

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Report**    December 13, 2019

## Auditor Information

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<b>Mailing Address:</b> 2617 Xavier Ave.	<b>City, State, Zip:</b> McAllen, TX 78504
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## Agency Information

<b>Name of Agency:</b> CoreCivic		<b>Governing Authority or Parent Agency (If Applicable):</b> N/A	
<b>Physical Address:</b> 5501 Virginia Way, Suite 110		<b>City, State, Zip:</b> Brentwood, TN 37027	
<b>Mailing Address:</b> SAA		<b>City, State, Zip:</b> SAA	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> <a href="https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea">https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea</a>			

## Agency Chief Executive Officer

<b>Name:</b> Damon T. Hininger, President and Chief Executive Officer	
<b>Email:</b> Damon.Hininger@corecivic.com	<b>Telephone:</b> 512-263-3000

## Agency-Wide PREA Coordinator

<b>Name:</b> Eric S. Pierson, Senior Director, PREA Compliance and Programs	
<b>Email:</b> eric.pierson@corecivic.com	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> Steven Conry, Vice President, Operations/Administration	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 65 (indirect)

## Facility Information

**Name of Facility:** McRae Correctional Facility

**Physical Address:** 112 Jim Hammock Drive

**City, State, Zip:** McRae-Helena, GA 31055

**Mailing Address (if different from above):**  
SAA

**City, State, Zip:** SAA

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

**Facility Website with PREA Information:** <https://www.corecivic.com/facilities/mcrae-correctional-facility>

**Has the facility been accredited within the past 3 years?**  Yes  No (10/31/16 – 11/2/16)

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Annual Internal CoreCivic, Annual External Bureau of Prisons, Annual External Fire Marshall, GA Dept. of Public Health-Food Service (3x annually)

### Warden/Jail Administrator/Sheriff/Director

**Name:** Rafael Vergara, Warden,

**Email:** rafael.vergera@corecivic.com

**Telephone:** 229-868-7778, ext. 42201

### Facility PREA Compliance Manager

**Name:** Mark Foreman, Assistant Warden, Operations

**Email:** mark.foreman@corecivic.com

**Telephone:** 229-868-7778, ext. 42203

### Facility Health Service Administrator N/A

**Name:** Leslie Ruggenberg

**Email:** leslie.ruggenberg@corecivic.com

**Telephone:** 229-868-7778, ext. 42203

## Facility Characteristics

Designated Facility Capacity:	2275	
Current Population of Facility:	1587	
Average daily population for the past 12 months:	1540	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-74	
Average length of stay or time under supervision:	556 Days	
Facility security levels/inmate custody levels:	Low/Minimum	
Number of inmates admitted to facility during the past 12 months:	957	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	957	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	947	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	309	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	43
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	7
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	23
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	37
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	7 (5 within the secure perimeter and 2 outside of the secure perimeter)
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	3
Number of open bay/dorm housing units:	4
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	99
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**Medical and Mental Health Services and Forensic Medical Exams**

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

**Investigations**

**Criminal Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

**Administrative Investigations**

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input checked="" type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

# Audit Findings

## Audit Narrative

The McRae Correctional Facility (MCF) is a private prison owned and operated by CoreCivic. CoreCivic contracts with the Federal Bureau of Prisons (BOP) to house their low-security adult male criminal aliens. The facility is located at 112 Jim Hammock Drive, McRae-Helena, Georgia.

### Pre-Onsite Audit Phase

Pre-onsite audit preparation included a thorough review of CoreCivic policy 14-2, *Sexual Abuse Prevention and Response*, BOP Program Statements, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation was provided by the facility to demonstrate compliance to the PREA standards. Mark Foreman, Assistant Warden, designated as the facility's PREA Compliance Manager, answered questions and provided additional information and documentation as requested. The agency's PREA Coordinator provided the PREA Compliance Manager with facility notices in English and Spanish eight weeks prior to the onsite audit visit informing inmates of the scheduled audit date. Notices included my name and mailing address if they wished to send me correspondence and were informed correspondence would remain confidential. The PREA Compliance Manager provided photos of the posted notices with the date posted noted as 9/16/19. The pictures included notices posted in the Education Department, the front lobby of the facility, in one of the housing units and in the dining hall. No correspondence was received from inmates of the McRae Correctional Facility during the Pre-Onsite Audit Phase.

The facility has a Memorandum of Understanding (MOU) with the Telfair County Sheriff's Department to respond to allegations of sexual abuse reported by McRae Correctional Facility inmates. The Sheriff was contacted to confirm and review the MOU renewed on 8/19/19. The Sheriff stated, if the Sheriff's Department were notified of an allegation of sexual abuse, a detective would be assigned to respond to the facility to interview the involved parties and to collect any physical evidence. If the alleged inmate victim is transported to the local hospital, the detective would meet the victim at the local hospital.

If evidence collected at the crime scene required further analysis, the evidence would be forwarded to the Georgia Bureau of Crime's lab located in Macon, GA for analysis. Evidence collected that does not need further analysis is stored for safekeeping at the Sheriff's Department to be presented to the DA if prosecution is warranted. He stated upon completion of the investigation, the investigation would be documented in a written report and submitted to the facility. The facility could contact the Sheriff's Office at any time to inquire of the status of the investigation.

The McRae Correctional Facility has an MOU with Women in Need of God's Shelter (WINGS) located in Dublin, GA to provide a 24/7 crisis hotline, victim advocacy services and forensic medical exam services. The Sexual Assault Advocate for WINGS was contacted to confirm and review the terms of the MOU. The Sexual Assault Advocate explained that WINGS is a

domestic shelter for women and children and the agency serves a seven-county area. Calls made to the crisis hotline number are answered by a Client Advocate. Calls are not monitored or recorded. She reported most of the reports she receives from incarcerated individuals is through mail. She is not aware of any correspondence or hotline calls from inmates of the McRae Correctional Facility in the past 12 months.

WINGS has contracted SANE Coordinators who are on call 24/7. If an inmate victim of sexual abuse is transported to the Fairview Park Hospital, a SANE Coordinator and she would be notified and would meet the inmate victim at the hospital. The Sexual Assault Advocate would follow-up with the victim in 7-10 days via mail and provide them with a PREA packet of information. All services provided are at no cost to the victim.

The PREA Compliance Manager provided lists of security and non-security staff scheduled to work during the onsite audit and the names of a staff member who was a first responders to allegations of sexual abuse. The PREA Compliance Manager also provided inmate housing rosters, lists of inmates with special designations, inmates who screened to be victims, potential victims, aggressors or potential aggressors. From this information, a random sample of staff and inmates were selected to be interviewed.

### **Onsite Audit Phase**

The PREA audit of the McRae Correctional Facility was conducted November 19-21, 2019. The facility's initial PREA audit was in 2014 and the facility was reaccredited in 2016. On the first day of the audit, an entrance meeting was held to discuss the audit schedule and audit process with the following persons attending:

- Rafael Vergara, Warden
- Mark Foremen, Assistant Warden, Operations/PREA Compliance Manager
- Jody Yancey, Assistant Warden, Programs
- Ricardo Angel, Chief of Unit Management
- Phil Hall, Chief of Security
- Chris Ashley, Assistant Chief of Security
- Pam Aycock, Quality Assurance Manager
- Darla Davis, Quality Assurance Manager
- Eric Pierson, Senior Director, PREA Compliance and Programs
- Kimberly Wells, BOP Senior Secure Institution Manager
- James Wilson, Jr., BOP Secure Oversight Manager

A site review of the facility was conducted with the following persons accompanying the auditor on the site review:

- Rafael Vergara, Warden
- Mark Foremen, Assistant Warden, Operations/PREA Compliance Manager
- Jody Yancey, Assistant Warden, Programs
- Ricardo Angel, Chief of Unit Management
- Phil Hall, Chief of Security
- Chris Ashley, Assistant Chief of Security
- Pam Aycock, Quality Assurance Manager

Samuel Phillips, Correctional Officer  
Eric Pierson, Senior Director, PREA Compliance and Programs  
Kimberly Wells, BOP Senior Secure Institution Manager  
James Wilson, Jr., BOP Secure Oversight Manager

During the site review the locations of cameras and mirrors, room layout, restrooms and the placement of PREA posters and information was observed. Facility notices in English and Spanish provided during the Pre-Onsite Audit Phase were found displayed in numerous locations throughout the facility with the date posted noted as 9/16/19. Third Party Reporting Posters and inmate PREA reporting information were posted in numerous locations throughout the facility. PREA information and facility notices were displayed in glass-enclosed bulletin boards in the entrances of each housing unit and posted on bulletin boards in each housing pod. Stenciled information on the entry doors of all pods remind female staff to make opposite-gender announcements when they enter the pod. This practice was observed during the site review with all females saying "female on the floor" when they entered.

There were no areas of concern noted for blind spots in the facility. There appears to be good camera coverage and mirrors to enhance supervision of inmates in all areas of the facility. Review of camera monitors with the PREA Compliance Manager on the last day of the audit confirmed this.

The PREA reporting poster, *Sexual Violence is Always a Violation*, informs inmates they can dial \*1234# to access the MCF Inmate Hotline or \*2225# to access the WINGS Crisis Center on any inmate telephone. Both numbers were dialed on an inmate telephone. The call to WINGS was answered by RAINN and forwarded to an advocate from the Statesboro Regional Sexual Assault Center, a community agency the facility formerly had an MOU with to provide inmate victims of sexual abuse emotional support services. The reporting speed number was routed to WINGS when the facility established the MOU with that agency. The facility was not aware the number was no longer going directly to the WINGS hotline number.

The facility's Business Manager contacted GTL, the facility's telephone vendor, to request a change be made to allow inmates to access WINGS directly by dialing the speed dial number as was originally set up. By the end of the first day of the audit, the change was made and on the second day of the audit the number was again dialed and found to be answered by an advocate of WINGS. The advocate explained that information would immediately be forwarded to WINGS' Sexual Assault Advocate when received. It was recommended inmate reporting numbers be dialed periodically to ensure they remain accessible to inmates at all times.

The MCF Inmate Hotline number was dialed. A call made to the speed dial \*1234# on an inmate telephone goes to the investigations department within the facility. When inmates dial this number, a text and e-mail alert is received by the Administrative Duty Officers, the on-site Shift Supervisor and the SIS Investigators informing them a hotline call was received. During the site review the PREA Compliance Manager showed me the alerts he received on this cell phone when the speed dial number was dialed.



On information provided on the Pre-Audit Questionnaire, the average daily population of the McRae Correctional Facility for the past 12 months was 1540 inmates. On the first day of the audit there were 1587 inmates assigned to the Facility. Random inmates from each general population housing pod and the Special Housing Unit (SHU) were selected to be interviewed for a total of 41 inmates interviewed. The total included targeted inmates with the following special designations:

<b>Special Designations</b>	<b>Number Assigned to the Facility on First Day of Audit</b>	<b>Number of Inmates Interviewed</b>
Youthful Inmates	0	0
Inmates with Physical Disabilities	9	2
Inmates Who Were Blind	0	0
Inmates Who Had Low Vision	8	2
Inmates Who Were Deaf	0	0
Inmates Who Were Hard of Hearing	3	1
Inmates Who Were LEP	1132	23
Inmates With Cognitive Disabilities	1	1
Inmates Who Identified as Gay	0	0
Inmates Who Identified as Bisexual	0	0
Inmates Who Identified as Transgender	0	0
Inmates Who Identified as Intersex	0	0
Inmates in Segregated Housing for High Risk of Victimization	0	0
Inmates Who Reported Sexual Abuse	2	2
Inmates Who Reported Sexual Victimization During Risk Screening	24	2
	<b>Total Targeted Inmate Interviews</b>	<b>33</b>

The majority of the inmate population is Spanish speaking. The limited English proficient inmates were interviewed with translation provided by the PREA Compliance Manager. All limited English proficient inmates reported they received written information in Spanish and viewed the Spanish PREA video as part of their Admission and Orientation (A & O) program. Inmates who reported sexual victimization or who scored to be victims, potential victims, predators or potential predators during risk screening confirmed being referred to mental health for a mental health evaluation.

Inmates interviewed were knowledgeable of the zero-tolerance policy and of the methods of reporting allegations of sexual abuse, sexual harassment and retaliation. Inmate speed dial reporting numbers are printed on the back of inmate identification cards for easy access. During the site review, random inmates were informally interviewed about their knowledge of PREA. When inmates informally and formally interviewed were asked if they feel safe from sexual abuse at this facility, all responded they did.

Throughout the onsite audit visit, staff were informally interviewed. Twenty-six specialized staff and 16 random staff were selected to be interviewed. Random staff included eight security staff from each of the two security shifts. The breakdown of staff interviews is as follows:

<b>Staff Interview Category</b>	<b>Interviews Conducted</b>
Agency Head or Designee	1
PREA Coordinator	1
Warden	1
PREA Compliance Manager	1
Agency Contract Administrator	1
Staff Responsible for Unannounced Rounds	5
Medical Staff	2
Mental Health Staff	2
Human Resources Staff	1
Training Coordinator	1
Facility Investigators	3
Intake Staff	1
Staff Responsible for Risk Screenings	3
Staff Who Supervise in SHU	2
Incident Review Team Members	4
Staff Who Monitor for Retaliation	1
First Responders (Security)	0
First Responders (Non-Security)	1
Volunteers	2
Contractors	3
<b>Total Specialized Staff Interviews Conducted</b>	<b>36</b>
<b>Total Random Staff Interviewed</b>	<b>16</b>

Staff who had multiple roles were asked interview questions as they relate to each of those roles. Staff interviewed confirmed receiving PREA training as part of their pre-service training

and annual in-service training, as well as required online PREA training. Staff carry with them a First Responder Card affixed to their badges reminding them of the steps to take if they are the first responders to an allegation of sexual abuse and are trained on first responder duties.

The human resource files of twenty-five employee, five contractors and five volunteers were reviewed to determine compliance with criminal background check procedures. Files reviewed showed criminal background checks are being conducted for pre-employment and every five years. Files reviewed showed employees, contractors and volunteers complete a *Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)* form as an applicant, as a new hire, during annual performance evaluations and at the time of promotions. Files reviewed were in excellent order and complete with required documentation.

The same employee, contractor and volunteer records were reviewed to determine compliance with PREA training requirements. All files reviewed had documentation showing PREA training in pre-service and annually for employees, contractors and volunteers. Records reviewed of employees who have been employed since the last PREA audit (2016) confirmed annual PREA training.

Twenty-five random inmate records were reviewed to determine compliance with PREA education requirements and screening procedures. The review of records showed initial risk assessments are completed on the first day of arrival to the facility and 30-day reassessments within 30 days of arrival. Inmate files showed both screenings are being completed timely and accurately. Inmates are also screened in Sentry, a Federal Bureau of Prisons electronic database, on the *Federal Bureau of Prisons Intake Screening Form*.

Eleven inmate files reviewed showed the inmates screened at risk of victimization or abusiveness and were referred to mental health for a mental health evaluation. In review of investigative files, in all cases the alleged victims were rescreened following the report of the allegation.

In review of the *PREA Alert Code* report, one record reviewed showed the inmate scored as a potential victim, but was listed on the *PREA Alert Code* report as a victim. This information was changed in OMS. Two inmates were listed on the report as potential victims, an alert assigned at another facility the inmates were assigned to. The inmates did not score at risk for victimization or abusiveness on their initial or 30-day screening at this facility and there was no information in their file indicating they had at any other facilities either. The potential victim alerts were removed in OMS for these two inmates. An updated *PREA Alert Code* report was provided.

All records reviewed showed inmates receive on day of arrival an *Inmate Admission and Orientation Handbook*, which contains the *Preventing Sexual Abuse & Misconduct* brochure (attachment 14-2AA to CoreCivic's 14-2 policy). They sign the *Federal Bureau of Prisons Intake Screening Form* acknowledging they have received the handbook and sign an *Acknowledgement of Receipt of the Sexual Abuse and Misconduct Brochure*.

Comprehensive inmate education is provided during the Admission and Orientation (A & O) program. Upon completion of A & O, inmates sign an *Inmate Admission and Orientation*

*Program Checklist* acknowledging attending all classes of the A & O program, which includes viewing the *PREA: What You Need to Know* video with narrative provided by the Mental Health Specialist and acknowledging receipt of the *Inmate Admissions and Orientation Handbook*.

On the second day of the audit, I observed a portion of the A & O process when PREA education was being provided by the Mental Health Specialist. When the *PREA: What You Need to Know* video finished, the Mental Health Specialist provided PREA information specific to the facility in English and an inmate translated the information in Spanish.

The facility receives newly assigned inmates on Thursdays each week. On the last day of the audit, I observed the PREA initial screening process of one Spanish speaking inmate. The A & O Case Manager screened the inmate in English and translation was provided by a Correctional Officer. The inmate received the Spanish *Inmate Admission and Orientation Handbook*, with the Case Manager explaining the zero tolerance policy and the PREA reporting information contained in the book and a security staff member translated this information to the inmate. The inmate signed the required documentation acknowledging receiving the handbook and understanding the information presented to him.

Documentation of unannounced PREA rounds were requested for the months of September and October, 2019. Review of documentation provided showed unannounced PREA rounds are being conducted by the first and second shift supervisors (Captains and Lieutenants) daily and are documented on the *Staff Weekly Sign-In Log*. Rounds completed by the Administrative Duty Officer (ADO) and the Facility Duty Officer (FDO) are documented weekly on the *FDO Checklist*.

In interview with the PREA Compliance Manager, since the last PREA audit there were a total of seven PREA allegations reported and investigated. Of the seven allegations, one allegation of Employee-on-Inmate Sexual Harassment was determined to be substantiated.

In the 12 months preceding the onsite audit visit, there were three PREA allegations reported. Two allegations of Employee-on-Inmate Sexual Abuse were determined to be unfounded and one allegation of Inmate-on-Inmate Sexual Abuse was determined to be unsubstantiated. The investigative files of those investigations were reviewed with the PREA Compliance Manager. In all cases, the victims were seen by medical and mental health staff following the report of the allegation and were rescreened as required by the PREA standards and agency policy. Investigative files were found to be complete.

At the conclusion of the onsite audit, an exit meeting was held to discuss the audit findings and observations with the following persons in attendance:

Mark Foremen, Assistant Warden, Operations/PREA Compliance Manager  
Jody Yancey, Assistant Warden, Programs  
Ricardo Angel, Chief of Unit Management  
Phil Hall, Chief of Security  
Chris Ashley, Assistant Chief of Security  
Pam Aycock, Quality Assurance Manager

Darla Davis, Quality Assurance Manager  
Jacob Stewart, Learning and Development Manager  
Eric Pierson, Senior Director, PREA Compliance and Programs  
Kimberly Wells, BOP Senior Secure Institution Manager

The team was thanked for their cooperation prior to the onsite visit and throughout the audit process and complimented on their success in achieving compliance to all of the PREA standards. They were informed of the process that would follow the onsite audit visit, including CoreCivic's responsibility to publish the final report on their website.

### **Post-Onsite Audit Phase**

On 11/26/19, the Senior Director, PREA Compliance and Programs forwarded an e-mail informing me of an allegation of Employee-on-Inmate Sexual Abuse reported on 11/25/19, date of incident 10/5/19. The alleged victim was seen by medical and mental health on 11/25/19. An administrative investigation was immediately initiated and the alleged perpetrator was reassigned to a non-contact post until the completion of the administrative investigation.

On 12/3/19, the Senior Director, PREA Compliance and Programs forwarded a copy of the *Sexual Abuse or Assault Incident Review Form (14-2F)* of review by the Incident Review Committee conducted on 11/25/19 in review of the Employee-on-Inmate Sexual Abuse determined to be unsubstantiated on 11/15/19.

Documentation reviewed during the Pre-Onsite Audit Phase and documentation, observations and information obtained from staff and inmate interviews during the Onsite Audit Phase, were reviewed during this Post-On-Site Audit Phase. The facility was found to have met compliance to all PREA standards.

## **Facility Characteristics**

The McRae Correctional Facility is located at 112 Jim Hammock Drive in McRae-Helena, Georgia. The facility opened in December 2002 under a ten-year management contract with the Federal Bureau of Prisons (BOP). In December 2012, a new contract with the BOP, which consists of a four-year contract with three, two-year extension options. The Federal Bureau of Prisons contracts with CoreCivic for the operation of the McRae Correctional Facility to house their low security male criminal aliens. The rated capacity of the facility is 2275. Inmates represent over 70 countries, with the majority of the inmate population being from Mexico, Colombia, Cuba and Central America.

The McRae Correctional Facility is approximately 367,395 square feet and encompasses 70 acres secured behind two 12-foot fence lines. All persons entering the facility are processed through a walk-through metal detector located in the front lobby and items brought in to the facility are scanned by x-ray.

An administrative support building consists of a Master Control Center, administrative offices, food services, dining hall, medical, visitation, chapel, intake and property storage, laundry,

library, and education and vocational classrooms. The Master Control Center is staffed with two to three officers per shift. Officers assigned to the Control Center are responsible for key control, counts, gate and door access and camera monitoring of exterior and interior cameras.

The facility has 237 high definition cameras. Data is retained on digital hard drives for up to 90 days, depending on the camera. Each housing area has two cameras, one over the entry door and one on the back wall. Other interior cameras are located in hallways and common areas. Exterior cameras provide coverage to the outside of the buildings and the recreation areas.

The facility consists of five buildings, interconnected by a single-story secure corridor. The facility has eight housing units. Four of the facility's housing units, Marshall, Lee, Houston and Victor units consist of dormitory-style housing with day rooms and support areas. Each unit contains six pods with a maximum capacity of 324 inmates each. The Victor unit, constructed in 2012, has been closed since 2015 due to contract modifications for downsizing of the inmate population. The remaining housing units, King, Jefferson and Grant, consist of two levels of double occupancy cells with a maximum capacity of 256 inmates per unit.

The four dormitory-style housing units (Marshall, Lee, Houston and Victor) each have a control station in the center with a staff posted in the control station having a visual of all six pods and the ability to control access to doors. Dayrooms are in the front of the pods with tables with benches, inmate telephones, microwave ovens and kiosks used by inmates to place their commissary orders. Restrooms are in the rear of the pods. There are partial concrete barriers in the entry of the restrooms and between toilet stalls and showers. Partial metal doors provide privacy to toilet stalls and showers have curtains for privacy. Staff have access to enter pods through a door that connects each pod.

The Marshall Unit is the Admission and Orientation Unit. When inmates are newly assigned to the McRae Correctional facility they are housed in this unit for approximately 28 days to complete A & O requirements before being permanently housed. One pod of the Marshall Unit (A-pod) houses inmates who are in the Threshold Program, a faith-based program. The program has three phases, orientation, personal growth and development and relationships. Each phase of the program takes three months to complete.

The double occupancy housing units, King, Jefferson and Grant, have toilets and washbasins in each cell and there are five showers on each tier with metal doors with privacy provided inmates while showering. Dayrooms are the same as the dayrooms in the dormitory-style housing units.

The Special Housing Unit (SHU) consists of three pods (A, B and C) totaling 198 beds. During the on-site audit visit, A and C pods were vacant. Each cell has a toilet and washbasin and there are eleven common individual shower stalls in two of the pods and five in the third pod. Showers have metal doors with privacy provided inmates while showering. The SHU houses inmates on Administrative Detention and Disciplinary Segregation status. Inmates in RHU are offered recreation time in 12 outside enclosed recreation cages that monitored by cameras.

The McRae Correctional Facility contracts with Trinity Services Group to provide food services. The population is provided with three meals per day, seven days a week. General population

inmates are served in the central dining room. Inmates in SHU receive their meals in their cells. There are currently 14 contracted Trinity Services Group employees, with inmate workers assigned to assist with meal preparation and cleanup.

Healthcare services are provided to the inmate population 24 hours a day, seven days a week, with an MD and a PA sharing on-call services after hours. The medical department includes offices, four exam rooms, an emergency room, five observation cells (two negative pressure cells, two safety cells and a cell with a restraint bed). Also included in the medical department is a pharmacy, dental suite, nursing station, a medical records room and an inmate waiting area. Healthcare staff includes 35 currently, which includes three mental health staff (Psychologist, Mental Health Coordinator and Mental Health Specialist). The medical providers (two Physicians and one Nurse Practitioner) are contracted through Correctional Medicine Associates, PC and one full-time Dentist and one part-time Dentist are contracted through Correctional Dental Associates, PC. Other independent contracted healthcare providers are an X-Ray Technician, an Optometrist and two Sonographers.

The Education department has four classrooms with large cut-out windows providing a visual of the entire classroom. Inmates are offered vocational programming to include masonry, carpentry, electrical, horticulture, art, barber styling, Serve Safe, English as a Second Language (ESL) and Mexican National Institute of Adult Education (INEA)

McRae Correctional Facility has three separate general population recreation yards with soccer fields, softball fields, volleyball courts, handball courts and walking tracks. The facility's gymnasium is located between the facility's three outside recreation areas. The gymnasium has tables, basketball hoops, stationary bikes and treadmills. There is a band room with guitars and accordions inmates may sign out. Instructional piano, guitar and accordion is offered. There is a restroom on the outside of the gymnasium with a solid door and an indoor restroom with a partial concrete wall surrounding it and a shower curtain on the entrance of the restroom for added privacy. A Recreation Officer oversees recreation activities with assistance from inmate recreation workers.

Two full-time Chaplains oversee religious programming. One of the Chaplains is the religious volunteer coordinator providing the 37 active religious volunteers with PREA training offered twice each year. Volunteers are required to attend one of these training sessions.

There are seven formal counts in a 24-hour period. On the first shift there are three counts conducted at 0715, 1000 and 1600. On the second shift there are four counts conducted at 2200, 0100, 0300, and 0430). Random informal counts are conducted as needed.

There are Watch Tours every hour in general population housing and every 30 minutes in the SHU. The Watch Tours are activated and monitored by staff in Master Control. A blinking light is touched by the officer and the light turns solid to indicate the tour has been completed.

McRae Correctional Facility's Mission Statement: "In cooperation with the Federal Bureau of Prisons, McRae Correctional Facility strives to protect society through the safe, secure and humane incarceration of deportable aliens. We are committed to excellence in corrections by

providing a dedicated team of professionals whose focus is on the enhancement of the quality of life through self-improvement opportunities for the inmates entrusted in our care.”

CoreCivic’s Mission Statement: “We help government better the public good through:

**CoreCivic Safety** – We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety.

**CoreCivic Community** – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe.

**CoreCivic Properties** – We offer innovative and flexible real estate solutions that provide value to government and the people we serve.”

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 6

**List of Standards Exceeded:** 115.11, 115.17, 115.31, 115.33, 115.81, and 115.88

### Standards Met

**Number of Standards Met:** 39

### Standards Not Met

**Number of Standards Not Met:** 0

**List of Standards Not Met:** N/A



## 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?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

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

#### 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  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  NA

#### Auditor Overall Compliance Determination

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

**115.11 (a)** CoreCivic's policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors.

Sexual activity between inmates or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of inmates. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards.

**115.11 (b):** The agency employs a PREA Coordinator, who when interviewed at an earlier date, reported that he has sufficient time and authority to develop, implement and oversee CoreCivic's efforts to comply with the PREA standards. The agency employs an upper-level, agency-wide PREA Coordinator at the corporate level. The agency's organizational chart depicts the PREA Coordinator's position within the agency. The PREA Coordinator oversees the agency's efforts to comply with the PREA standards in all of CoreCivic's facilities. Page 2 of policy 14.2 outlines the responsibilities of the PREA Coordinator. When interviewed the PREA Coordinator stated he has sufficient time and authority to oversee the agency's PREA program.

**115.11 (c):** CoreCivic operates 65 facilities and each facility has a designated PREA Compliance Manager. The responsibilities of the PREA Compliance Managers is found on Page 2 of policy 14.2. At McRae Correctional Facility, the Assistant Warden of Operations is designated as the PREA Compliance Manager. The facility's organization chart depicts his position. The PREA Compliance Manager answers to the Warden. When interviewed, the PREA Compliance Manager stated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The agency policy was found to be very comprehensive and both the PREA Coordinator and the PREA Compliance Manager were very knowledgeable when interviewed; therefore, the facility was found to exceed in the requirements of this standard.

## **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  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.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

CoreCivic is a private provider and does not contract with other agencies for the confinement of its inmates; therefore, this standard is not applicable to this facility.

## 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (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  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?  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?  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?  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?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  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?  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*)

**115.13 (a)** Based on policy 14-2, pages 8-10, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any finding of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors. In interview with the Warden and the PREA Compliance Manager, they confirmed what they consider when they assess staffing levels.

**115.13 (b):** The facility makes every effort to comply with the approved PREA staffing plan and documents and justifies any deviations. In interview with the Warden, he reported the Chief of Security reviews daily shift rosters Administrative Duty Officers (ADO's) conduct live roster checks once a week. If a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in IRD. In interview with the Warden and in information provided on the Pre-Audit Questionnaire, in the past 12 months there were no deviation to the staffing plan.

**115.13 (c):** The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment (14-2I)* and forwards it to the Warden for review, who then forwards it to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The last *Annual PREA Staffing Plan Assessment* completed on 5/15/19 was provided for review. There were no recommendations for any changes to the established staffing plan or recommendations for changes in the video monitoring system at that time. On information provided on the Pre-Audit Questionnaire, since the last PREA audit, the average daily number of inmates on which the staffing plan was predicted was 1540. In the past 12 months, the average number of inmates was 1569. The staffing plan includes 8

Correctional Officers on the first shift and 12 on the second shift, with one Shift Supervisor assigned to each shift. The staffing plan also mandates 16 Unit Management staff on the first shift and 15 on the second shift. CoreCivic corporate and BOP conduct annual audits of the facility's PREA staffing.

**115.13 (d):** Per page 10, section E-1 of policy 14-2, shift supervisors, Assistant Shift Supervisors and Senior Correctional Officers are required to conduct unannounced PREA rounds each shift in at least one pod to identify and deter employee sexual abuse and sexual harassment. In interview with the Administrative Captain, at this facility Captains and Lieutenants conduct PREA unannounced rounds and document them on the *Staff Weekly Sign-In Logs*. Rounds completed by the Administrative Duty Officer (ADO) and the Facility Duty Officer (FDO) are documented weekly on the *FDO Checklist*. Employees are informed in their PREA training that they are prohibited from alerting other employees that supervisory rounds are occurring. The Chief of Security, Captains and Lieutenants interviewed reported that in addition to unannounced PREA rounds, there are watch tours conducted every hour in general population housing areas and every 30 minutes in the SHU.

In review of the policy, documentation provided for review prior to the onsite audit and review of housing and the Central Control log book during the onsite visit and in interview with Shift Supervisors and the Chief of Security, the practice of unannounced rounds confirmed rounds being conducted on both security shifts.

## 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  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  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  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  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  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  NA

### Auditor Overall Compliance Determination

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

The McRae Correctional Facility houses adult male inmates only and does not house youthful offenders; therefore, this standard is not applicable to this facility.

## 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?  
 Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 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 if the facility does not have female inmates.)  Yes  No  NA

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  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?  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?  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?  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?  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*)

**115.15 (a):** Based on review of policy 14-2, page 16, section K, cross-gender inmate strip searches shall not be conducted except in exigent circumstances. In information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

**115.15 (b):** The McRae Correctional Facility does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (c):** The McRae Correctional Facility does not house female inmates; therefore, this provision of this standard is not applicable to this facility.

**115.15 (d):** The facility has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Female staff are required to announce their presence when entering inmate-housing units. Signs above entry doors of all housing pods remind female staff to make opposite gender announcements when entering the pods. The practice of female staff announcing their presence when they entered the housing units was observed during the site review of the facility. Inmates interviewed confirmed female staff are announcing their presence when they enter housing units and shared that they feel they have privacy when they shower, toilet and change clothing when female staff are in their housing unit.

**115.15 (e):** According to policy 14-2, page 16, section K-2, searches or physical examinations of transgender and intersex inmates for the sole purpose of determining the inmate's genital status is prohibited. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner. In interview of random staff, they knew that this was prohibited by policy.

**115.15 (f):** In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. The *Search Procedures Facilitators Guide* was provided for review. Staff are trained on how to conduct pat-searches, including searches of transgender and intersex inmates in a professional and respectful manner. Receipt of this training was verified through review of random staff training records and confirmed in interviews with staff who reported they receive training on search procedures annually.

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

### 115.16 (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?  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*)

**115.16 (a):** Based on review of policy 14-2, page 14, section I, inmates are provided PREA education in formats accessible to all inmates, including those who are deaf or hard of hearing, blind or have low vision, cognitive deficits or have limited reading skills. Inmates who are deaf or are hard of hearing have access to a TDD to relay PREA information to them. In interview with one inmate who was hard of hearing, reported he reads lips well and understood the PREA education he received. One inmate interviewed had cognitive deficits and although his responses to interview questions were delayed, he answered all questions appropriately.

**115.16 (b):** The agency takes steps to ensure inmates who are limited English proficient have access to all PREA information in a format they can understand. Inmates view an orientation video, *PREA: What You Need to Know*, available in both English and Spanish, and receive an *Inmate Handbook* which contains the *Preventing Sexual Abuse and Misconduct* brochure (14-2AA), available in English and Spanish. The facility has identified 20 staff members who are proficient in Spanish and can provide translation for Spanish speaking inmates. A contract with Language Line Services is used for the translation of any other languages.

When interviewed the Vice President, Operations Administration (agency head designee), stated the agency maintains a comprehensive contract with Language Line Services and some facilities even have an MOU with organizations in the communities to provide translation services when needed. Twenty-three limited English inmates were interviewed with the PREA Compliance Manager providing translation. All interviewed reported receiving written PREA information in Spanish and viewing the Spanish *PREA: What You Need to Know* video. Two

inmates identified with low vision each reported having sight in one eye and not the other and had no reading and understanding the PREA information presented to them.

**115.16 (c):** The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. Inmate translators, under the supervision of facility staff, provide translations during the Admission and Orientation Program (A & O). For all other translator services, staff translators or Language Line Services are utilized. From information provided on the Pre-Audit Questionnaire, in the past 12 months, there have been no instances where inmates were used for this purpose. Random staff interviewed knew that the agency prohibits using inmates for this purpose.

## 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)?  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?  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?  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)?  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?  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?  Yes  No

### 115.17 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  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?  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?  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?  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?  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?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### Auditor Overall Compliance Determination

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

**115.17 (a):** Per policy 14-2, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with inmates, or to enlist the services of any contractor, who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities.

**115.17 (b):** CoreCivic considers 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. This practice was confirmed in interview with the Personnel Investigator who was the Acting Human Resource Manager during the week of the audit visit.

**115.17 (c):** The agency requires that before hiring new employees a criminal background check be conducted. Initial criminal background checks for applicants, contractors and volunteers are performed by local and county law enforcement, NCIC checks through BOP and fingerprints through DOJ. New hires and contractors also have background checks performed by Information Discovery Services (IDS). An effort is made 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. The *PREA Questionnaire for Prior Institutional Employers (3-20-2B)* is used to solicit prior employment information. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 60 new hires and seven contractors had criminal background checks.

**155.17 (d):** Per page 5, section B-3-b, CoreCivic performs criminal background checks before enlisting the services of any unescorted contractor who may have contact with inmates.

**115.17 (e):** CoreCivic conducts criminal background checks at least every five years on all employees and unescorted contractors. Random review of employee and contractor records confirmed this practice.

**115.17 (f):** All applicants, employees and unescorted contractors are asked about previous misconduct. The 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H) is completed as part of the hiring process and as part of the promotional process, when an employee is being considered for a promotion and annually. Employees have a continuing affirmative duty to disclose any sexual misconduct.

**115.17 (g):** Material omissions regarding sexual misconduct or giving false information are grounds for termination.

**115.17 (h):** Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. According to documentation provided by the Human Resource Manager in the past 12 months there were no requests involving a former employee by an institutional employer. CoreCivic has a contract with Thomas & Thomas who would respond to these requests if received.

In review of 25 random employee, five contractor and five volunteer human resource files, criminal background checks are being completed per agency policy and standard requirements. Human resource files were well organized and contained all required documentation. Due to the multiple criminal background checks conducted on applicants, contractors and volunteers, the facility was found to exceed in the requirements of this standard.

## 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  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.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

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

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

**115.18 (a):** Based on policy 14-2, page 32, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect inmates from sexual abuse. In interview with the Vice President, Operations Administration (agency head designee), he stated during acquisitions, the staff making the site visits develop a preliminary assessment and the PREA Coordinator is involved in the review of the physical plant issues. At existing facilities, a form 7-1B, *PREA Physical Plant Considerations* is used to ensure PREA is considered when initiating a renovation/new construction. According to information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months there were no expansions or modifications of the existing facility since the last audit.

**115.18 (b):** When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates from sexual abuse. The *PREA Physical Plant Considerations* (7-1B form), dated June 2017, a recommendation was made for a Milestone camera system upgrade to include new cameras be installed in new locations and in existing locations. In interview with the Warden, he reported that since the last PREA audit, the camera system was upgraded as recommended in June, 2017. Existing cameras were replaced and new cameras installed bringing the total number of cameras to 237.

## 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.)  
 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.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National



Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

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

#### 115.21 (d)

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

#### 115.21 (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?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (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 *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.21 (a):** According to policy 14-2, pages 24-26, section O-3-5, CoreCivic and the McRae Correctional Facility is responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct in accordance with BOP Program Statement 5324.11, *Sexually Abusive Behavior Prevention and Intervention Program*. The agency/facility follows a uniform evidence protocol that maximizes the potential for obtaining usable physical for administrative proceeding and criminal prosecutions. Random staff interviewed were aware of the protocol for obtaining usable physical evidence.

**115.21 (b):** The protocol is developmentally appropriate for youth where applicable and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the 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.

**115.21 (c):** The facility offers all inmates who experience sexual abuse access to forensic medical examinations. SANE exams are performed by SANE nurses contracted by WINGS at the Fairview Park Hospital. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no SANE exams required.

**115.21 (d):** As required on page 10, section F of CoreCivic policy 14-2, the facility has an MOU with WINGS forensic exams, victim advocacy, emotional support and a 24-hour crisis hotline for inmate victims of sexual abuse. The MOU was provided for review.

**115.21 (e):** Victim advocates are provided to victims of sexual abuse. The Sexual Assault Advocate from WINGS is dispatched to accompany the victim through the forensic exam process, per terms of the MOU and in conversation with WINGS’ Sexual Assault Advocate.

**115.21 (f):** Facility Investigators conduct administrative investigations and allegations that appear to be criminal are referred to the Telfair County Sheriff's Department or to the Office of the Inspector General (OIG). In conversation with the Sheriff of the Telfair County Sheriff's Department, he explained the process of obtaining physical evidence for administrative or prosecution referral.

## 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?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  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?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  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*)

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

**115.22 (a):** Policy 14-2, pages 21-23, Section O, outlines the agency’s policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. In interview with the Vice President, Operations Administration, he stated it is CoreCivic’s policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies and that all administrative investigations are investigated by CoreCivic investigators who have received specialized PREA training.

**115.22 (b):** According to page 24, section 3-b of policy 14-2 and in accordance with BOP Program Statement 5324.11, if an allegation of sexual abuse or sexual harassment appears to be criminal, the allegation is referred to the Telfair County Sheriff’s Department, the Office of Internal Affairs (OIA), who in turn will notify OIG, and if appropriate, the FBI. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented.

The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>). In the past 12 months, there were two Staff-on-Inmate Sexual Abuse allegations and one Employee-on-Inmate Sexual Abuse allegation reported. All allegations were administratively investigated. The allegation of Staff-on-Inmate Sexual Abuse was referred to the Telfair County Sheriff’s Office, but they declined investigation of the allegation.

**115.22 (c):** Information about investigations published on the agency website (<http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>), describes the responsibilities of the agency and the investigating entity.

In review of investigative files and interview the PREA Compliance Manager and facility Investigators, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards and investigators know to refer any allegations that appear to be criminal for criminal investigation.

## 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?  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?  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  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?  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?  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?  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?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  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?  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?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  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?  Yes  No

#### 115.31 (c)

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

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

**115.31 (a):** Policy 14-2, pages 6 & 7, section C-1-a addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually at in-service.

The *BOP PREA Sexual Abuse, Prevention and Response* training curriculum was provided for review. The training, completed by employees at orientation and annually in in-service training, was found to include information on the agency's zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities, the inmates right to be free from sexual abuse and sexual harassment, the rights of inmates and staff to be free from retaliation, the dynamics of sexual abuse in a confinement setting, the common reactions of victims, how to detect and respond to signs of threatened sexual abuse, signs of predatory behavior, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with LGBTI inmates and how to comply with relevant mandatory reporting laws. In interview with random and specialized staff, they confirmed receiving the training and confirmed the training addressed these topics.

In interview with the Learning and Development Manager, the pre-service PREA training is three hours of classroom instruction and the annual in-service training is two hours of classroom instruction. In addition, there are annual requirements of online PREA training through an electronic Talent Central program. During pre-service and annual in-service classroom instruction employees view the video on cross gender pat searches and searches of transgender and intersex inmates as part of the Search Procedures training.

**115.31 (b):** The training is tailored to meet the needs of male inmates. Employees who are reassigned from facilities housing only female inmates are given additional training to meet the needs of the male population. Between trainings, employees are provided with continuing PREA information at shift briefings.

**115.31 (c):** In information provided on the Pre-Audit Questionnaire, In the past 12 months, all assigned employees of the McRae Correctional Facility completed the PREA training.

**115.31 (d):** Upon completing the *BOP PREA Sexual Abuse, Prevention and Response* training and sign a staff sign a *CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgement* form (14-2A) acknowledging that they have reviewed agency policy 14-2 and have completed and understood the PREA training provided. In review of random employee training records, this documentation is maintained by the facility and stored electronically on the individual *Training Activity Report (4-2-BB)*.

In review of the training records of 25 employees, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training. Records of employees assigned to the facility since the last PREA audit had documentation of PREA training each year since the last audit.

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. It was evident by the knowledge all staff have of the policy and procedures to follow as outlined in policy 14-2, that the facility exceeds in the requirements of this standard.

## 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?  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)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

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

**115.32 (a):** CoreCivic policy 14-2, page 8, section C-2, volunteers and contractors. Page 6 of agency policy 22-1, *Volunteer Services and Management* outline the training requirements for volunteers. The objectives of the training ensures volunteers and contractors are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Trinity food service contractors receive the same training as employees at pre-service and annually at in-service. Medical contractors read the *Medical Contractors Policy Review* as part of pre-service and annually.

Volunteer PREA training is offered by the Chaplain twice a year. Volunteers must attend one of these training sessions before being allowed access to the facility and annually. The *Volunteer Training Topic Matrix (22-1AA)*, includes one hour of PREA instruction by the Chaplain. Volunteer training records are maintained in the Human Resource office.

**115.32 (b):** The level and type of training provided to contractors and volunteers is based on the services they provide. Volunteers and contractors sign a *PREA Policy Acknowledgement and/or Training Acknowledgment* form (14-2A) and a *Training Activity Enrollment/Attendance Roster (4-2A)* upon completion of PREA training.

**115.32 (c):** In review of five volunteer and five contractor-training records, the facility maintains documentation of training for volunteers and contractors. Volunteer and contractor records who have been assigned to the facility since the last PREA audit had documentation of PREA training each year since the last audit.

The facility currently has 37 religious volunteers and 23 contractors. In information provided on the Pre-Audit Questionnaire, all contractors and volunteers have completed PREA training. In interview with volunteers and contractors, they were knowledgeable of their PREA-related responsibilities.

## 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?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  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?  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?  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?  Yes  No

### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  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?  Yes  No

### 115.33 (d)

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

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  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?  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*)

**115.33 (a):** Based on CoreCivic's policy 14-2, page 14, section I, all inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 957 inmates admitted to the McRae Correctional Facility received PREA information at intake. In interview with random inmates, they reported receiving an *Admission and Orientation Handbook*, which includes the *Preventing Sexual Abuse and Misconduct* brochure (14-2AA), both available in English and Spanish, upon intake to the facility. Intake staff confirmed this information.

**115.33 (b):** Newly assigned inmates receive comprehensive PREA education facilitated by Mental Health Specialist as part of the Admission and Orientation (A & O) program. Inmates view the *PREA: What You Need to Know* video, shown in English and Spanish. The Mental Health Specialist provides a narrative overview of the video with information specific to the facility and an inmate translates the information in Spanish. Comprehensive PREA education is provided once a week. Random inmates interviewed confirmed attending A & O and viewing the PREA video.

**115.33 (c):** All McRae Correctional Facility inmates who transfer from another facility receive the same PREA education as all inmates assigned to the facility.

**115.33 (d):** Inmates are provided PREA information in formats accessible to all inmates. Written PREA information and posted information is provided in both English and Spanish. The *PREA: What You Need to Know* video is shown in both English and Spanish. Bilingual staff provide translation for Spanish speaking inmates and Language Line Services is used for the translation of any other languages. The facility has a Mini-Com for inmates who are hearing impaired. During the Admission and Orientation program, inmate translators, under the supervision of facility staff, provide translation during the program.

**115.33 (e):** In review of 25 inmate-training records, documentation of PREA education is maintained by the facility. Inmates sign an *Inmate Admission and Orientation Program Checklist* acknowledging receipt of the *Admission and Orientation Handbook* and viewing the PREA video.

**115.33 (f):** In addition to providing PREA education to all inmates upon intake and in the orientation program, PREA information is posted in various locations throughout the facility in English and Spanish providing ongoing PREA information is continuously available to inmates. Monthly Town Hall Meetings are held where PREA information is discussed. The facility provided meeting minutes of a Town Hall Meeting held in May 2019.

Team/Program Review Meetings are held every three months if inmates are less than a year from their release date or every six months if their release date is over a year away. These meetings include the inmate meeting with their Unit Manager, Case Manager and Correctional Counselor. At each meeting PREA is reviewed and inmates are offered a new *Admission and Orientation Handbook*.

All inmates interviewed were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. The facility was found to exceed in the requirements of this standard as evident by the random inmate record review and in the response of inmates to interview questions and by the facility's efforts to provide training opportunities to inmates continuously through posted PREA information, monthly Town Hall Meetings and Team/Program Review Meetings.

## 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  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).)  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).)  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).)  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).)  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).)  
 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*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**115.34 (a):** Based on CoreCivic’s policy 14-2, page 7, section b-I, , in addition to general training provided to all employees, CoreCivic ensures facility investigators receive training on conducting sexual abuse investigations in confinement settings.

**115.34 (b):** The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution as was verified in review of the training *PREA Investigation Protocols* training curriculum provided for review. The training is a three-hour online training in Relias Learning. The McRae Correctional Facility has three facility Investigators trained to investigate allegations of sexual abuse and sexual harassment.

**115.34 (c):** Electronic documentation of completed specialized trainings and certificates of completion are being maintained by the facility and were provided for review. The facility also maintains documentation of the general PREA training provided to all employees that the facility Investigators completed.

When interviewed, facility Investigators knew their responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and their responsibility for referral of any allegations that appear to be criminal.

### 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (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 or the agency does not employ medical staff.)  Yes  No  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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.35 (a):** According to policy 14-2, page 7, section b-ii, in addition to the general training provided to all employees, all full and part-time medical and mental care practitioners receive specialized medical training. The curriculum for this training was provided for review and found to include how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and sexual harassment.

**115.35 (b):** This provision of the standard is not applicable to this facility. Medical staff do not perform forensic examinations. SANE examinations are performed at the Fairview Park Hospital by SANE nurses contracted by WINGS.

**115.35 (c):** Medical and mental health care staff complete online *PREA Specialty Training for Medical and Mental Health* and completion of this training is maintained in LMS. An LMS report provided for review showed all healthcare employees completed this training. This was also verified in review of random healthcare staff training records.

**115.35 (d):** Medical and mental health staff also receive the general PREA education provided to all employees as was verified in random review of training records of medical and mental health staff.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence.

## 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?  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?  Yes  No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (e)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  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?  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?  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*)

**115.41 (a):** Per policy 14-2, pages 12 & 13, section H, upon admission to the McRae Correctional Facility, all inmates are screened for their risk of being sexually abused or sexually abusive towards others. The A & O Case Managers who are responsible for screening inmates upon arrival explained the screening process. The PREA screening process was also observed during the onsite audit visit during the screening of one inmate.

**115.41 (b):** Intake screening shall ordinarily take place within 72 hours of arrival at the facility. At the McRae Correctional Facility, intake screening is completed within 24 hours of arrival to the facility, exceeding in the requirements of this provision of this standard. In information provided on the Pre-Audit Questionnaire, in the past 12 months, 957 inmates admitted to the facility were screened within 24 hours for their risk of sexual victimization and abusiveness. Inmate interviewed confirmed being screened on the first day of arrival to the facility.

**115.41 (c):** Intake screening is completed using an objective screening tool, the *Sexual Abuse Screening Tool (14-2B)*. Inmates are also screened on the *Federal Bureau of Prisons Intake Screening Form (PD64)* in Sentry, the BOP electronic program.

**115.41 (d):** In review of the *Sexual Abuse Screening Tool (14-2B)*, it was found to consider all of the criteria required in this provision of this standard. A & O Case Managers interviewed confirmed what information the 14-2B form includes.

**115.41 (e):** The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing inmates for risk of being sexually abusive, as confirmed by interview of A & O Case Managers.

**115.41 (f):** Within 30 days of arrival to the facility, inmates are rescreened using the *Sexual Abuse Screening Tool (14-2B)* by the inmate's assigned Case Manager to reassess the inmate's risk of victimization or abusiveness. According to information provided on the Pre-Audit Questionnaire, in the past 12 months 947 inmates assigned to the facility whose length of stay was over 30 days were reassessed for their risk of victimization or abusiveness.

**115.41 (g):** An inmate's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates

risk of sexual victimization or abusiveness. In review of the investigative files, alleged victims and alleged perpetrators of sexual abuse are being rescreened follow a report of sexual abuse.

**115.41 (h):** Inmates are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked on the screening form.

**115.41 (i):** Screening information is maintained in the inmates' Central File. Only the Warden, Assistant Wardens, Chief of Security, Case Managers, Correctional Counselors, Records Clerks and medical and mental health staff have access to the Central Files.

In review of 25 random inmate records, initial screenings are being conducted on day of arrival to the facility and 30-day reassessment screenings are being conducted within 21-30 days after arrival to the facility.

## 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?  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?  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?  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?  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?  Yes  No

#### 115.42 (b)

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

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of

LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  
 No  NA

### Auditor Overall Compliance Determination

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

**115.42 (a):** According to policy 14-2, pages 12, section H-1, the agency uses the information from the risk screening form to make housing, bed, work and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates at high risk of being sexually aggressive.

**115.42 (b):** Individualized determinations are made about how to ensure the safety of each inmate. In interview with the A & O Case Managers and the PREA Compliance Manager, they explained how the facility utilizes information from the *Sexual Abuse Screening Tool* (14-2B). The *Security Classification Summary* in SCRIBE identifies inmates identified from screening to be at risk for being a victim or aggressor in the *Victim/Aggressor Classification* section of the Summary and details are recorded in the *Offender PREA Classification Details* screen. In addition, this information generates a *PREA Alert Roster* used to track inmates to ensure they are housed appropriately to keep them safe.

In interview with the Case Manager Coordinator, she explained if an inmate scores at risk of victimization or abusiveness during initial PREA screening, a copy of the screening form is sent to medical and mental health and a copy of the screening form and a referral form. The Case Manager Coordinator enters the appropriate alert codes in the Offender Management System (OMS). A referral is then made to mental health for a mental health evaluation. If during the 30-day reassessment screening an inmate responds differently during his initial screening that changes his scoring, the inmate is referred to mental health at that time.

**115.42 (c):** Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in policy 14-2, pages 14 & 15, section J-1. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, CoreCivic considers on a case-by-case basis whether the placement would ensure the inmates' health and safety and whether the placement would present management or security problems. Interview of the PREA Compliance Manager confirmed this practice.

**115.42 (d):** Transgender and intersex inmates are reassessed at least twice a year to review placement and programming assignments and any threats to safety experienced by the inmate. In the past 12 months, there were no inmates who self-disclosed being transgender or intersex.

**115.42 (e):** Transgender and intersex inmates' own view of his or her safety is given serious consideration.

**115.42 (f):** According to agency policy, transgender and intersex inmates are given the opportunity to shower separately from other inmates. In interview with the PREA Compliance Manager, transgender and intersex inmates would be scheduled to shower in the Medical Department at designated times if they chose to shower separately from other inmates.

**115.42 (g):** The agency does not place lesbian, gay bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely based on such identification. At the time of the onsite audit visit, there were no inmates who self-disclosed being gay, bisexual, transgender or intersex.

## 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?  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?  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?  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?  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?  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?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 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?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  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?  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?  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?  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*)

**115.43 (a):** According to policy 14-2, page 15, section J-2, involuntary segregated housing may be used to house inmates at high risk for sexual victimization only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. In interview with the Warden, he confirmed the policy prohibits placing inmates at high risk of sexual victimization or who alleged sexual abuse in involuntary segregated housing unless there are no available means to separate them from potential abusers. He further stated that if necessary, the inmate would be placed in involuntary segregated housing for as short a time as possible.

**115.43 (b):** Inmates placed in segregated housing for this purpose will have access to programs, privileges, education and work opportunities and if not provided the facility will document the opportunities that have been limited, the duration of the limitation and the reasons for such limitations. In interview of Shift Supervisors and Correctional Officers who supervise inmates in the SHU, reported inmates placed in segregated housing for this purpose would have access to programs, privileges, education and work.

**115.43 (c):** The policy further state that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for a period not to exceed 30 days and documented the basis for the use of involuntary segregated housing and the reason why no alternative means of separation could be arranged.

**115.43 (d):** If an involuntary segregated housing assignment is made, the facility will document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged.

**115.43 (e):** If necessary to house an inmate in involuntary segregated housing for more than 30 days, a review of the inmate's status must be conducted every 30 days to determine whether there is a continuing need for separation from general population.

On information reported on the Pre-Audit Questionnaire, in the past 12 months there were no inmates held in involuntary segregated housing due to being at risk of sexual victimization. On interview with the Warden and Shift Supervisors and Correctional Officers assigned to RHU, they confirmed that in the past 12 months there were no inmates held in involuntary segregated housing.

## 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?  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?  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?  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?  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?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  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*)

**115.51 (a):** Policy 14-2, pages 16 & 17, section L, outlines the procedures for inmate reporting of allegations of sexual abuse and sexual harassment, retaliation by other inmates or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed of the zero-tolerance policy and methods of reporting in the *Inmate Admission and Orientation Handbook*, during the A & O Program, and continuously through posters displayed throughout the facility. They are informed they can submit a request to meet with health services, forward a letter to the Warden or security staff, sealing it and marking it “confidential”. The can speed dial \*1234# on an inmate phone that goes to the investigations department within the facility. When inmates dial this number, it sends alerts to the Administrative Duty Officer, the on-site Shift Supervisor and the SIS Investigators by text and e-mail informing them a hotline call was received.



**115.51 (b):** Inmates are also informed that they have options to report abuse or harassment to a public or private entity that is not part of the agency. They are informed they can forward a letter to CoreCivic’s Managing Director/Facility Operations. Inmates are informed they can speed dial \*2225# to contact the WINGS crisis hotline. In information provided by the facility, no inmates at the McRae Correctional Facility are detained solely for immigration purposes.

**115.51 (c):** Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to promptly document all verbal reports as stated on page 17, section 2 of policy 14-2. Staff interviewed knew the reporting options for inmates and knew verbal reports must be documented.

**115.51 (d):** Employees may privately report sexual abuse and sexual harassment of inmates in writing or may contact the CoreCivic Ethics and Compliance Hotline at 1-866-757-4448 or on their website at [www.corecivic.ethicspoint.com](http://www.corecivic.ethicspoint.com). Reporting methods can be found on the CoreCivic website and in the CoreCivic *Code of Ethics*, pages 16 & 17.

Inmates interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of inmates by calling the agency’s Ethics and Compliance hotline or reporting on the ethics line website.

## 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.  Yes  No

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

#### 115.52 (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.)  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.)  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.)  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.)  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.)  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.)  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.)  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.)

Yes  No  NA

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

#### 115.52 (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.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

The McRae Correctional Facility does not have an administrative procedure for addressing inmate grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the facility investigator or the Administrative Duty Officer. On information provided on the Pre-Audit Questionnaire, in the past 12 months there were no grievances received alleging staff sexual abuse. In interview with the Executive Assistant to the Warden who is responsible for receiving all grievances, in the past 12 months there were no PREA-related grievances received. If a grievance is received alleging sexual abuse or sexual harassment, she would forward the grievance to the PREA Compliance Manager.

#### 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?  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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  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?  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?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

## Auditor Overall Compliance Determination

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

**115.53 (a):** Policy 14-2, page 10, section F, outlines the agency's policy on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are given the mailing address and the toll-free hotline number for WINGS. Inmates can contact WINGS by speed dialing on an inmate telephone \*2225# or contact them in writing at PO Box 8277, Dublin, GA 31040, to report allegations of sexual abuse and sexual harassment and

to request victim advocacy and emotional support services. Inmates are informed they may remain anonymous upon request. Inmates are informed of this information during the A & O Program and on posted information in various locations through the facility. In interview with random inmates, they were aware of these services and how to access them.

**115.53 (b):** Inmates are informed prior to giving them access to outside victim advocates to the extent to which such communication will be monitored and to the extent which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

**115.53 (c):** The facility has an MOU with WINGS to provide inmates with confidential emotional support services. The MOU was provided for review and contact was made with the Sexual Assault Advocate of Wings to discuss the terms of the MOU. Prior to January 2019, the facility had an MOU with the Statesboro Regional Sexual Assault Center. On January 4, 2019, a *McRae News Bulletin* was distributed informing all staff and inmates of the change from the Statesboro Regional Sexual Assault Center to WINGS. Inmate handbooks, brochures, ID cards and posted PREA information were revised to reflect this change.

## 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?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  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*)

**115.54 (a):** The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or to the Warden. Per CoreCivic policy 14-2, page 19, section N-4, information on third party reporting is made available on CoreCivic's website (<http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the Warden.

Inmates are made aware of this method of reporting in the *Preventing Sexual Abuse & Misconduct* brochure (14-2 AA), in the *Inmate Handbook*, during the A & O Program and on

posted PREA information. Inmates interviewed were knowledgeable of this method of reporting. According to documentation provided for review, in the past 12 months, there were no third party reports received.

## 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?  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?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (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?  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?  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?  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?  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?  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*)

**115.61 (a):** Based on agency policy 14-2, pages 17 & 18, section L-2, staff must take all allegations of sexual abuse and sexual harassment seriously, including verbal, anonymous and third party reports. All staff are required to report immediately to the facility Investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action. Random staff interviewed knew their reporting responsibilities.

**115.61 (b):** Apart from reporting to designated supervisors, 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. Staff interviewed confirmed this practice.

**115.61 (c):** Medical and mental health professionals are required to follow reporting procedures and are to inform inmates of their professional duty to report and the limitations of confidentiality. They are also required to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. In interview of medical and mental health staff, they were able to confirm they obtain consent from inmates and inform them of their duty to report information about prior sexual victimization.

**115.61 (d):** The McRae Correctional Facility houses adult male inmates only, none of whom according to their classified level of care are considered vulnerable adults under the Georgia State Vulnerable Persons Statute as verified by interview with the Warden.

**115.61 (d):** The facility reports all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility Investigators and to the Telfair County Sheriff's Department.

Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

#### 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?  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*)

**115.62 (a):** When the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Policy 14-2, page 1, paragraph 2 and page 17, section 2-c requires that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

In interview with the Vice President, Operations Administration, he stated that staff immediately take action protect the inmate by removing the inmate from the area and/or individuals where risk may be stemming from and immediately initiate an investigation.

In interview with the Warden and on information reporting on the Pre-Audit Questionnaire, in the past 12 months there were no instances where it was necessary for the facility to take immediate action in regards to an inmate being at substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

## 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?  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)



- Does the agency document that it has provided such notification?  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?  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*)

**115.63 (a):** CoreCivic policy 14-2, page 20, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the sexual abuse was alleged to have occurred.

**115.63 (b):** This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. In information provided on the Pre-Audit Questionnaire, there were three allegations reported from inmates assigned to the McRae Correctional Facility alleging abuse that occurred while confined to other facilities. Notifications reviewed for all three cases were within the 72-hour timeframe.

**115.63 (c):** The Warden is to document on the 5-1B, *Notice to Administration* form that notification was provided. In all three instances, the Warden documented the allegation on the 5-1B form and provided notification to the Warden of the other facility. The 5-1B forms and the e-mail notifications were provided for review.

**115.63 (d):** The facility head or agency office that receives a notification will ensure that the allegation is investigated in accordance with the PREA standards. In interview with the Vice President, Operations Administration he stated the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the information received occurred within the CoreCivic facility, both the partner agency and the investigative entity responsible for criminal investigations would be notified. In the past 12 months, the facility has not received any notifications from other facilities reporting sexual abuse by a former inmate of this facility. In interview with the Warden he stated if he receives a notification the allegation would be immediately investigated.

### 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?  
 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?  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?  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?  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?  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*)

**115.64 (a):** CoreCivic policy 14-2, pages 19-21, section M-1 & 2, outlines the procedure for first responders to allegations of sexual abuse whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, staff shall ensure that the alleged victim and abuser do not wash, shower, toilet, eat, drink or brush his teeth.

**115.64 (b):** Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. A victim of sexual abuse is immediately escorted to the medical department for evaluation and stabilization.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and preserve the physical evidence. In interview with random security and non-security staff, they were knowledgeable of their responsibilities in response to allegations of sexual abuse.

## 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?  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*)

**115.65 (a):** Policy 14-2, pages 20-22, section M, outlines the facility's coordinated response to an incident of sexual abuse. Pages 11 & 12 of policy 14-2, section G states a Sexual Abuse Response Team (SART) is established at the facility that includes the PREA Compliance Manager, the Chief of Security, Coordinator, the Health Services Administrator the Psychologist and the Victim Service Coordinator. It is the responsibility of the SART to carry out the coordinated response plan.

The facility's *Coordinated Response Plan* was provided for review. It was found to outline the responsibilities of the SART to ensure coordination of actions to be taken in response to an allegation of sexual abuse. A *Sexual Abuse Incident Check Sheet (14-2C)* is completed for all allegations of sexual abuse to ensure that all steps of the coordinated response plan are carried out and required notifications are made.

Interviews with the Warden and members of the SART revealed that they know their responsibilities in carrying out the coordinated response plan. In interview of the Special Investigator Supervisor who was the first responder to both allegations of Employee-on-Inmate Sexual Abuse, stated as soon as she was informed of the allegations, she informed the PREA Compliance Manager and an investigation was immediately initiated.

## **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?  Yes  No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

**115.66 (a):** CoreCivic policy 14-2, page 28, section 2-d, was used to verify compliance to this standard. CoreCivic would not enter into any collective bargaining agreement or other agreement that would limit the agency's ability to remove alleged employee sexual abusers from contact with inmates pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment.

According to information provided on the Pre-Audit Questionnaire, since the last PREA audit, CoreCivic and the McRae Correctional Facility has not entered into or renewed any collective bargaining agreements that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

In interview with the Vice President, Operations Administration at an earlier date, he stated all agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.

## 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?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  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?  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?  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?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.67 (a):** CoreCivic has as policy to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined on pages 11 & 12, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims.

The Mental Health Specialist is responsible for monitoring inmates and employees for retaliation. Monitoring is documented on the 14-2-D, *PREA Retaliation Monitoring Report* each time the Mental Health Specialist meets with the inmate.

**115.67 (b):** Multiple protection measures, such as housing changes, or transfers of inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims are taken. In interview with the Vice President, Operations Administration (agency head designee), the Warden and they Mental Health Specialist, they explained what protection measures are taken to protect inmates and staff from retaliation.

**115.67 (c):** Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place. In interview with the Mental Health Specialist, he explained the process and time frames of retaliation monitoring and the things he would be looking for to determine if retaliation may be occurring.

**115.67 (d):** In addition to monthly monitoring, inmates will also have periodic status checks and any relevant documentation will be reviewed.

**115.67 (e):** If other individuals who cooperate with an investigation express a fear of retaliation, appropriate measures will be taken to protect that individual from retaliation.

**115.67 (f):** The agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

According to documentation provided on the Pre-Audit Questionnaire, in interview with the Mental Health Specialist and in review of investigative files, no retaliation monitoring was required for the alleged victims of the three allegations reported and investigated in the past 12 months.

## 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?  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*)

**115.68 (a):** The agency/facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as the requirements of standard 115.43, outlined on page 15, section J-2 of policy 14-2 would apply. Inmates at high risk for sexual victimization can be placed in involuntary segregated housing only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours.

In information provided on the Pre-Audit Questionnaire and in interview of the Warden and staff assigned to the SHU, in the past 12 months, there was no time that and inmate who suffered sexual abuse was placed in involuntary segregation.

## 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).]  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).]  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?  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?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No



- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (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?  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?  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?  Yes  No

#### 115.71 (f)

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

#### 115.71 (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?  Yes  No

#### 115.71 (h)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (I)

- 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).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

**115.71 (a):** The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The facility Investigators are responsible for conducting administrative investigations of all sexual abuse and sexual harassment allegations at the McRae Correctional Facility. The agency's policy on administrative and criminal investigations is outlined in CoreCivic's policy 14-2, pages 23-25, section O-1-3. In accordance with BOP Program Statement (PS) 5324.11, *Sexually Abusive Behavior Prevention and Intervention Program*, outlines what notifications are required to be made pertaining to the investigation of sexual abuse or sexual misconduct. In interview with facility Investigators knew their responsibilities in the conduct of administrative investigations.

**115.71 (b):** The facility has three trained Investigators who have received specialized training in sexual abuse investigating to investigate allegations of sexual abuse. Documentation provided showed that the three facility investigators have completed *PREA: Investigation Protocols* and the facility maintains documentation of completion of this training.

**115.71 (c):** The investigator gathers and preserves direct and circumstantial evidence, including physical and DNA evidence and available electronic monitoring data. In interview of investigators, they reported they interview the alleged victims, suspected perpetrators and witnesses and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

**115.71 (d):** The facility has an MOU with the Telfair County Sheriff's Department to conduct sexual abuse allegations. Allegations of sexual abuse that appear to be criminal are referred to the Sheriff's Department who conduct investigations pursuant to the requirements of this standard, which were outlined on page 1, section II of the MOU and reviewed with the Telfair County Sheriff. Allegations involving staff or inmates that appear to be criminal are referred to the Office of Internal Affairs (OIA), who may choose to refer the allegation to the Office of

Inspector General (OIG) to investigate. If the evidence appears to support criminal prosecution, compelled interviews will be conducted after consulting with prosecutors.

**115.71 (e):** The credibility of an alleged victim, suspect or witness is assessed on an individual basis and shall not be determined by the person's status as an inmate or a staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph test. This was confirmed in interview with facility Investigators.

**115.71 (f):** The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented in the *Incident Investigative Report (5-1G)* via the IRD. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident including explanation as to what determined the conclusion.

**115.71 (g):** A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. In interview with the Telfair County Sheriff, he stated at the conclusion of an investigation the facility would be provided a copy of the written investigation report.

**115.71 (h):** Substantiated allegations shall be referred for prosecution. On information provided on the Pre-Audit Questionnaire, since the last PREA audit there were no allegations referred for prosecution. In interview of the Telfair County Sheriff, he stated evidence would be turned over to the District Attorney in Eastman, GA who covers several counties, including Telfair County, if prosecution were warranted.

**115.71 (i):** CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule (1-15 B)*.

**115.71 (j):** If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If an inmate abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

**115.71 (k):** This provision of the standard is not applicable.

**115.71 (l):** The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. In interview with the PREA Coordinator, the Warden, the PREA Compliance Manager and facility Investigators, they all stated they have a good relationship with the Telfair County Sheriff and would communicate with him through e-mail or by telephone. In interview with the Telfair County Sheriff, he stated he would keep the facility abreast of the status of the investigation.

## **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?  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*)

Based on CoreCivic's policy 14-2, pages 26, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the Facility Investigators were asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency's policy.

## 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?  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  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?  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?  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?  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?  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?  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?  Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**115.73 (a):** Policy 14-2, pages 26 & 27, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of an inmate, the

inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. It is the responsibility of the PREA Compliance Manager to prepare this notification and the Case Manager presents the notice to the victim. In interview with the Warden, the PREA Compliance Manager and the PREA Compliance Manager they confirmed this requirement.

**115.73 (b):** If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate. Documentation provided for review showed email correspondence requesting disposition of investigations in order to provide notifications.

**115.73 (c):** The policy further states that following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. The inmate will be informed if the staff member is no longer posted within the inmate's unit, if the staff member was indicted on a charge related to sexual abuse or if the staff member has been convicted on a charge related to sexual abuse.

**115.73 (d):** Following an inmate's allegation that another inmate sexually abused him, the agency shall inform the inmate of the outcome of the investigation. The inmate is informed if the alleged abuser was indicted on a charge related to sexual abuse or the alleged abuser was convicted on a charge related to sexual abuse.

**115.73 (e):** All notifications or attempted notifications shall be documented on the 14-2E, *Inmate Allegation Status Notification* form. The inmate signs the 14-2E and the form is filed in the corresponding investigative file. In review of the investigative files of two of the allegations reported in the past 12 months, 14-2E forms were found filed in the corresponding investigative files. The third allegation .....

**115.73 (f):** The facility's obligation to notify the inmate shall terminate if the inmate is released from custody.

## 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?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  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?  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)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

**115.76 (a):** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2, page 28, section R-2-a-c.

**115.76 (b):** Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

**115.76 (c):** Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

**115.76 (d):** All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

From information provided on the Pre-Audit Questionnaire and in interview with the Warden, in the past 12 months, there were no staff found in violation of the agency's sexual abuse policy.

## 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?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.77 (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?  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*)

**115.77 (a):** Based on review of policy 14-2, page 28, section R-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.

**115.77 (b):** Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Warden and documentation provided on the Pre-Audit Questionnaire, in the past 12 months the McRae Correctional Facility has not received any reports of sexual abuse of inmates by contractors or volunteers. The Warden stated that if a volunteer or contractor violated the agency's zero-tolerance policy the individual would be denied access to the facility pending the outcome of the investigation, the allegation would be investigated and if substantiated would face criminal charges.



## 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?  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?  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?  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?  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?  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?  Yes  No

#### 115.78 (g)

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

## Auditor Overall Compliance Determination

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

**115.78 (a):** Per policy 14-2, pages 27 & 28, section R-1, inmates will be subject to disciplinary sanctions following an administrative finding that the inmate was found guilty of sexual abuse. Inmates are made aware in the *Sexual Abuse & Misconduct* brochure (14-2AA) that there is no consent to sexual activity at this facility. According to information provided on the Pre-Audit Questionnaire, in the past 12 months, there were no administrative or criminal findings of inmate-on-inmate sexual abuse that occurred at the facility.

**115.78 (b):** 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. The Warden confirmed this requirement.

**115.78 (c):** The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed. In interview with the Warden, he stated an inmate's mental disability or mental illness would be considered before sanctions were imposed.

**115.78 (d):** In the case of sexual abuse, the alleged perpetrator is offered mental health services or can request these services through submitting a confidential sick call to the mental health department. Individual counseling services through Mental Health Services are offered to the alleged perpetrator. In interview of the Psychologist, he said both the victim and the perpetrator would be offered services.

**115.78 (e):** An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct.

**115.78 (f):** Inmates who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (g):** Sexual activity between inmates is prohibited in all CoreCivic facilities and inmates may be disciplined for such activity. Inmates receive an *Inmate Admission and Orientation Handbook* when they arrive at the McRae Correctional Facility and they are informed that sexual misconduct is a violation against the facility's rules and regulations and describes what

constitutes sexual misconduct. All sexual activity between inmates is prohibited and inmates are informed they will be disciplined for violations.

## 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  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  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?  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?  
 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?  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*)

**115.81 (a) & (c):** In review of policy 14-2, page 10, section E-2, all inmates receive an initial medical and mental health screening upon admission to the facility. Those who disclose any prior victimization during intake screening or at any time thereafter, are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. According to CoreCivic policy 13-61, *Mental Health Services*, page 6, section E-1, at BOP contract facilities, Mental Health Evaluations are completed on all intakes. Referrals from initial screenings to Mental Health Services are documented on the *Comprehensive Mental Health Evaluation* form. In interview of A & O Case Managers responsible for screenings inmates, this practice is in place.

**115.81 (b):** Inmates who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner within 14 days of screening. In review of random inmate records those who disclosed previously perpetrating sexual abuse were referred to mental health.

**115.81 (d):** Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. The limits of confidentiality of mental health and medical staff are addressed in policy 13-61, page 13, section N-1 and page 4, section D-3.

**115.81 (e):** 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. Inmates sign a *Consent to Operation, Diagnostic or Special Treatment Procedure* form (13-49A) form.

In information provided on the Pre-Audit Questionnaire, in the past 12 months, all inmates admitted to the McRae Correctional Facility who disclosed prior victimization or abusiveness during initial screening were offered a follow-up meeting with mental health. In interview with the Health Services Administrator and the Psychologist and in random review of inmate files of inmates who reported prior victimization or abusiveness, this practice was confirmed. In interview with the Psychologist he reported intake is on Thursday each week and those referred to mental health are seen for a mental health evaluation on the following Tuesday, unless there is an immediate need, exceeding in the required timeframes.

Due to the procedure the facility uses to ensure inmates who self-disclose prior sexual victimization or abusiveness as described in paragraph 2 of standard 115.42, provision (b), and in review of inmate records and documentation provided of mental health evaluations of inmates at risk of victimization or abusiveness, the facility was found to exceed in the requirements of this standard.

## 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?  
 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?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  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?  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?  
 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*)

**115.82 (a):** Policy 14-2, page 19, section M-1, outlines the response procedures when an employee learns of an allegation of sexual abuse. The alleged victim must be kept safe with no contact with the alleged perpetrator and be immediately escorted to the Medical Department. All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services determined by medical and mental health practitioners

according to their professional judgement. Health care staff provide services in accordance with policy 13-79, *Sexual Assault Response*. In interview with the Health Services Administrator and the Psychologist and inmates who alleged sexual abuse, policy and standard requirements are being adhered to. In interview of two inmates who alleged sexual abuse, they reported being seen in medical immediately.

**115.82 (b):** The medical department is staffed 24 hours a day, seven days a week. Medical staff does not perform forensic exams. Inmate victims of sexual abuse are transferred to the Fairview Park Hospital where SANE exams are performed.

**115.82 (c):** Victims of sexual abuse are offered sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. This was confirmed in interview with the Health Services Administrator.

**115.82 (d):** Medical and mental health treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation arising out of the incident.

## 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?  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?  Yes  No

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  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?  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  NA

### Auditor Overall Compliance Determination

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

**115.83 (a):** Based on interviews with the Health Services Administrator and the Mental Health Coordinator, documentation provided for review, and review of policy 14-2, page 19, section M-1 the facility offers medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care. According to policy 13-79, page 4 section A-2, upon receiving notice of an alleged sexual abuse, the alleged victim will be evaluated by medical staff using the 13-79A, *Rape/Sexual Assault Protocol*.

**115.83 (b):** The evaluation and treatment of victims shall include follow-up services, treatment plans and referrals for continued care following their transfer to another facility or their release

from custody. If when evaluated by medical staff physical trauma is evident, the alleged victim will be transported to the local hospital, according to policy 13-79. Medical staff interviewed confirmed this was the practice. Mental health services will be provided as needed by facility mental health providers.

**115.83 (c):** In interview with medical and mental health providers, the medical and mental health services offered are consistent with the community level of care.

**115.83 (d):** McRae Correctional Facility houses male inmates only; therefore, this provision of this standard is not applicable to this facility.

**115.83 (e):** McRae Correctional Facility houses male inmates only; therefore, this provision of this standard is not applicable to this facility.

**115.83 (f):** Inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate.

**115.83 (g):** Treatment services are provided at no cost to the victim whether the victim names the abuser or cooperates with any investigation of the incident.

**115.83 (h):** In interview with the Psychologist, the facility conducts a Mental Health Evaluation of all inmate-on-inmate abusers within 14 days of learning such abuse history and offer treatment as appropriate. This practice exceeds the 60-day requirement of this provision of this standard.

## 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?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  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?  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?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

**115.86 (a):** Based on policy 14-2, pages 22 & 23, section N, the Warden will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. It is the responsibility of the SART (Sexual Abuse Response Team) to conduct these reviews.

**115.86 (b):** The review shall occur within 30 days of the conclusion of the investigation.

**115.86 (c):** Members of the SART include the PREA Compliance Manager, the Chief of Security, Health Services Administrator and the Psychologist. In interview of the Warden, he confirmed the members of the facility's SART.

**115.86 (d):** When reviewing an incident, the SART considers the requirements of 115.86 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identity, sexual orientation or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented on the 14-2F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms are forwarded to the PREA Coordinator.

**115.86 (e):** The facility will implement the recommendations for improvement or will document reasons for not doing so.

In review of investigative files, in the past 12 months, there were two allegations of employee-on-inmate sexual abuse and both were determined to be unfounded; therefore, no incident reviews were required. On 12/3/19, the Senior Director, PREA Compliance and Programs forwarded a copy of the *Sexual Abuse or Assault Incident Review Form* (14-2F) of review by the Incident Review Committee conducted on 11/25/19 in review of the Employee-on-Inmate Sexual Abuse determined to be unsubstantiated on 11/15/19. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## 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?  Yes  No

### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  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?  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?  
 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  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  NA

#### Auditor Overall Compliance Determination

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

**115.87 (a) & (c):** Information on data collection is found on page 29, section T-1 and section 2-a of CoreCivic's policy 14-2. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be 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 (DOJ).

**115.87 (b):** At least annually, the PREA Coordinator aggregates the incident-based sexual abuse data.

**115.87 (d):** The facility maintains, reviews and collects data as needed including reports, investigation files and sexual abuse incident reviews. The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Prison Rape Elimination Act (PREA) Reporting (5-1E)* form. All incident reports, investigative files and aggregated data is retained according to the *CoreCivic Retention Schedule (1-15B)* for 10 years.

**115.87 (e):** This provision of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

**115.87 (f):** Upon request, or no later than June 30, the agency provides aggregated data information for the previous calendar year to DOJ. In 2018 DOJ did not request this information.

#### 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?  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?  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?  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?  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?  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?  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*)

**115.88 (a):** Based on policy 14-2, page 29, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an

annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole. When interviewed the Vice President, Operations Administration (agency head designee) stated incident data is provided daily to select FSC staff in a *Daily PREA Report*. Review of PREA data is made on a daily, monthly and annual basis.

**115.88 (b):** The annual report includes a comparison of the current year's data and corrective actions with those from the previous years and provides an assessment of the agency's progress in addressing sexual abuse.

**115.88 (c):** The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is made public on the CoreCivic website and can be accessed at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.88 (d):** Before making aggregated sexual abuse data public, all personal identifiers are redacted.

The most current annual report, prepared by the PREA Coordinator for 2018 data, was very well written with easy to read tables according to the type of allegations and the investigative findings, as well as a narrative overview of this information. The report provides a review of incident-based data for 2018 and a comparison of aggregated data for previous years.

## 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?  
 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?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  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?  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*)

**115.89 (a):** According to policy 14-2, page 28, section T-1-iv, the agency ensures that the data collected is securely retained. PREA files are secured in the Special Investigative Supervisor's office.

**115.89 (b):** CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

**115.89 (c):** Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**115.89 (d):** According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years. This information was confirmed in interview with the PREA Coordinator.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.)  Yes  No  NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.)  Yes  No  NA

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  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?  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*)

**115.401 (a):** Based on policy 14-2, page 30, section U-2-a, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that a DOJ Certified PREA Auditor conducts the external audit.

**115.401 (b):** According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. The last PREA audit of this facility was in 2016.

**115.401 (f):** I received and reviewed all relevant agency-wide policies for the McRae Correctional Facility.

**115.401 (g):** I reviewed a sampling of relevant documents and other records and information for the most recent one-year period.

**115.401 (h):** During the audit, I was allowed access to all areas of the McRae Correctional Facility.

**115.401 (i):** I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically.

**115.401 (j):** I have retained all documentation relied upon to make audit determinations. The documentation will be provided to the Department of Justice upon request.

**115.401 (k):** I interviewed a representative sample of inmates and staff, supervisors and administrators.

**115.401 (l):** I reviewed camera monitors and electronically stored data.

**115.401 (m):** I was permitted to conduct private interviews with inmates and staff ensuring confidentiality to our conversation.

**115.401 (n):** Inmates were notified 60 days before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from inmates of the McRae Correctional Facility.

**115.401 (o):** During the On-Site Audit Phase, I contacted WINGS, a community agency the facility has an MOU with and the Telfair County Sheriff.

## **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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### **Auditor Overall Compliance Determination**



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

**115.403 (a):** Based on policy 14.2 page 30, section 2-b-ii-iv, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits. I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

**115.403 (b):** Audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention, Response policy (14-2)*, the policy was found to be well written and comprehensive complying with the PREA National Standards.

**115.403 (c):** For each standard, I made a determination of a finding of Exceeds Standard or Meets Standard. ....There were no standards that were determined that did not meet the standard. See page 16 for a summary of my findings for each of the PREA standards.

**115.403 (d):** This report describes the methodology, sampling sizes and basis for my conclusions as required.

**115.403 (e):** I have redacted any personal identifiable inmate or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

**115.403 (f):** Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

## AUDITOR CERTIFICATION

I certify that:

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

agency under review, and

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

Barbara Jo Denison

December 13, 2019

**Auditor Signature**

**Date**