who assist in the PREA compliance of Two Bridges Regional Jail. The Auditor spoke with a representative of the Mid-Coast Hospital where inmate victims would be taken for a forensic exam by a SANE trained nurse. In addition, the Auditor spoke with the Director of the SANE training program for the Maine Department of Health and Human Services. The Auditor spoke with the local rape crisis agency, Sexual Assault Support Services of Mid-coast Maine (SASSMM) about the working relationship with TBRJ and to determine if there is a past history of victims reporting incidents during or post incarceration. The Auditor also spoke with representatives of the Maine Department of Corrections who has statutory responsibilities related to Jails in Maine.

**Facility Characteristics**

*The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The Two Bridges Regional Jail services the counties of Sagadahoc and Lincoln Maine. The combined population of the two counties is approximately 70,000 people. The populous is less than 4 percent minority which is reflected in the jail population. The Auditor took extra steps to insure racial minorities were part of the random population interviewed. The facility is a unique venture in Maine where two counties jointly funds the project. There is a Board of Directors who meet regularly to review with the Correctional Administrator to act as an oversite body. The board included appointed members of the public as well as the two County Administrators and the two county Sheriffs. In addition to serving the pretrial populations of these counties the facility, also at times, takes in US Marshal Services Inmates, but does not currently service ICE detainees.

The Facility, which is located on a wooded lot off Route 1 is designed to hold 210 inmates. The facility is a co-correctional environment and does not service youthful adults (U18). Female inmates made up 8% of the population on the first day of the audit. The physical plant structure is based on two corridors which meet at a perpendicular point where the facility’s main control room is located. This allows for direct line of site monitoring of inmate movements when they are off the housing units. The facility has one unit for female inmates and six units for males. The Population was less than capacity by approximately 15 %. The facility also has a medical unit that can house ill inmates and has space that can be flexed if the population gets to capacity. The majority on the units have double occupancy cells with the minimum classified inmates housed in barracks style units. In each unit the cells are located on two levels. Most of the population (about 80%) is housed as general population or minimum population. This would be consistent with the facility structure and the lack of significant incidents of violence including PREA. The facility was clean and had good lighting. The facility had one small outbuilding within the secure perimeter that is used periodically for additional vocational programming.

Custody staff make routine rounds for the unit throughout the shift and Supervisory staff go to each unit at least once per shift. The showers in the facility are single occupancy with opaque shower curtains that protect privacy but allow for monitoring by staff on tour. Some of the units have the capacity to subdivide the population which can provide for disciplinary segregation or to provide protective custody when needed. Inmates in these smaller units, voice concerns about the size of the units and their proximity to other inmates. Options for further privacy would preclude staff’s ability to monitor the actions of the inmate on those units.

Two Bridges Regional Jail employs 85 staff and contracts out for Medical/Mental Health services and Food Services Supervision. All Correctional Officers are certified by the Maine Criminal Justice Academy. The facility staff, for the most part, work as four teams broken into four groups two day and two evening shifts. Custody staff work 12 hour shifts and are overseen by a Sergeant and a Corporal. As part pf the PREA staffing evaluation process the TBRJ added a Power shift or a shift that crosses over between the two 12-hour shifts. The facility also has dedicated positions that allows for recreation and programming to occur on a regular basis. As noted earlier the TBRJ see a great deal of admissions per year. In the year prior to the Audit visit the facility served over 2100 inmates. To ensure maximum efforts toward safety TBRJ policy requires PREA screening at a rate greater than the standard. Policy requires initial screening within the first 24 hours and complete reassessments within 14 days. Approximately 30 % of the admissions are in the facility less than 72 hours and only about 25 % of the population stays longer than 30 days.

Medical and Mental health is provided through Medpro Associates. MedPro Associates is a small Maine correctional medical service company providing medical, mental health, substance abuse and training services to the county jails of Maine. It’s web site states “We strive to give excellent patient care to our patients and excellent value to the taxpayers of the counties we serve.” Food Services are overseen by ARA-Mark a nationally known food service company that has experience in multiple environments including Correctional Centers. Inmate are identified through the classification process to be able to work in the facility. As a pre-trial facility Jobs are limited as most residents do not stay for long periods of time. The Two Bridge Regional Jail has made a considerable effort to come into compliance with PREA. The Auditor was able to see that they had researched several sources in the development of their PREA program. A good indicator of the efforts is found in the commentary of the staff and the inmates during the audit. The inmates all supported that the facility was a safe place in relation to PREA. They routinely report not seeing anything and felt staff were approachable if anything was to happen. The random staff interviewed supported a PREA safe environment. Some acknowledged an improvement in the professional attitude toward PREA and a Zero-Tolerance culture consistent with the increased attention to PREA trainings.

**Summary of Audit Findings**

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met,* ***along with a list of each of the standards in each category****. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded: 0**Click or tap here to enter text.

Click or tap here to enter text.

**Number of Standards Met: 45** Click or tap here to enter text.

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.89, 115.401, 115.403

**Number of Standards Not Met: 0**

Click or tap here to enter text.

**Summary of Corrective Action (if any)**

One standard 115.41 was place in corrective action due to not having the screening tool in place for a sufficient period of time prior to the site visit. The facility provided documentation to support the continued compliance after the site visit. The Two Bridges Regional Jail provided the Auditor with examples of an additional 10% of the population that reach 30 days in custody for each of the three months after the site visit. This documentation supports the institutionalization of the screening process.

**PREVENTION PLANNING**

**Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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

**115.11 (a)**

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

**115.11 (b)**

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

**115.11 (c)**

* If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) [ ]  Yes [ ]  No [x]  NA
* Does the PREA compliance manager have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards? (N/A if agency operates only one facility.) [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail has a policy to address the facility’s goal of Zero Tolerance toward Sexual Assault or Sexual Harassment. Policy 19.000 entitled Prison Rape Elimination Act describes the facilities requirement toward this effort in a 24-page policy. The policy follows the requirements of PREA utilizing definitions consistent with the federal guidelines and outlining the efforts to protect inmates from Sexual Assault or Sexual Harassment. The Policy identifies efforts to protect at risk populations, provides educational requirements for all staff and inmates and provides for a multi prong response if an incident occurs. The response includes investigation, medical and mental health services and critical review. Also provided as evidence to support this standard was the facility’s Employee Conduct policy 2.400 which outlines employee expectations including a prohibition on any form of sexual harassment.

Policy 19.000, in section 104 addresses the requirements of indicators b) and c). Though Two Bridge is one facility it has Identified both a PREA Coordinator and a PREA Manager for the facility. In a 2017 memo provided to the Auditor, Colonel James Bailey named Major William Frith PREA Coordinator and Lt. Stephen Carmichael PREA Monitor. The policy defines their duties. The facility provided a command structure flow chart which supports the PREA Coordinator and the PREA Managers access to the facility Administrator. The Auditor was provided a document that shows command structure and confirmed with Col. Bailey that the Major and Lieutenant have direct access to him and voices in the development and modification of policy. The Major was out of state during the week of the audit. The PREA Monitor Lt. Carmichael confirms he has the time and resources to effectively manage PREA concerns as they arise and ensure ongoing compliance is maintained. He confirmed the administrative support he received from both the Major and the Colonel in the development of PREA related procedures. The Auditor also considered the inmates who support a zero-tolerance culture exist at TBRJ. The standard is compliant based on the information provided and the information given as part of the interviews with administration.

**Standard 115.12: Contracting with other entities for the confinement of inmates**

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

**115.12 (a)**

* If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) [ ]  Yes [ ]  No [x]  NA

**115.12 (b)**

* Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail does not subcontract with any other agency for the confinement of prisoners. The facility will work in emergent situations with either the state Department of Corrections or a neighboring county if needed to move a prisoner on an individual basis. The standard is compliant based on the fact there is no subcontracting of confinement responsibility. Emergency cases would send the inmate to either the Maine DOC facilities or to Cumberland County Jail who have previously passed PREA audits.

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

* Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? [x]  Yes [ ]  No
* Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No [ ]  NA
* Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No
* Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? [x]  Yes [ ]  No

**115.13 (b)**

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

**115.13 (c)**

* In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? [x]  Yes [ ]  No
* In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? [x]  Yes [ ]  No
* In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? [x]  Yes [ ]  No

**115.13 (d)**

* Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? [x]  Yes [ ]  No
* Is this policy and practice implemented for night shifts as well as day shifts? [x]  Yes [ ]  No
* Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail has provided a staffing plan that combines narrative information and scheduling deployment to support the 11 requirements listed in indicator (a). It is reported that there have been no inadequacies by federal, state or local authorities. The plan addresses the changes in the facility population and the frequency of PREA related complaints. This document is rewritten annually to meet the requirements of indicator (c). The plan addresses the use of video technology and staffing needs, including where the facility would like to add resources. In 2018 the Facility added a Power-Shift which is an additional rover to be available during high movement times. The Auditor accepted that this change was a positive example of management’s efforts to improving overall safety including potential PREA concerns. The Auditor requested and received a copy of nine Supervisory tours that were completed over a 6-week period prior to the Audit.

The standard is found to be compliant based on the information provided and observations made while at the facility. Interviews with the Jail Administrator and the PREA Coordinator, support an understanding of the standard elements and consistent practice with their policies. Formal and informal interviews with inmate’s support there is always staff including supervisors available. Finally the facility provided documentation consistent with stated and reported practice of unannounced supervisory tours. The Auditor suggested that during the next review of the staffing plan they could expound on how non-custodial staff assist in the overall safety of the facility.

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

* Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA

**115.14 (b)**

* In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA
* In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA

**115.14 (c)**

* Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA
* Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA
* Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail does not admit any male or female inmates who are under the age of 18. In Maine all inmates under the age of 18 are houses in the juvenile facility at Long Creek in South Portland Maine. County Sheriffs would take all juveniles requiring detainment for crimes 45 miles south to this facility which underwent PREA audit in 2017. The standard is compliant given the information provided above, the discussion with staff onsite confirming no juveniles are housed in the facility and a review of the population.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

**115.15 (a)**

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

**115.15 (b)**

* Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) [x]  Yes [ ]  No [ ]  NA
* Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) [x]  Yes [ ]  No [ ]  NA

**115.15 (c)**

* Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? [x]  Yes [ ]  No
* Does the facility document all cross-gender pat-down searches of female inmates? [x]  Yes [ ]  No

**115.15 (d)**

* Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? [x]  Yes [ ]  No
* Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? [ ]  Yes [ ]  No

**115.15 (e)**

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

**115.15 (f)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail has four policies that direct the staff on procedures around strip and pat searches of inmates and limitations on cross gender viewing. Policy 8.900 searches defines that all strip searches are to be completed by same gender staff and that all strip searches are required to be documented (Indicator (a.) Indicator (b) applies to the Two Bridges Regional Jail. The policy on searches defines the requirements of indicator (c) that any pat searches completed by a opposite gender staff for exigent circumstance needs to be documented including the reason for the search and it requires the search to be witnessed by a second staff member. Random female inmates interviewed during the audit process denied ever being prohibited to move or participate in programming due to the lack of female officers. Two policies direct staff on the requirements of indicator (d). 8.200 Supervision and Post Operations and Special Directive 17-05. These documents support inmate’s rights to privacy during shower/hygiene from opposite gender observation. The directive requires staff to announce their presence when entering units housing inmates of the opposite gender. Observation of the Auditor support that all showers are singles and the curtain used provides for supervision while maintaining dignity. The Auditor was able to hear on tour announcements when staff of opposite gender came on the unit. The Pod Officer made the announcement on the intercom of the unit which confirms the reports given by random inmates in the interview process. The Two Bridges PREA policy sets forth the requirement that transgender or intersex residents will not be strip searched to determine genital status. The policy encourages the intake staff to determine such information through questioning, it can also be determined through a medical exam completed outside the view of custody staff. Interview with a transgender resident confirms that they had a say in the discussions on housing and search preferences in the facility.

The Two Bridge Regional Jail has provided training on cross gender searches and searches of Transgender and Intersex inmates. Documentation of staff participation was provided to the auditor. The inmates and staff both confirm that cross gender searches do not occur. Documentation was provided showing staff completed the Maine Criminal Justice Academy training on Transgender Prisoners and Inmates. The staff were able to give descriptions of the information provided including appropriate use of pronouns, that the inmate has a say in who would perform searches and that when completing a pat search, you should communicate your actions and use the back of your hand to avoid any perception of grabbing or cupping. Compliance is based on training materials presented, information provided in random staff and inmate interviews. The Auditor also took into consideration the policy that is in place and the positive report of a transgender inmate in custody. This inmate felt they had a voice in housing and search procedures.

**Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

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

**115.16 (a)**

* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? [x]  Yes [ ]  No
* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? [x]  Yes [ ]  No
* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? [x]  Yes [ ]  No
* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? [x]  Yes [ ]  No
* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? [x]  Yes [ ]  No
* Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? [x]  Yes [ ]  No
* Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? [x]  Yes [ ]  No
* Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? [x]  Yes [ ]  No
* Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? [x]  Yes [ ]  No
* Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? [x]  Yes [ ]  No
* Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? [x]  Yes [ ]  No

**115.16 (b)**

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

**115.16 (c)**

* Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail has provided an environment that is supportive of all inmates having access to services that allow them to fully understand and benefit from the facilities PREA zero tolerance program. The facility has provided information that they have a contract to provide interpretive services to residents who do not speak English. The facility did not house any individuals who did not speak English during the days of the site visit. The agency provided the Auditor with copies of the inmate handbook in Spanish the reported second most spoken language at TBRJ. The Auditor was able to find signage in alternative language and most staff were aware of interpretive services. Random staff also knew it was inappropriate to use one inmate to interpret for another. The facility also has services to aid inmates with visual and hearing impairment. In 2017 Col. Bailey, through Special Directive, expanded agency policy to directly address the agency’s commitment to the various at-risk populations identified in indicator (a). Without a Limited English Proficient inmate the Auditor’s compliance determination relied on policy, staff knowledge of resources, the posting visible and resource aides available (brail keypads, interpretive service contracts, video conferencing equipment, PREA materials in multiple languages.) Finally, the Auditor took into consideration that random inmates felt staff were approachable if they had a concern and needed assistance in understanding or using PREA information provided by TBRJ.

**Standard 115.17: Hiring and promotion decisions**

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

**115.17 (a)**

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

* Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? [x]  Yes [ ]  No

**115.17 (e)**

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

**115.17 (f)**

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

**115.17 (g)**

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

**115.17 (h)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail will not employ, contract with or allow volunteers who may have contact with inmates who has previously engaged in sexual abuse in any setting. The TBRJ employee screening process is equivalent to a full law enforcement pre-employment examination. Upon initiation of the application process potential employees are given notice of automatic disqualifiers. All applicants must provide a 10-year work and residency history and personal references. The final page notify staff on their duty to report and that falsification of information is a chargeable offense. TBRJ then completes a thorough review of the information, a personal interview, a Polygraph exam and both state and federal criminal record checks. The Auditor asked TBRJ for dates of various HR elements in advance related to PREA including dates of hire, background checks, 5-year checks and training records. The Auditor picked a random sampling of 15 staff members names from the employee list. While on-site the Auditor reviewed with the Human Resource staff, 7 of these files to ensure consistency of information provided. The review of this information showed consistent application of the standards expectation for criminal background checks, prior employment checks. The facility has a form for prior institutional employers to complete that specifically asks the prior employer about substantiated sexual harassment or sexual abuse cases. In the last year TBRJ has not hired anyone with a prior institutional employment history. The facility did respond to a request for the Maine Department of Corrections who hired a former Two Bridges Regional Jail Officer. The standard is considered compliant based on policy in place and the thorough screening process they have in place. The Human Resources staff person interviewed was aware of PREA concerns and was able to explain how the information is maintained and how requests for information are processed.

**Standard 115.18: Upgrades to facilities and technologies**

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

**115.18 (a)**

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

**115.18 (b)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Two Bridges Regional Jail is compliant with this standard based on the facts that since it began its efforts toward PREA Compliance they have taken the opportunity to assess all aspects of the operation and deploy resources available to improve the overall safety of inmates and staff. In 2017, the facility after completing a PREA assessment of their video systems, purchased cameras to cover three specific areas. The areas were identified to be the most significant blind spots in the facility. One area was to support staff in completing searches after visits and the other areas allowed for increased supervision in housing areas. The Auditor was provided documentation on the purchase of cameras. The PREA Monitor was able to identify different aspects of the facility where future technology investment might benefit the PREA safety of the environment. There were no substantial modifications to the facility or new additions to TBRJ in the last three years.

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

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

**115.21 (a)**

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

**115.21 (b)**

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

**115.21 (c)**

* 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? [x]  Yes [ ]  No
* Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? [x]  Yes [ ]  No
* If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? [x]  Yes [ ]  No
* Has the agency documented its efforts to provide SAFEs or SANEs? [x]  Yes [ ]  No

**115.21 (d)**

* Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? [x]  Yes [ ]  No
* If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? [x]  Yes [ ]  No
* Has the agency documented its efforts to secure services from rape crisis centers? [x]  Yes [ ]  No

**115.21 (e)**

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

**115.21 (f)**

* If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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.) [x]  Yes [ ]  No [ ]  NA

**115.21 (g)**

* Auditor is not required to audit this provision.

**115.21 (h)**

* If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail has both policy and procedures in place to ensure that evidence is preserved and properly collected to aid in prosecution. The Sheriff’s Office of Lincoln County would complete a criminal investigation of any sexual assault that occurs at the jail. A Memorandum of Understanding outlines the roles of the agencies. Both parties are aware of the importance of uniform evidence collection as described in National Protocol for Sexual Assault Medical Forensic Exams. Line staff are trained as first responders and understand steps to ensure evidence is not disturbed. At TBRJ Special Projects Officer Levon Travis is a certified law enforcement officer trained in the proper techniques of processing crime scenes.

The facility does not service any individuals under the age of 18 so the portion of indicator (b) does not apply. In Maine the Department of Health and Human Services trains and certifies nurses in completing forensic exams in sexual assault cases. The committee who helped in the development of the protocol includes medical, legal and scientific experts. The group includes doctors, SANE nurses, the state crime lab, prosecutors, attorneys and assistant attorney generals. Discussions by the Auditor with the state director confirms that there is a robust program of trained nurses in the state of Maine to support victims of sexual violence. A listing of all the hospitals in Maine and the number of trained staff was obtained by the Auditor. Inmate victims would be brought to Mid Coast Hospital. Discussions with Hospital staff confirm they have access to SANE nurses on site or through a call-in procedure. The Nursing Supervisor confirms that by practice the victim would be offered a victim advocate to support them through the forensic exam. The facility has access to supportive services of Sexual Assault Support Services of Mid-Coast Maine (SASSMM) who also confirmed their willingness to support victims from TBRJ both in the hospital setting and at the jail. The Auditor was also provided an investigation which resulted in the inmates transfer for a forensic exam. The inmate, who later recanted the assault claim, was no longer in custody so could not be interviewed. Compliance is based on documents provided, interviews with the State Department of Health, the local hospital and the local rape crisis agency. The Auditor also considered the PREA policy and the TBRJ PREA response plan as they related to the standard requirements.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

**115.22 (a)**

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

**115.22 (b)**

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

**115.22 (c)**

* If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA

**115.22 (d)**

* Auditor is not required to audit this provision.

 **115.22 (e)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Col. Bailey confirms the policy expectation that all claims of sexual misconduct or sexual harassment be taken seriously and investigated. Notification when an incident occurs will be from the Shift Commander to Special Projects Officer Travis who will notify the Correctional Administrator. The Auditor was provided information on the past two years of investigations. Each case of inmate on inmate harassment is investigated by TBRJ staff. Investigation of assault can be turned over to the Lincoln County Sheriff’s Office. Lincoln County is one of the two counties that funds the TBRJ and is where the jail is located. Administrative Investigations would be completed by the PREA Monitor Lt. Carmichael. Indicator (c) does apply because investigation of Inmate on Inmate crimes can be conducted by Officer Travis who has a duel role with both TBRJ and the Lincoln County Sheriff’s Office. Investigation of staff involved incidents of sexual abuse would be completed by other detectives of the LCSO. The Auditor was given investigative files which included harassment claims that did not meet the PREA guidelines of repetitive harassment but were investigated thoroughly. The standard is compliant based on the materials provided, the MOU between TBRJ and Lincoln County Sheriffs Office and the interview with the Correctional Administrator Col. Bailey.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

**115.31 (a)**

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

**115.31 (b)**

* Is such training tailored to the gender of the inmates at the employee’s facility? [x]  Yes [ ]  No
* Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? [x]  Yes [ ]  No

**115.31 (c)**

* Have all current employees who may have contact with inmates received such training? [x]  Yes [ ]  No
* Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? [x]  Yes [ ]  No
* In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? [x]  Yes [ ]  No

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail conducts PREA training as part of the initial new employee training, during annual in-service training and provides refresher topics as needed. New Correctional Officers receive PREA training at the Maine State Justice Academy and then are provided the inhouse information on reporting when onsite. Training records, staff interviews, and review of curriculums indicated the training included the zero tolerance policy; the agency’s policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident; the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The staff receive PREA training annually. The facility uses both classroom-based training and network based leaning through Power DMS Learning Management Software. PREA updates and reminders are provide to staff monthly at staff meetings or through Power DMS. The training records indicated all staff at the facility had received the training. The Auditor was provided with documentation of the last year’s training and confirmed with staff the approximate date of the last training. The agency’s policy on PREA states training will occur annually on sexual abuse, sexual harassment, policies and procedures. Employee training is recorded electronically so the Auditor confirmed that the training was understandable and that they knew who to approach if they had questions.

Interviews of random staff and questions asked of staff during the tour clearly indicate each staff member is knowledgeable on how to perform their responsibilities in detention, reporting and responding to sexual abuse and sexual harassment. Compliance is based on these interviews and the training materials provided.

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

* Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? [x]  Yes [ ]  No

**115.32 (b)**

* Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? [x]  Yes [ ]  No

**115.32 (c)**

* Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Two Bridges Regional Jail conducts PREA training with all volunteers and contractors prior to entering the facility. The facility’s policy on PREA, states the TBRJ will ensure that all volunteers and contractors who have contact with PREA-protected residents have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to the volunteers and contractors shall be based on the services they provide and level of contact with residents. Contracted staff in the Food Services and Medical/ Mental Health are provided training by TBRJ as well as the parent companies on the topic of PREA. At a minimum, all volunteers and visitors will be notified of the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This information will be provided prior to entering the facility or having any contact with residents. TBRJ maintains documentation confirming the training they have received. The volunteers and contractors review a PREA brochure. The Prevention of Sexual Abuse in Jail, which they must review and sign acknowledgement and understanding of the zero-tolerance policy. They are to review the Volunteer handbook that additionally addresses expectation including zero tolerance for and sexual contact or harassment of inmates. The facility has two (2) food service contractors and thirteen (13) medical contractors. All have been trained on the zero-tolerance policy and their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Interviews were conducted with a food service staff, Medical staff and a volunteer. The individuals interviewed acknowledged receiving training on PREA. Compliance was based on trainings and that volunteers and contractors both were able to effectively describe the zero-tolerance environment. These individuals also knew how to report any concerns. The Auditor made suggestions on improving ongoing documentation of trainings for these groups after the initial training.

**Standard 115.33: Inmate education**

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

**115.33 (a)**

* During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? [x]  Yes [ ]  No
* During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? [x]  Yes [ ]  No

**115.33 (b)**

* Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? [x]  Yes [ ]  No
* Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? [x]  Yes [ ]  No
* Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? [x]  Yes [ ]  No

**115.33 (c)**

* Have all inmates received such education? [x]  Yes [ ]  No
* Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? [x]  Yes [ ]  No

**115.33 (d)**

* Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? [x]  Yes [ ]  No
* Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? [x]  Yes [ ]  No
* Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? [x]  Yes [ ]  No
* Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? [x]  Yes [ ]  No
* Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? [x]  Yes [ ]  No

**115.33 (e)**

* Does the agency maintain documentation of inmate participation in these education sessions? [x]  Yes [ ]  No

**115.33 (f)**

* In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

At intake into the facility, inmates are provided PREA information through a PREA brochure, an Inmate handbook and are provided information on PREA through posters visible throughout the facility. After completing the initial paperwork inmates also are provided an opportunity to watch a PREA educational video. The written documents and video explain the agency’s zero tolerance policy regarding sexual abuse and sexual harassment, the importance of reporting any concerns and how to report incidents. The inmates must sign an acknowledgement form of receiving the brochure and understanding the information. The Auditor’s interview with random inmates confirmed the receipt of PREA education at intake.

TBRJ staff are aware of services to aid individuals who have language barriers, hearing or visually impaired, lack reading skills or have other disabilities. The TBRJ facility has Language Line and interpreters available to the facility for inmates in need of interpretation. TBRJ also has the ability to provide the education on the residents’ tablets. Though there were no current residents with a language barrier, TBRJ can provide the video education and written materials available in the inmate’s native language. The Auditor saw the Spanish handbook and the option for Spanish and subtitles on the video. If the resident will benefit from enlarged text, TBRJ will provide reading materials in a large font. If a resident is cognitively or intellectually disabled, staff will verbally present PREA materials at a level the resident can understand. PREA reminders will be given more frequently. If a resident’s mental health interferes with the ability to understand PREA materials, staff will consult with the resident’s mental health provider to develop an appropriate plan to effectively convey information.

PREA brochures, posters, and resident handbook are available in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. Each housing unit has the information poster located on the wall with other information for inmates. During the Audit the PREA Coordinator added additional stickers on the inmate phones. Random residents interviewed and during discussion on the facility tour, acknowledged they have received PREA information upon arrival at the facility and the information was reinforced during the orientation video. They were able to explain how to report an incident and were aware of the zero-tolerance policy. The Auditor was able to observe an intake during the audit to see the initial education process. Compliance is based on the items viewed on the tour, the documentation showing education and the inmate’s ability to confirm what they learned. The Facility is working on also adding the video education to play on unit TVs periodically throughout the week.

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

* In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) [x]  Yes [ ]  No [ ]  NA

**115.34 (b)**

* Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA
* Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA
* Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA
* Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA

**115.34 (c)**

* Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA

**115.34 (d)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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At Two Bridges Regional Jail the administrative investigations would be completed by staff of TBRJ. If the investigation appears to be criminal in nature the investigation may be completed by either TBRJ’s certified law enforcement staff or by the Lincoln County Sheriff’s Office. According to the Jail Administrator if the case involves an accusation of an employee it would be handled by the LCSO to ensure impartiality and transparency. The facility law enforcement officer and the PREA Monitor have taken the National Institute of Corrections (NIC) course “PREA: Investigating Sexual Abuse in a Confinement Setting”. The Auditor was provided certificates confirming the course completion. The Auditor was also provided the certificate of the primary Investigator from LCSO. The NIC training addresses all the topics in indicator (b) including how to interview victims, issuing Miranda or Garrity warnings, evidence preservation, and how to substantiate a case for prosecution. The Auditor interviewed the trained investigator of TBRJ who was able to confirm the information that is in the video and describe in the review of the incidents how steps are taken. The standard is compliant based on the information provided, the Auditor’s review of the NIC training program content and the interview/ case reviews completed with the TBRJ Investigator.

**Standard 115.35: Specialized training: Medical and mental health care**

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

**115.35 (a)**

* Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? [x]  Yes [ ]  No
* 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? [x]  Yes [ ]  No
* 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? [x]  Yes [ ]  No
* 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? [x]  Yes [ ]  No

**115.35 (b)**

* If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) [ ]  Yes [ ]  No [x]  NA

**115.35 (c)**

* Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? [x]  Yes [ ]  No

**115.35 (d)**

* Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? [x]  Yes [ ]  No
* Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[ ]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Medical and Mental Health Services are Provided by a Maine based health organization called Medpro. The agency employs 13 staff on the contract. The Auditor was able to interview staff and see training records from the National Institute of Corrections on “Medical care for Victims of Sexual Assault in a Correctional Setting.” Since forensic exams do not take place at TBRJ, but at Mid-Coast Hospital, the Auditor’s questions focused on steps to enact the response plan. Both Medical and Mental Health staff were able to describe the process of how a sexual assault victim would be cared for including efforts to protect evidence, making notifications to hospitals and rape crisis agency about a pending transport and collaboration with TBRJ administration for needs of client throughout the process and upon return. Compliance is based on the training records provided and the information obtained in the interview process. The Auditor was also able to review the course content from the NIC.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

* Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? [x]  Yes [ ]  No
* Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? [x]  Yes [ ]  No

**115.41 (b)**

* Do intake screenings ordinarily take place within 72 hours of arrival at the facility? [x]  Yes [ ]  No

**115.41 (c)**

* Are all PREA screening assessments conducted using an objective screening instrument? [x]  Yes [ ]  No

**115.41 (d)**

* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? [x]  Yes [ ]  No
* Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? [x]  Yes [ ]  No

**115.41 (e)**

* In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? [x]  Yes [ ]  No
* In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? [x]  Yes [ ]  No
* In assessing inmates 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? [x]  Yes [ ]  No

**115.41 (f)**

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

**115.41 (g)**

* Does the facility reassess an inmate’s risk level when warranted due to a: Referral? [x]  Yes [ ]  No
* Does the facility reassess an inmate’s risk level when warranted due to a: Request? [x]  Yes [ ]  No
* Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse? [x]  Yes [ ]  No
* Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? [x]  Yes [ ]  No

**115.41 (h)**

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

**115.41 (i)**

* Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Two Bridges Regional Jail’s PREA Policy 19.107 (pgs. 10-11) describes the screening process consistent with the standards. The Booking Officer is expected to complete a PREA screen within 24 hours of admission, and the Classification team is expected to complete a reassessment within 14 days of admission. Both these time requirements are quicker than the standard minimums. Residents with significant risk to be victimized factors may be given a temporary housing assignment for up to 72 hours to allow the classification team to further assess the best housing plan that considers the inmate’s feeling of safety within the overall security of the facility. The Facility uses an objective tool that the Auditor saw being administered during an intake. The Auditor was able to question the Booking Officer on the process to determine consistency of the application of the process. The tool has the Booking Officer to ask and review available history to determine an answer for 14 different items. The Questions cover the items in Indicator (d) and (e). The Auditor was provided examples of how known victims are referred to Medpro for both Medical and Mental health follow-up. The Auditor confirmed with the classification and the Booking Officer that refusing to answer questions was not grounds for any discipline. TBRJ will protect inmate’s questionnaires from general access and information provided about specific abuse history is maintained in the inmate medical/ mental health chart. This further insulates information that could be used against an inmate from getting out. The electronic management system allows potential and known victims to be classified in a way that they would be kept separate in housing, programming and work assignments similar to if they were in rival gangs. The screening process for TBRJ was enacted late spring of 2018 and as a result the rescreening process had not been consistently completed for a period of at least 6-month prior to the onsite visit. The facility did complete a full screening on the entire population including all inmates who were in custody at the time the screening process was enacted. The Auditor required documentation over the subsequent 3 months from the October site visit to further show institutionalization of the process. The facility provided 10% of the admissions who reach 30 days in custody each month for October, November, December and January. The facility provided face sheets, the original PREA Scoring of the objective tool and the reassessment results within the time lines required by the policy. The documentation supports compliance and that the process for screening and reassessment has become institutionalized practice.

**Standard 115.42: Use of screening information**

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

**115.42 (a)**

* Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? [x]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? [x]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? [x]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? [x]  Yes [ ]  No
* Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? [x]  Yes [ ]  No

**115.42 (b)**

* Does the agency make individualized determinations about how to ensure the safety of each inmate? [x]  Yes [ ]  No

**115.42 (c)**

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

**115.42 (d)**

* Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? [x]  Yes [ ]  No

**115.42 (e)**

* Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? [x]  Yes [ ]  No

**115.42 (f)**

* Are transgender and intersex inmates given the opportunity to shower separately from other inmates? [x]  Yes [ ]  No

**115.42 (g)**

* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? [x]  Yes [ ]  No
* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? [x]  Yes [ ]  No
* Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The facility uses the screening information from the Prison Rape Elimination Act (PREA) Risk Screening Form to determine housing, bed, work, education and program assignments with the goal of keeping inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. When an inmate is identified, the Shift Commander is notified promptly to assist with housing placement. The Intake staff interviewed conducts the initial PREA risk assessment. He indicated that based on the number of yes responses to questions would impact the inmates housing and program placement. The inmate who reports a prior victimization would also be referred to the Mental Health Consultant according to the intake officer. The agency’s PREA policy, states the program makes individualized determinations about how to ensure the safety of each resident. If a resident is determined to be at risk of sexual victimization or at risk of being a predator, The Intake staff will utilize the electronic case management system to ensure “Keep Separate” orders are imposed. TBRJ has uniquely solved how to ensure know or potential victims are kept separate from known or potential perpetrators. The facility classifies these groups as rivals which prevent them from being house together or assigned to programming or education during the same period. As a Jail the turnover of population is significant, this system has proven to be a solution that provides safety. As a Jail there is limited employment but the staff who oversee work report they are given information to ensure victims and potential aggressors are not on the same work detail.

Intake staff and Classification staff report they use the results of the PREA Risk Screening Form and interviews with resident to make individual determination of each inmate’s needs. Random staff interview report they would take seriously a resident’s request for a room change and discretely inquire whether the resident is feeling unsafe. If the resident answers yes, the staff member should bring this to the attention of a Shift Commander and/or the agency PREA Coordinator for investigation. The policy states the facility shall consider on a case by case basis whether a housing placement would ensure the inmate’s health and safety and whether the placement would present management or security problems. The resident is asked during the screening process if they perceive themselves at risk for sexual victimization. The facility has a process in place for the transgender or intersex inmates to shower separately from other residents. The transgender inmate with whom the Auditor spoke confirmed that their view of their own safety was taken into consideration and they were housed in accordance with their preference. Transgender or intersex inmates are able to shower separate from others as all TBRJ showers are singles with privacy curtains. The agency does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, per policy. Compliance is based on Policy, the procedures put in place to ensure safety and the results of interviews with Intake and Classification staff, with random unit staff and with a transgender inmate.

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

* Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? [x]  Yes [ ]  No
* If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? [x]  Yes [ ]  No

**115.43 (b)**

* Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? [x]  Yes [ ]  No
* Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? [x]  Yes [ ]  No
* Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? [x]  Yes [ ]  No
* Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? [x]  Yes [ ]  No
* If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? [x]  Yes [ ]  No
* If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? [x]  Yes [ ]  No
* If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? [x]  Yes [ ]  No

**115.43 (c)**

* Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? [x]  Yes [ ]  No
* Does such an assignment not ordinarily exceed a period of 30 days? [x]  Yes [ ]  No

**115.43 (d)**

* If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety? [x]  Yes [ ]  No
* If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? [x]  Yes [ ]  No

**115.43 (e)**

* In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Two Bridges Regional Jail does not use involuntary Protective Custody housing as a primary way of protecting potential victims of Sexual Assault. The Facility allows inmates to request Protective Custody including those who may feel vulnerable for PREA related concerns. TBRJ has limited Protective Custody Cells. With keep separate protocols the facility is able to keep separate known predators from known or likely victims. TBRJ population has enough space to allow some known victims the ability to be single celled in the general population units. High risk individuals identified at intake can be placed in Protective Custody until PREA screening and Mental Health assessment are completed. The PREA policy and the Protective Custody Policy address the time requirement of reviews at minimum every 30 days. (indicators (c), (e). Compliance is based on policy and documents supporting that Protective Custody status are routinely reviewed. Interview with staff and resident further support that involuntary use of Protective Custody for Potential victims of sexual assault does not occur. The Auditor also reviewed the vulnerable populations identified to ensure they were dispersed throughout the general population units.

**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

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

**115.51 (b)**

* Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? [x]  Yes [ ]  No
* Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? [x]  Yes [ ]  No
* Does that private entity or office allow the inmate to remain anonymous upon request? [x]  Yes [ ]  No
* Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? [x]  Yes [ ]  No

**115.51 (c)**

* Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? [x]  Yes [ ]  No
* Does staff promptly document any verbal reports of sexual abuse and sexual harassment? [x]  Yes [ ]  No

**115.51 (d)**

* Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

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The Two Bridges Regional Jail provides inmates with multiple mechanisms to report PREA concerns. The facility policy on PREA 19.112 (page 17) sets forth the requirement on the Jail Administrator to ensure inmates have access to multiple internal and external ways of reporting a concern. The policy addresses the inmate’s ability to make direct correspondence with the PREA Coordinator and the local Rape Crisis agency. The Agency also has entered into a MOU with the Maine Department of Corrections to allow inmates who choose not to report the TBRJ PREA Coordinator access to the Maine DOC PREA Coordinator. In Maine the Department of Corrections has statutory responsibility to inspect the conditions of county jails and the DOC PREA Coordinator has been accessible to the state’s Jails during the development of PREA. The Facility houses inmates for the US Marshals Service, but they do not house inmates for civil immigration violations (indicator (b). The Auditor saw signage throughout the facility that informed residents on their ability to make PREA Complaint including anonymously. The Facility added additional information near the unit phones on how to make a non-recorded phone calls either internal or external individuals about PREA concerns. Interviews with staff support the ability of inmates to make verbal, written and anonymous PREA concerns. Staff were aware of the need to report and document all claims even if they did not believe them to be truthful (Indicator (c). Staff interviewed confirmed they could make reports to any superior or the Human Resources Department if they had a concern with a peer’s interactions with an inmate (indicator (d). Compliance is based on information provided to the Auditor, including materials visible on the tour that inform inmates on how to access outside assistance. Postings, handbooks and direct interviews with random staff and inmates further confirmed knowledge of different ways to report a concern. Inmates reported they would most likely report a concern directly to the staff working a unit and believed that the issue would be investigated.

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

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

**115.52 (b)**

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

**115.52 (c)**

* Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA

**115.52 (d)**

* Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA

**115.52 (e)**

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

**115.52 (f)**

* Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). [x]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA
* Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) [x]  Yes [ ]  No [ ]  NA

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail is not exempt from the standard on exhaustion of administrative remedies. The facility has two policies that address the issues of this standard. (PREA Policy 19.112, Inmate Grievances 11.300). The TBRJ Inmate handbook confirms that there is no time limit on the submission of PREA related grievance. The handbook further informs inmates about PREA related grievances including the right not to submit the grievance to a subject of the complaint, the right to have a resolution in under 90 days, that the requirement of informal resolution is not required and the process for third party and emergency grievances. If an inmate at TBRJ prefers they can forward the grievance to the Maine Department of Corrections Jail Inspector or the DOC State PREA Coordinator. The Auditor was able to review a PREA related grievance and investigative interviews of parties involved including one witness. The response was completed within five days of the filing of the grievance. Compliance was based on the policies in place, the information available to inmates and the materials supporting the practices in place are followed. The Auditor also confirmed with the Maine Department of Corrections that there were no grievance, from Two Bridges Regional Jail related to PREA.

**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

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

**115.53 (b)**

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

**115.53 (c)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

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The Two Bridges Regional Jail allows all inmates access to the local rape crisis agency SASSMM. The Sexual Assault Support Services of Mid-Coast Maine has entered a memorandum of understanding with TBRJ to provide multiple services to inmates. The MOU has the rape crisis agency available to allow emotional support to residents. Information provided in the handbook and PREA brochure confirms SASSMM is given professional visitor status and allows for confidential mailing and telephonic communications. Inmates wishing to call SASSMM can do so without it being recorded. The facility and SASSMM representative report a positive working experience and report that inmates with prior victimization histories have taken advantage of the support services. TBRJ does not house inmates on civil immigration status and as such the portion indicator (a) does not currently apply. The Auditor was able to see posted information on how to make confidential call or send professional mail to the local Rape Crisis agency. Inmates were aware that professional visits could occur onsite at TBRJ.

Compliance is based on the materials provided and visibly posted in the facility. The Auditor also took into consideration interviews with Inmates about access to services and the level of confidentiality. The Auditor was able to confirm both Medical and Mental Health Staff notify Inmates at the initiation of services on the limitations for confidentiality in the environment. Finally, the Auditor relied on information from the Mental Health Consultant and the Local Rape Crisis agency on how service linkage has occurred.

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

* Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? [x]  Yes [ ]  No
* Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

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Two Bridges Regional Jail’s website informs individuals on how to make a PREA related complaint on behalf of an Inmate. Random inmates interviewed as part of the onsite audit confirmed that inmates are allowed to file a complaint on behalf of a peer. Random Staff interviewed knew that they had to take all PREA complaints seriously no matter the source or if they believed the claim to be untrue. The Auditor also interviewed the PREA Monitor regarding a substantiated case of sexual harassment. In the case the inmate denied the sexual assault claim a family caller had initially reported. The case was initially referred to Lincoln County Sheriff’s Office, but due to the victim’s denial of any sexual contact it was closed. The TBRJ completed an Administrative Investigation to the situation and found the actions were harassing to the inmate victim. The facility offered emotional support through mental health services and there were documented efforts to check on the inmate’s comfort in their current housing. The Standard is compliant based on having the appropriate resources to take third party complaints. The Auditor also took into consideration that the case reviewed supported active investigation even though the perpetrator had left the facility prior to the third-party complaint being reported. Finally, the Auditor considered the answers of random staff and inmates as part of the audit process.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

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

**115.61 (b)**

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

**115.61 (c)**

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

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

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The Two Bridges Regional Jail PREA policy (page 16) outlines the reporting requirements for staff. The policy and directives require that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy also requires written documentation be filed no later than the end of shift. Random staff interviews confirmed policy expectation; other than reporting to designated supervisors or investigators, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation and other security and management decisions. The reporting requirements for staff are covered in the PREA training. The Shift Commander will notify PREA Coordinator and the Jail Administrator on incidents of Sexual Assault. Random Staff supported all allegations, including third-party, are referred to the investigation unit or the PREA Monitor.

The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting and to whom to report sexual abuse and sexual harassment of residents. Medical and Mental Health staff confirmed that inmates are provided information on the limitations of confidentiality (indicator (c). Staff indicated through interviews they were aware of the methods available to report sexual abuse and sexual harassment. Staff were also knowledgeable on the ways inmates could report to staff and their responsibility in the process. They indicated in the interviews they would report immediately to a supervisor. Staff interviewed knew that private reporting may be completed by calling the PREA Coordinator for TBRJ, Speaking to a Supervisor or to the Human Resources Officer. Indicator (d) as it relates to under 18 population does not apply since they would not be housed at TBRJ. Inmates classified as vulnerable adults who have state or local assigned workers would be notified of incidents. Compliance with this standard is based on Policy, random and specialized staff interviews which support a strong understanding of timely reporting, taking all reports no matter the source seriously and the importance of limiting the information to those who need to know.

**Standard 115.62: Agency protection duties**

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

**115.62 (a)**

* When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

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Two Bridges Regional Jail has not had to use protective custody in the last year to ensure the safety of inmate from sexual assault. The facility showed examples of a 2016 case where an inmate with significant mental health issues who was assessed initially as a potential risk for victimization was progressed into general population. The Auditor was able to speak to this inmate while onsite. The Inmate reported a favorable experience in the facility describing it “family like” and that they are willing to work with you to make sure you will feel safe. The PREA Monitor documented the transition including the inmates wish to move to general population and the Monitors decision to oversee housing assignment for the inmate. Col Bailey reports the facility will take whatever steps are necessary to ensure inmate safety including moving housing assignment. Documentation of a MOU with the Cumberland County Jail allows the facilities to move potential victims if 1) there is no safe way of keeping them separated from the perpetrator due to both parties. 2) the perpetrator was a staff member and there is exigent circumstances. Or 3) The victim has psychological trauma and either the Mental health professional or the victims advocate believe a change of venue is necessary. Compliance was determined based on Protective Custody policy that addresses the issues, Interview with the PREA Monitor, the Jail Administrator and the inmate previously held in Protective Custody in 2016.

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (a)**

* Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? [x]  Yes [ ]  No

**115.63 (b)**

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

**115.63 (c)**

* Does the agency document that it has provided such notification? [x]  Yes [ ]  No

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The TBRJ PREA policy, 19.122 (page 17), outlines upon receiving an allegation that an inmate was sexually abused or sexually harassed while confined at another facility, the Shift Commander that received the allegation shall notify the Correctional Administrator, PREA Coordinator or designee. TBRJ will notify the Administration of the facility where the alleged abuse or harassment occurred. The notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The policy requires documentation of such notification. In the past Year TBRJ has reported to two other correctional facilities on information obtained from inmates at TBRJ. In the cases reviewed notification was made in a timely fashion (less than 72 hours after the disclosure) and documented. Also documented was communication between the criminal investigator at the prior facility and the PREA Monitor at TBRJ and the State DOC PREA Coordinator. There were no reported cases where an outside agency notified TBRJ of prior abuse cases. Compliance is based on the information provided consistent with standard expectations, Interviews with the facility head and PREA Monitor and policy language that support standard requirements.

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

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

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail has two policies that cover the requirements of the first responder in a sexual assault situation. The PREA policy 19.113 and Emergency Procedure Manual 4.322 PREA Response Plan define the duties of the first responder. The policy outlines upon learning that a resident was sexually abused, the first staff member to respond to the scene must: separate the alleged victim and alleged abuser (to protect the victim and prevent further violence); not leave the alleged victim alone; ensure no one else enters the area to preserve and protect the crime scene; call 911 if warranted; and contact the Shift Commander to request assistance. The First Responder will also ensure Medical and Mental health is notified to evaluate the victim. Policy and training also tell First Responders to request that the alleged victim not take any action that could destroy physical evidence, including washing or showering, drinking or eating, brushing teeth, changing clothes, or toileting. The First responder will limit the perpetrators ability to do the same and will identify any potential witnesses. Finally, they are required to remain on shift until debriefed by the Lincoln County Sheriff’s Office Investigator. The process is also outlined in the First Responder – Response Cards that are given to all trained staff at TBRJ not just custody staff. In determining compliance, the Auditor relied on random staff interviews on their knowledge of what to do as a first responder. In 2017 there was one incident in which a staff person acted in this role. The Individual who acted in the first responder role in 2017 has since left service and thus was unavailable for an interview. Since the 2017 incident, the PREA Monitor implemented a PREA Incident Checklist to further aide in a consistent and thorough response. Compliance is also based on the policies in place and the resources implemented to aide staff (Response Cards and Incident Checklist).

**Standard 115.65: Coordinated response**

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

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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As noted in 115.64 TBRJ has two policies that address the facility’s response in the event of a sexual assault; the PREA policy 19.113 and Emergency Procedure Manual 4.322 PREA Response Plan. The Emergency Response Plan provides direction to various members of the facility staff on coordination of treatment of the victim and ensuring evidence is preserved in the facility. The plan defines the actions of the Discovering Officer (first responder duties), the responsibilities of the Shift Commander and Control Officer. The plan goes on to describe further the needed interactions with Medical, Mental Health, Investigators and Hospital staff. In addition to the policy the facility has developed a flow chart that will help Shift Commanders as a quick visual reference for sexual assaults. The facility will send inmates out for forensic exams by SAFE trained nurses at Maine’s Mid-Coast Hospital for the first seven days post assault. Compliance is based on policy, documents in place to aide in response, Interviews with random staff, Supervisory staff, Medical staff, Mental Health staff and the TBRJ Administration.

**Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

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

**115.66 (a)**

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

**115.66 (b)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The employees of TBRJ are not subject to collective bargaining in as such can be placed out on administrative leave during investigations. The facility was able to provide examples within the investigative files reviewed that supported a quick removal of staff from contact with inmates if there is any investigation into sexual misconduct by staff. The TBRJ Contracts’ with ARAMark food services (Section 2 letter H) and Medpro medical services (Page 12 Section C) allows TBRJ to remove alleged staff sexual abusers from contact with any residents or place an employee on administrative leave pending the outcome of an investigation. The Agency Head designee confirmed that the agency has not entered any collective bargaining or other agreements with staff that would prevent removal during an investigation. The Auditor was able to review prior years (2015,2016) cases in which staff were placed out on leave during an investigation. A harassment case in 2018 resulted in the staff member’s post being moved to prevent contact with the inmate moving forward. Compliance is based on the information provided on contracts, interview with the facility Head and the facility’s track record of ensuring no contact between inmate victims and staff perpetrators.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

* Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? [x]  Yes [ ]  No

**115.67 (c)**

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

**115.67 (d)**

* In the case of inmates, does such monitoring also include periodic status checks? [x]  Yes [ ]  No

**115.67 (e)**

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

**115.67 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The PREA policy (page 20) outlines protection of all residents and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations and from retaliation by staff or residents. Policy designates the PREA Monitor as the staff member to monitor retaliation. The policy states residents and staff who report sexual harassment or abuse or who participate in a related investigation will be protected from retaliation. The PREA Monitor will help staff identify any changes to the program structure or operations necessary to minimize retaliation. The PREA Monitor will meet with any staff who report sexual harassment or abuse or who participate in a related investigation and will inform them that they have a right to protection from retaliation, describe what retaliation might look or feel like and provide how to contact him if a need arises. Any reports of retaliation will be thoroughly investigated and appropriate efforts will be made to keep staff and residents safe. A Classification Officer has been assigned to monitor retaliation of any inmate involved in a PREA related Investigation. The resident monitoring will include any high rate of disciplinary tickets or noted behavior changes. Monitoring would occur daily through the program staff with more formalized monitoring check ins periodically. The Auditor was provided documentation of retaliation monitoring as part of the material provided.

The PREA Monitor was interviewed and confirmed initial contact with all involved would be initiated in the first 24 hours of the investigation. The monitoring would occur for up to ninety (90) days and longer if needed. The staff monitoring would include work assignments, disciplinary actions or morale. Protection for a resident would include housing or program changes but also could include transfer to another county facility if deemed necessary. There were no instances of retaliation reported which triggered a second investigation. Compliance is based on information provided, interview with the facility PREA Coordinator and inmates who had filed PREA complaints.

**Standard 115.68: Post-allegation protective custody**

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

**115.68 (a)**

* Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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TBRJ utilizes protective custody for various reasons but does not routinely use involuntary segregation for victims of sexual abuse. Individuals who may be at risk of sexual victimization may be placed in the protective units initially. There have been no cases in which victims of sexual assault that occurred at TBRJ were placed in involuntary segregation. As an example of the process TBRJ would employ, the auditor was provided documentation of an inmate previously assaulted in another Jail who requested Protective Custody. This documentation supported an evaluative process that included the inmates need and their opinion on appropriate housing. The Inmate was seen by Mental Health consultant. In a second case of an inmate who was voluntarily segregated eventually asked to move to general population and the documentation supported a review process. The standard is considered compliant based on information provided, interview with the PREA Monitor, and the systems in place to consistently review protective custody inmates.

**INVESTIGATIONS**

**Standard 115.71: Criminal and administrative agency investigations**

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

**115.71 (a)**

* When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA
* Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] [x]  Yes [ ]  No [ ]  NA

**115.71 (b)**

* Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? [x]  Yes [ ]  No

**115.71 (c)**

* Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? [x]  Yes [ ]  No
* Do investigators interview alleged victims, suspected perpetrators, and witnesses? [x]  Yes [ ]  No
* Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? [x]  Yes [ ]  No

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

* Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? [x]  Yes [ ]  No

**115.71 (i)**

* Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? [x]  Yes [ ]  No

**115.71 (j)**

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

**115.71 (k)**

* Auditor is not required to audit this provision.

**115.71 (l)**

* When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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As a joint venture of two counties in Maine the Two Bridges Regional Jail has access to law enforcement resources of both Lincoln and Sagadahoc counties. The Facility has Special Projects Officer Levon Travis as a primary investigator of criminal activities including PREA. Officer Travis is a Maine Justice Academy certified Law Enforcement Officer with full arrest authority. Though he works for the Jail, he is also employed as part of the Lincoln County Sheriff’s Office. As noted in 115.34 Officer Travis, Lt Carmichael and Lincoln County Sheriff’s Officer Scott Haden have been trained in investigating Sexual Assault in a correctional environment. PREA Policy 19.115 (page 19,22-23) and Special Directive- Investigations 18.01 (Pages 2-8) covers the various elements of this standard. Policy language includes that all investigations are completed in a prompt, thorough and objective manner; it sets the standards for evidence collection, interview process and coordination with the local prosecutorial authority. The Auditor also confirmed that state statute requires all documents are held for a criminal investigation until the person turns 80 and has had no contact with the criminal justice system for more than 5 years. Interview with the investigator confirmed the standard of proof, determining credibility of a witness and that all conduct appearing to be criminal is referred for prosecution. Interviews also confirmed that investigations cases even after the departure of either a victim or a perpetrator and the polygraphs or other truth telling devises are not a condition of proceeding in an investigation. To determine compliance the Auditor took into consideration the results of the interview, the policy in place and the investigatory files reviewed on site.

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Interview with one of the Two Bridges Regional Jail’s trained investigators supports that there is no higher standard than preponderance of evidence in determining the outcome of an investigation. Discussions with the investigator about the handling of various cases was consistent with this practice. The Auditor took into consideration the interviews with the investigator, documents related to prior investigations and documents the agency has created specific to assist in PREA related investigations moving forward. Compliance was determined on this based on these factors and the agency PREA policy (19.115) that sets forth this standard for determining investigations outcomes.

**Standard 115.73: Reporting to inmates**

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

**115.73 (a)**

* Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? [x]  Yes [ ]  No

**115.73 (b)**

* If the agency did not conduct the investigation into an inmate’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) [ ]  Yes [ ]  No [x]  NA

**115.73 (c)**

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

**115.73 (d)**

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

**115.73 (e)**

* Does the agency document all such notifications or attempted notifications? [x]  Yes [ ]  No

**115.73 (f)**

* Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The Two Bridges Regional Jail PREA Policy 19.115 (page 24) addresses the requirements of notifications of prisoners on the outcomes of investigations. The policy exceeds the standard in that it requires written notification of the outcome of all sexual misconduct and sexual harassment investigations. The policy language and the form TBRJ has developed addresses notifications requirements described in indicators (c) and (d). It requires notification of arrest and convictions related to all PREA investigations. In the case of staff abusers, the policy also requires notifications when the individual is no longer working the unit or is no longer employed. In the case of inmate abusers, they will also notify if the individual has left custody of TBRJ. The facility has provided a sample of the form being used to the Auditor including an actual case from April 2018 sexual harassment case. The Auditor suggested a signature receipt line for the inmate to improve documentation. Indicator B does apply to TBRJ, though they would not complete the criminal investigation of a staff member. The facility will complete Administrative Investigations and Special Projects Officer can complete criminal investigations of inmate on inmate sexual assault. Col Bailey reports he would refer criminal investigations of staff member to the Lincoln County Sheriff’s Office to ensure impartiality of the process. The PREA Coordinator or the Special Project officer who is Deputized by Lincoln County would ensure communication is maintained with the actual investigator. Compliance is based on policy in place, documentation supporting its implementation and the interviews with TBRJ administration.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

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

**115.76 (a)**

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

**115.76 (b)**

* Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? [x]  Yes [ ]  No

**115.76 (c)**

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

**115.76 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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In addition to the TBRJ PREA Policy 19.103 the facility provided the Auditor with the Employee Conduct policy 2.400 and Staff Discipline policy 2.800. These documents set forth expectation on staff interactions with inmates and that termination is the presumptive discipline for sexual assault of inmates. In July an additional staff directive (SD 18.04) was added to cover the standard language in indicator (c). The language provides the facility with the latitude in non-abuse situations on using factors including the staff prior discipline history and the nature and circumstance of the offense in determining sanction. TBRJ’s PREA policy (19.115) is very descriptive of the investigative process and determining discipline for staff. The policy requires the Special Projects Officer and or Investigator to notify the Correctional Administrator if staff actions, including the level of truthfulness resulted in a substantiated PREA investigation. The policy further states, when appropriate, notifications will also be made to the District Attorney’s office and in cases of staff sexual misconduct the Maine Justice Academy. The Maine Justice Academy is the certifying body for all Correctional Officers in Maine.

 The facility has not had to discipline any staff person for a sexual offense in the last year. The TBRJ provided the Auditor with several levels of discipline imposed on staff for PREA related violations from counseling for inappropriate verbal interaction (2018) to formal criminal investigations (2015,2016) for staff having sexual relationships with former inmates. TBRJ policy defines a time period in which staff and former inmates or their families cannot have contact. The various investigations support that the Facility responds quickly to any improper actions by staff, that they complete investigations including providing Garrity Warnings and that they will suspend staff administratively while investigations are being completed. Compliance was determined based on policy, the examples of past investigations and outcomes and information provided by the PREA Monitor and the Facility Head.

**Standard 115.77: Corrective action for contractors and volunteers**

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

**115.77 (a)**

* Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? [x]  Yes [ ]  No
* Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? [x]  Yes [ ]  No
* Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? [x]  Yes [ ]  No

**115.77 (b)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

Two Bridges Regional Jail prohibits the sexual relationships between inmates and contractors or volunteers who enter the facility. Facility policy states individuals who engage in sexual relationships with inmates will be immediately barred from the facility and referred to local authorities for criminal prosecution. The facility has not had a sexual incident in the last year between any inmates and a volunteer or a contractor. Interview with the facility investigator confirms that there have been no such cases. Compliance absent a current event relied on the facility policy and discussions with the facility PREA Monitor. The PREA Monitor was aware that licensing board would have to be notified if the accused was a Medical or Mental Health professional. The facility also provided the Auditor with a 2009 case file in which a former contractor was arrested for several issues including unlawful sexual contact in the institution. The Auditor considered this information in making his compliance determination. Though the incident predates the final PREA standards it is an example of positive past practice.

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (a)**

* Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? [x]  Yes [ ]  No

**115.78 (b)**

* Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? [x]  Yes [ ]  No

**115.78 (c)**

* When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? [x]  Yes [ ]  No

**115.78 (d)**

* If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? [x]  Yes [ ]  No

**115.78 (e)**

* Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? [x]  Yes [ ]  No

**115.78 (f)**

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

**115.78 (g)**

* Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) [x]  Yes [ ]  No [ ]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail has two policies that address the requirements of this standard. The PREA Policy 19.108 (pages 7-8) address the seven indicators including considering the nature and the circumstance of the offense, the inmate’s disciplinary history, the inmate’s mental health and cognitive functioning. Sexual contact is prohibited by policy at TBRJ even if the inmates both acknowledge it was consensual. Inmates cannot be disciplined for sexual contact with staff unless the staff member did not consent. Inmate can be disciplined for making purposeful false statements. Inmate Discipline Policy 10.100 requires that disciplinary sanctions be “fair, reasonable and consistent with the severity of the violation” Disciplinary hearing reviewed in response to PREA Sexual Harassment cases confirms the hearing officer took into consideration the inmate’s mental health. Compliance was based on the policies in place, the documentation of the disciplinary hearing and the interviews completed with staff and resident

**MEDICAL AND MENTAL CARE**

**Standard 115.81: Medical and mental health screenings; history of sexual abuse**

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

**115.81 (a)**

* If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) [ ]  Yes [ ]  No [x]  NA

**115.81 (b)**

* If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) [ ]  Yes [ ]  No [x]  NA

**115.81 (c)**

* If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? [x]  Yes [ ]  No

**115.81 (d)**

* Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? [x]  Yes [ ]  No

**115.81 (e)**

* Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

As documented in 115.41 the facility uses a tool that helps to provide services to those individuals who report prior histories of Sexual Abuse. Since Two Bridges is a Jail indicators (a) and (b) do not apply. The facility provided documentation to support individuals who are identified at intake with abuse histories are seen by medical and mental health. Medical and Mental health staff provide all inmates at the initial service with notice on the limitations of confidentiality. Inmates were aware if they reported a crime in the facility the medical staff would have to report. Medical and Mental health records are separate from custody records which prevents unnecessary disclosure of information. Since the facility does not service individuals under the age of 18 the portion of indicator (e) does not apply. Screening information is used by the classification team to inform security measures, programming, housing and work assignments. TBRJ have adopted the electronic management system to ensure known or potential victims and known or potential perpetrators are kept separate. Compliance is based on policy, interviews with Mental Health, Medical and classification officers on of how screening information is used.

**Standard 115.82: Access to emergency medical and mental health services**

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

**115.82 (a)**

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

**115.82 (b)**

* If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? [x]  Yes [ ]  No
* Do security staff first responders immediately notify the appropriate medical and mental health practitioners? [x]  Yes [ ]  No

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

Two Bridges Regional Jail has a plan to provide unimpeded access to emergency medical treatment. The facility has developed an emergency response plan which helps direct staff in the decision process during a PREA event. The plan ensures, consistent with facility policy (19.114), timely access to medical services. Nursing staff are available around the clock at TBRJ as provided by their contractor Medpro Associates. The facility has one fulltime Mental Health Worker through Medpro who provides on call consultation to the facility when not on site. Compliance is based on the services in place to respond to a PREA emergency, the documentation of response in the 2017 case, interviews with medical and mental health staff. The Auditor also took into consideration that the facility has fostered a relationship with Sexual Assault Support Services of Mid-Coast Maine (SASSMM). The Mental Health Staff has referred cases to SASSMM who have reported prior abuse histories.

**Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

* Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) [x]  Yes [ ]  No [ ]  NA

**115.83 (e)**

* If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) [x]  Yes [ ]  No [ ]  NA

**115.83 (f)**

* Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? [x]  Yes [ ]  No

**115.83 (g)**

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

**115.83 (h)**

* If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

The Two Bridges Regional Jail is committed to ensuring residents in all their programs have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency PREA Policy 19.114 Pages 20-22 speaks to each aspect of this standard. The availability of SASSMM and the on-site Mental Health and Medical services provided by the Medpro allows for ongoing treatment services. Interviews with medical staff from Medpro on-site and the Mid-Coast Hospital staff confirmed residents can be treated free of charge including STD and HIV testing and treatment. Indicators (h) does not apply as TBRJ is a jail. An individual convicted of Sexual Assault at TBRJ would be housed at a Maine Department of Correction facility.

The inmates of TBRJ have access to Medical and Mental Health services consistent with those available in the community. In 2017 the facility had one case in which an inmate was transported for a potential sexual assault. Information in the investigative file supports that the inmate was offered a forensic exam and timely access to contraceptives and prophylaxis medications. The Auditor, in determining compliance, considered documentation of the handling of the 2017 case and conversations with the community hospital and facility Medical/Mental Health service providers to gain an understanding of services. Medical staff at TBRJ support inmate victims would be offered contraceptives and prophylaxis medications even if they refused at the hospital initially. Inmates in custody are provided medical services free of charge. Inmates supported they have access to Mental Health but that at times they would like more access. The Mental Health Consultant has used SASSMM for inmates with Sexual Abuse histories to further support these individuals.

Since the inmate in the 2017 case was no longer in custody and later admitted lying about the case no inmate victim interview was completed by this Auditor. The Auditor completed internet research on the various health service agencies to further support the finding of compliance. The Auditor also will note that since 2017 TBRJ has added incident checklist that will further insure all standard requirements are completed and documented. Finally, the Auditor took into consideration the inmates general understanding of the medical and mental health services available.

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**

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

**115.86 (b)**

* Does such review ordinarily occur within 30 days of the conclusion of the investigation? [x]  Yes [ ]  No

**115.86 (c)**

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

**115.86 (d)**

* Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? [x]  Yes [ ]  No
* Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? [x]  Yes [ ]  No
* Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? [x]  Yes [ ]  No
* Does the review team: Assess the adequacy of staffing levels in that area during different shifts? [x]  Yes [ ]  No
* Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? [x]  Yes [ ]  No
* Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? [x]  Yes [ ]  No

**115.86 (e)**

* Does the facility implement the recommendations for improvement, or document its reasons for not doing so? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail PREA Policy 19.116 pages 23 and 24 requires the completion of the steps outlined in this standard. The policy section described who should be part of the review and the timeline for completion of the review (“ordinarily occur within 30 days of the conclusion of the investigation”). As there were no incidents of sexual abuse, there is no incident reviews required and no documentation to review. A sample of the forms used was provided for a sexual harassment case. Interviews with TBRJ Correctional Administrator and the TBRJ PREA Monitor support they are aware of the requirements of sexual assault incident reviews including the various areas to consider in indicator (d). The agency recently adopted a format for the PREA incident reviews to ensure consistent documentation and that all the elements required in the standard were considered. They report that the review committee would include a multi-disciplinary team including TBRJ’s Special Projects Officer, PREA Monitor, medical staff, mental health staff and PREA Coordinator. Policy and interviews support compliance and that the facility is prepared to meet the requirements of this standard if an incident was to occur.

**Standard 115.87: Data collection**

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

**115.87 (a)**

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

**115.87 (b)**

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

**115.87 (c)**

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

**115.87 (d)**

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

**115.87 (e)**

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

**115.87 (f)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Indicator (e) does not apply to the TBRJ as noted in 115.12 there is no subcontracting for the housing of inmates. The facility has information sufficient to complete the survey of sexual violence (SSV) though neither the US Department of Justice nor the Maine Department of Corrections has requested such information. The facility is aware of information needed to be maintained and has modified some of it’s collection systems to ensure consistency of data collection. The agency PREA policy 19.116 (page 24) commits the agency to comply with the data collection requirement of the standard. Compliance is based on information reviewed, (Policy, completed SSV reports and annual report data) and interviews with the Correctional Administrator and the PREA Monitor.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

* Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? [x]  Yes [ ]  No
* Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? [x]  Yes [ ]  No
* Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? [x]  Yes [ ]  No

**115.88 (b)**

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

**115.88 (c)**

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

**115.88 (d)**

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

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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The administration of Two Bridges Regional Jail supports a culture that uses data to make informed decisions. The facility routinely reassesses safety and security needs including providing for a sexually safe environment. The 2017 PREA annual report and the 2018 Annual Supervision and Monitoring provided a glimpse into how data is used. Col. Bailey reports that the facility routinely tracks all incidents. He further stated that the management team will look for trends in data and adjust policy and/or resources to meet the need. The Agency began collecting PREA data in 2016 and has made modifications to its electronic data collection system to further improve consistency in information being reviewed. The most recent report looks at information from 2016 and 2017 and documents the agency efforts to address PREA standard compliance including the coordination with local resources. The agency has published an annual report related to PREA incidents to the facility website (https://www.tbrj.org/prea ) which is approved by the Jail Administrator. Compliance is based on policy, interviews with the Agency Head, the Agency PREA Monitor and the material provided and viewed on the facility website.

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**

* Does the agency ensure that data collected pursuant to § 115.87 are securely retained? [x]  Yes [ ]  No

**115.89 (b)**

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

**115.89 (c)**

* Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? [x]  Yes [ ]  No

**115.89 (d)**

* Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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Two Bridges Regional Jail ensures that data related to sexual violence is captured and maintained. The PREA Monitor for the facility keeps the information on all PREA related cases in his office under lock and key. The agency has published an annual report related to PREA incidents to the facility website (https://www.tbrj.org/prea ) which is approved by the Jail Administrator. The aggregate PREA data provided here and in other documents does not contain identifier that could be linked back to any particular inmate or staff. The aspects on indicator (b) related to collection of data from contracted programs does not apply: as noted in 115.12 Two Bridges regional Jail does not subcontract for inmate placement. In the PREA policy (pg. 24) the various aspects of this standard are addressed including the need to keep data for a period of at least ten years. Interviews with the Facility PREA Monitor and the Agency Administrator supported awareness of the standard expectations related data collection and publication. Compliance is based on policy, interviews, observations of the Auditor when on-site and the information posted to the website. Finally, the facility’s ability to provide documentation related to a sexual assault investigation in 2009 supports they have practices in place to maintain records over long periods of time.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

* During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) [x]  Yes [ ]  No

**115.401 (b)**

* Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard*.) [x]  Yes [ ]  No
* If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) [ ]  Yes [ ]  No [x]  NA
* If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) [ ]  Yes [ ]  No [x]  NA

**115.401 (h)**

* Did the auditor have access to, and the ability to observe, all areas of the audited facility? [x]  Yes [ ]  No

**115.401 (i)**

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

**115.401 (m)**

* Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? [x]  Yes [ ]  No

**115.401 (n)**

* Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? [x]  Yes [ ]  No

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

This is the initial PREA Audit for the Two Bridges Regional Jail. TBRJ is the only facility run by Lincoln and Sagadahoc Counties. As a result, indicators (a) and (b) do not apply. The Auditor was provided full access to the facility, was able to interview staff and inmates in a private setting and was provided access to electronic and paper documents. Though the Auditor did not receive any correspondence prior to or subsequent to the on-site visit, he was able to see the Audit notice posting in every housing unit and other public or multi use space.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

* The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) [ ]  Yes [ ]  No [x]  NA

**Auditor Overall Compliance Determination**

[ ]  **Exceeds Standard** (*Substantially exceeds requirement of standards*)

[x]  **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

[ ]  **Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

Since this is TBRJ’s first Audit and this is the only facility run by this organization this standard does not apply and will be scored as compliant.

**AUDITOR CERTIFICATION**

I certify that:

[x]  The contents of this report are accurate to the best of my knowledge.

[x]  No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

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

**Auditor Instructions:**

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

Jack Fitzgerald 1/23/2019

**Auditor Signature Date**

1. See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> . [↑](#footnote-ref-1)
2. See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69. [↑](#footnote-ref-2)