

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** November 7, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> October 31 – November 2, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> McRae Correctional Facility			
<b>Facility physical address:</b> 112 Hammock Drive, McRae-Helena, GA 31055			
<b>Facility mailing address:</b> <i>(if different from above)</i> PO Box 55368, McRae-Helena, GA 31055			
<b>Facility telephone number:</b> 229-868-7778			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Stacey N. Stone, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 349			
<b>Designed facility capacity:</b> 2275			
<b>Current population of facility:</b> 1643			
<b>Facility security levels/inmate custody levels:</b> Low/Minimum			
<b>Age range of the population:</b> 19-82			
<b>Name of PREA Compliance Manager:</b> Shawn Gillis		<b>Title:</b> Assistant Warden, Operations	
<b>Email address:</b> shawn.gillis@cca.com		<b>Telephone number:</b> 229-868-7778, ext. 42230	
<b>Agency Information</b>			
<b>Name of agency:</b> Corrections Corporation of America			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> N/A			
<b>Physical address:</b> 10 Burton Hills Blvd., Nashville, TN 37215			
<b>Mailing address:</b> <i>(if different from above)</i> N/A			
<b>Telephone number:</b> 615-263-3000			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Damon Hininger		<b>Title:</b> President and Chief Executive Officer	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lisa Hollingsworth		<b>Title:</b> Senior Director, PREA Programs and Compliance	
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## AUDIT FINDINGS

### NARRATIVE

The PREA reaccreditation audit of the McRae Correctional Facility was conducted October 31 – November 2, 2016 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the PREA Compliance Manager and the Quality Assurance Managers. Prior to the on-site audit date, I was supplied with a list of security and non-security staff who were scheduled during the on-site visit and on the first day of the audit I received a list of inmates sorted by housing unit and a list of inmates with special designations.

On the first day of the audit, an entrance meeting was held with the following people in attendance: Stacey Stone, Warden; Shawn Gillis Assistant Warden, Custody and Operations; Terrence Dickerson, Assistant Warden, Programs and Inmate Services; Pam Aycock, Quality Assurance Manager; Darla Davis, Quality Assurance Manager; Terri Driskill, Manager, QA Audit & Compliance; and Lisa Hollingsworth, Senior Director, PREA Programs and Compliance. At the conclusion of the entrance meeting, those in attendance at the entrance meeting along with Michael Carter, Chief of Security; Chris Ashley, Assistant Chief of Security and Jody Yancey, Chief of Unit Management accompanied me on a facility tour. During the tour, the location of cameras and mirrors, dorm layout including shower/toilet areas and placement of PREA posters and information was observed. A total of 24 inmates and 12 staff were informally interviewed and questioned about their knowledge of PREA during the facility tour. All interviewed were very forthcoming with information and displayed good knowledge of the agency/facility's zero-tolerance policy.

The inmate Tips Hotline (229-55-1234) and the Statesboro Regional Sexual Assault Center (866-489-2225) were contacted on an inmate phone. Both numbers were accessible. The Tips Hotline is an internal reporting line. Calls made to this number go to the cell phones of the Warden, the Assistant Wardens, the Chief of Security and the Facility Investigators. Calls made to the Statesboro Regional Sexual Assault Center are not monitored and cannot be tracked allowing inmates to remain anonymous and calls to remain confidential. It was noticed prior to making the calls that the reporting numbers were not by the telephones, but posted on the bulletin boards in all housing units. The Senior Director, PREA Programs and Compliance suggested printing this information on the back of the inmate badges would make this information readily accessible to them. The facility followed this recommendation and the printer in intake has been set up to print new badges for new intakes on both sides. This information will be printed on the back of the badges of the inmates currently housed at the facility.

During the tour of the intake area, the windows on the doors of the two holding cells located in that area were noticed to allow for cross gender viewing. It was recommended that the window on the doors could be partially covered for increased privacy of inmates using the toilets in these holding cells. A partial covering with magnetic strips on each side was made for both windows that could be removed when these cells are not in use. Also noticed was the urinal area in the gym had a concrete wall partition in front of the toilets and urinals, but the side closest to the urinals was open which had a potential for cross gender viewing. A privacy curtain was added to the open side for increased privacy of inmates using the urinals. In addition, while touring the laundry it was noted that the space behind the bank of washers there was a blind spot. It was recommended that mirrors in each corner of this area would provide visibility of inmates. Initially corner dome mirrors were installed, but after revisiting the laundry, it was decided that the corner mirrors did not capture that area sufficiently. The corner domed mirrors were removed and round flat mirrors were installed in each corner which increased visibility of the open space behind the washers and will enhance the supervision and security of inmates working in the laundry. Another area of concern was in the Horticulture classroom. The door of the restroom was a solid door and a recommendation was made to put a window in the door high enough to afford privacy, but enhance safety of the inmates. Following the audit, the facility added a window to the restroom door and provided the auditor a photo of the modification. The facility was very responsive to these recommendations and was commended for their quick actions in response to those recommendations.

Fifty-two inmates were formally interviewed. Of the 52 inmates interviewed, 34 were Spanish speaking and one inmate spoke only Chinese. These inmates were interviewed with the assistance of a staff translator. Incorporated into the random selection of inmates interviewed was one inmate who was hard of hearing, five identified from PREA screening as potential victims and four identified as potential predators. All of the inmates interviewed acknowledged receiving PREA training with written information during the intake process and additional information during the orientation process, including viewing the *PREA What You Need to Know* video. Inmates interviewed were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Inmates consistently indicated that they feel safe at this facility. The Spanish-speaking inmates reported that they received all PREA-related information in Spanish and viewed the Spanish version of the *PREA What You Need to Know* video. The Chinese inmate reported that Language Line Services was used to relay PREA information to him and he is able to read the English language. There were no self-disclosed gay, bisexual, transgender or intersex inmates housed at the facility during the audit. There were also no inmates that were blind, had low vision, deaf or with low reading skills or cognitive disabilities. The hard of hearing inmate when interviewed reported that he could hear the video and understood information verbally given to him during orientation and he had no problem hearing the questions during his interviews and responded appropriately to the questions.

Forty-one staff members were interviewed during the course of the audit. This number included one volunteer who was interviewed by

telephone. Of the 41 staff members interviewed, 18 were security staff and the remaining 23 were specialized staff. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations.

Prior to the audit the Chief Executive Officer of the Community Services Board of Middle Georgia, the Executive Director of the Statesboro Regional Sexual Assault Center, as well as the Lieutenant responsible for sexual assault investigations for the Telfair County Sheriff's Office were contacted to confirm and discuss the Memorandum of Understanding (MOU) that are in place with CCA and the McRae Correctional Facility.

Since the initial PREA audit, there have been no allegations of sexual abuse or sexual harassment reported. If allegations are reported, two trained facility investigators are responsible for administrative investigations. Allegations that appear to be criminal are referred to the Telfair County Sheriff's Office for criminal investigation. The Lieutenant at the Telfair County Sheriff's Office who is responsible for sexual abuse investigations when contacted shared that he has a good working relationship with the investigators at the McRae Correctional Facility and in the event of a criminal investigation of sexual abuse; he would remain in contact with the facility to keep them informed of the status of the investigation.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Stacey Stone, Warden; Shawn Gillis, Assistant Warden, Custody and Operations; Terrence Dickerson, Assistant Warden Programs and Inmate Services; and Lisa Hollingsworth, in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance to all PREA standards. It was evident during the audit that there is mutual respect and cooperation of staff and inmates, which contributes to the continued success of the PREA program at McRae Correctional Facility.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The McRae Correctional Facility (MCF) opened in December 2002 under a 20-year management contract with the Federal Bureau of Prisons (FBOP). A new contract with the FBOP began December 1, 2012, and consists of a four-year contract with three two-year extension options. The new contract decreased the institution's maximum capacity from 2275 to 2077, low security adult male criminal aliens. These sentenced offenders represent over 70 countries with the majority of the population being native to Mexico, Columbia, Cuba and Central America. The Federal Bureau of Prisons contracts with Corrections Corporation of America (CCA) for the operation of the McRae Correctional Facility. CCA's mission has changed and with the change, the name of the agency has very recently changed to CoreCivic. As the transition is not complete, reference to the agency in this report will remain as Corrections Corporation of America (CCA).

The facility is approximately 367,395 square feet and encompasses 70 acres. The facility is located 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 into the facility are scanned by x-ray. The administrative and support buildings consist of a master control center, administrative offices, food services, dining area, medical, visitation, chapel, intake and property storage, laundry, library and educational and vocational classrooms. The gymnasium is located between the facility's three outside recreation areas. The control center is inside the facility and staffed with two to three officers per shift. There are 121 interior cameras and 75 exterior cameras that are monitored at the control center as well as monitoring of gate and door access.

The facility has eight housing units. Four-dormitory style-housing units are Marshall, Lee, Houston and Victor. The Marshall unit was not occupied during the on-site audit and has been vacant for the last two months due to a decrease in inmate population. Marshall, Lee and Houston housing units all contain six pods with a unit capacity of 324 offenders. These pods are open style dormitories with restrooms that include four washbasins, three toilets (one handicapped) and six showers (one handicapped). Partial block walls provide privacy for the toilet, urinal and shower areas and shower curtains are provided for additional privacy. Adjacent to the inmate sleeping area is a central dayroom with tables and seating, a television, microwave oven, ironing boards and telephones for inmate use. One pod of the Victor unit is designated as the Admission and Orientation (A & O) pod. Inmates upon arrival are housed in this pod for up to 28 days.

Kings, Jefferson and Grant are two-tier, two-man housing units. These units contain three pods with a maximum capacity of 256 offenders per unit. There are 11 showers in these units that allow inmates to shower in privacy. The specialist housing unit contains double occupancy cells with a maximum capacity of 198 offenders. Each cell has a toilet and a washbasin with 11 common individual shower stalls in two pods and five in the third pod, which all provide privacy while showering. Only one pod of the secure housing unit was occupied during the audit.

Health care services are provided by Corrections Corporation of America staff, with the exception of the Dentist, the Physician and the Physician's Assistant who are contracted employees of LBMC. In addition, two Sonographers are contracted from Global Digital Services, an X-ray Technician is contracted from Healthcare Corrections X-ray and an Optometrist from Nashville Eye Center, LLC. Medical staff are on site 24 hours a day, seven days a week. Medical staff do not perform sexual assault medical examinations. Inmates in need of SANE exams are transported to the Statesboro Regional Sexual Assault Center. Mental health staff includes a Psychologist, a Mental Health Coordinator and a Mental Health Specialist. A contracted Psychiatrist provides part-time services to the facility via tele psychiatry.

Food services are contracted with the Trinity Service Group. There are 12 Trinity Service Group staff assigned to the McRae Correctional Facility. Trinity provides the population with three meals daily. All general population inmates are served in the central dining room. Inmates in the Special Housing Unit receive meals in their cells.

The facility's initial PREA audit was conducted in 2014. The facility is accredited by ACA (2016) and JCAHO (2016).

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."

CCA's Mission Statement: "Advancing corrections through innovative results that benefit and protect all we serve." Their vision is "To be the best full-service adult corrections system."

## **SUMMARY OF AUDIT FINDINGS**

The following is the summary of the audit findings:

Number of standards exceeded: 6

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 4

### **Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Corrections Corporation of America (CCA) policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agencies approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors, which can be found on page 3 of the policy. The policy includes sanctions for those found to have participated in prohibited behaviors. Sexual activity between inmates or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CCA'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. The agency exceeds in the requirements of this portion of the standard.

The agency employs a PREA Coordinator and the facility has a designated PREA Compliance Manager as outlined on page 2 of policy 14-2. The Assistant Warden, Operations is designated as the facility's PREA Compliance Manager and he reports directly to the Warden and the PREA Coordinator. The Quality Assurance team play a vital role in assisting the PREA Compliance Manager with his PREA related duties. In interview with the agency's PREA Coordinator on 10/4/16, and the PREA Compliance Manager during the on-site audit, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities. The facility exceeds in this requirements of this standard. The Quality Assurance Managers provide assistance to the PREA Compliance Manager and as a team, in conjunction with the PREA Coordinator, exceed in the requirements of this portion of the standard.

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

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

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

Corrections Corporation of America is a private provider and does not contract with other agencies for the confinement of inmates; therefore, this standard is not applicable.

### **Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on policy 14.2, pages 9 & 10, section D & E, the agency has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and used video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the inmate population, the number and placement of supervisory staff, institutional programs occurring on a particular shift and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The Chief of Security is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift rosters. If a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager and the PREA Compliance Manager will document the deviation on the 5-1B, *Notice to Administration* in the IRD system. The PREA Compliance Manager will notify the PREA Coordinator of the deviation within seven calendar days; to include a description of any corrective actions that were taken to resolve the deviation. ADO staff monitor the staffing rosters by completing one live review of the staffing rosters and two paper reviews of the staffing rosters per week that are forwarded to the corporate office for review. BOP monitors staffing on a monthly basis.

The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-21) and forwards it to the Warden for review and forwards the 14-21 to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-21 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* was completed in April 2016. In review of the staffing plan during that assessment, it was determined that because of the decrease in population, the Senior Correctional Officers positions in the segregation unit no longer needed to be primary posts, although those positions continue to be filled on most occasions. In interview with the Warden, he reported that in this audit period, there have been no deviations in the staffing plan. Due to the many levels of monitoring of the staffing plan, the facility exceeds in the requirement of this standard.

Per policy, shift supervisors conduct two unannounced PREA rounds per shift to identify and deter employee sexual abuse and sexual harassment. These rounds are documented on the back of the shift roster, which is reviewed by the Chief of Security. In addition to unannounced PREA rounds, there are seven counts conducted in a 24-hour period. Employees are prohibited from alerting other employees that supervisory rounds are occurring.

Documentation provided for review prior to the on-site audit and during the facility tour and in interview with staff and inmates, the practice of unannounced rounds confirmed numerous rounds being conducted on all three shifts on a daily basis. The facility exceeds in the requirements of this portion of the standard.

### **Standard 115.14 Youthful inmates**

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

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

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

### Standard 115.15 Limits to cross-gender viewing and searches

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

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Based on review of policy 14-2, pages 16 & 17, section K, cross-gender inmate strip searches shall not be conducted except in exigent circumstances. 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*.

Subsections 115.15 (b), 115.15 (c) and 115.15 (c)-2 of this standard are not applicable to this facility as the facility houses male inmates only.

Searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status is prohibited as stated in *I-ICC Policy/Post Order Change Notice (PCN)*, page 1, section 9-5.5, A, 4. 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 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 training curriculum, *Safety and Security Issues, Part 2*, was provided for review. Documentation of completion of this training is maintained electronically on the 4-2BB, *Training Activity Report*. Receipt of this training was verified through review of staff training records and confirmed by staff interviews of security staff who reported receiving this training.

The agency 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. The practice of opposite gender announcing their presence when they entered the housing units was observed while touring the facility. Reminders of opposite gender announcements are posted on the entry doors of all housing units. Inmates interviewed confirmed this practice. Inmates shared that they feel they have privacy when they shower, toilet and change clothing when female staff are in their housing unit.

Transgender and intersex inmates will be given the opportunity to shower separately in the medical department at designated times to ensure their privacy. At the time of the audit, there were no transgender or intersex inmates housed at the McRae Correctional Facility.

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

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

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Based on review of policy 14-2, page 14, section I - 2, inmates are provided PREA education in formats accessible to all inmates, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or otherwise disabled, as well as inmates who have limited reading skills. All inmates view a PREA What You Need to Know, a CCA PREA video, available in both English and Spanish during the Admission and Orientation (A & O) process. A CCA PREA brochure, *Preventing Sexual Abuse and Misconduct*, an *Inmate Handbook* and a *Sexually Abusive Behavior Prevention and Intervention an Overview for Offenders* handout is provided to all inmates and are available in both English and Spanish. Page 3 of the *Inmate Handbook* explains to inmates that they have a right to be safe from sexually abusive behavior while incarcerated and informs them of their reporting options. At the conclusion of the A & O process, inmates sign an *Inmate Admission and Orientation Program Checklist* (Attachment A of policy 17-101) indicating that they have received the *Inmate Handbook* and all PREA related educational materials.

All Spanish-speaking inmates reported receiving all PREA education including the PREA *What You Need to Know* video in Spanish. One Chinese inmate, when interviewed with the assistance of a staff interpreter, reported he received PREA written information and that he is able to read the English language.

The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. In the past 12 months, there have been no instances where inmates were used for this purpose. Inmate translators, under the supervision of facility staff, provide translation during the *Admission and Orientation* program. However, the PREA video viewed during the A & O program does not require translating. For all other translation services required to relay PREA information to inmates, staff translators or Language Line Services is utilized for this purpose.

### **Standard 115.17 Hiring and promotion decisions**

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

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Review of CCA policy 14-2.4, pages 5 & 6, section B, interview with the Human Resources Manager and random review of personnel files were used to verify compliance to this standard.

Per policy 14-2-4, pages 5 & 6, section B, the agency prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents 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 have engaged in these activities. All applicants complete an *Inquiry Concerning Applicant for Employment* form

CCA 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 residents.

The agency requires that all applicants and employees who may have contact with inmates have a criminal background check. 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. Agency policy requires that criminal background checks be completed on any contractor who may have contact with residents. CCA requires that criminal background checks be conducted every five years on current employees and contractors who may have contact with residents.

In interview with the Human Resources Manager, all criminal background checks are completed by Information Discovery Services (IDS). Inquiries to the counties and cities where an applicant has lived for the past five years are completed and these inquiries are referred to as Law Checks. Law Checks are also completed on staff and contractors every five years as well as another background check by ISD. NCIC background checks are completed by BOP for all volunteers.

All applicants and employees who have direct contact with residents are asked about previous misconduct as stated in section (a). The 14-2 CC-H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form is completed as part of the hiring process and as part of the promotional process. During annual in-service, as part of the PREA annual training, staff, contractors and volunteers complete a 14-2 H.

CCA policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information, are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

In review of the personnel files of 12 staff, 4 contractors and 5 volunteers, the facility is compliant with this standard. Required background checks of applicants, contractors and volunteers and background checks every five years are being completed and 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* forms are being completed per agency policy.

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

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

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

Based on policy 14-2, page 32, section V, when designing or acquiring any new facility and in planning any substantial expansions or modifications of existing facilities, CCA will consider the effect of the design, acquisition, expansion or modification on the ability to protect inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CCA will consider how such technology may enhance the ability to protect inmates from sexual abuse.

Since the last audit, the facility has not acquired any new facilities or made any substantial expansions or modifications to the existing facility and there has not been any new video monitoring system, electronic surveillance system or other monitoring technology installed or updated; therefore, this standard is not applicable.

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

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

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According to policy 14-2, page 25 & 26, section 4, the facility is responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct. The facility has two trained facility investigators that are responsible for conducting administrative investigations of sexual abuse and sexual harassment. A Memorandum of Understanding (MOU), entered into December 2015 for the year 2016 with the Telfair County Sheriff’s Office, provides for criminal investigations of sexual abuse for McRae Correctional

Facility. The Telfair County Sheriff's Office will follow the protocols, including collection of evidence, as established by local law enforcement standards. The Telfair County Sheriff's office was contacted and the procedures for investigation of sexual abuse allegations at the McRae Correctional Center were discussed with the Lieutenant responsible for investigations. Upon completion of a criminal investigation of sexual abuse, the Sheriff's office will forward a copy of the investigation report to the facility.

The facility offers all inmates who experience sexual abuse access to forensic medical examinations. An MOU effective June 23, 2016 with the Statesboro Regional Sexual Assault Center provides for forensic examinations for inmate victims of sexual abuse and provides for victim advocacy services at no cost to the inmate. The Statesboro Regional Sexual Assault Center provides SANE examinations, timely collection of forensic evidence and prophylaxis treatment for sexually transmitted diseases. In conversation with the Executive Director of the Statesboro Regional Sexual Assault Center, she explained the process that would be followed in the event of sexual abuse of an inmate of McRae Correctional Facility. In the past 12 months, there were no forensic medical examinations performed.

An MOU with the Community Service Board of Middle Georgia effective March 25, 2016 provides inmate victims of the McRae Correctional Facility with crisis counseling and victim advocacy services at no cost to the inmate. Inmates are seen by referral to the Community Service Board of Middle Georgia. In conversation with the Chief Executive Officer of the Community Service Board of Middle Georgia, the agency would provide a victim advocate and crisis counseling to inmate victims of the McRae Correctional Facility at no cost to the victim. CCA would be responsible for the charges for these services.

The facility does not house youth, therefore, subsection (b) of this standard is not applicable to this facility.

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

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

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

Page 21, section 4-a, page 24, section 3-b and pages 25 & 26, section 4 of policy 14.2 were used to verify compliance to this standard. CCA and the McRae Correctional Facility ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PREA Compliance Manager, the Warden or his designee will immediately report all allegations of sexual assault or employee on inmate sexual misconduct to the Telfair County Sheriff's Office for investigation.

In addition, according to the US Department of Justice Sexually Abusive Behavior Prevention and Intervention Policy Statement 5324.1, notifications of inmate perpetrator on inmate victim must be immediately reported to the facility investigators. Any sexual assault involving staff, the Warden is required to make immediate notification to the Managing Director and the Office of Internal Affairs (OIA) who will in turn notify the Office of Inspector General (OIG).

The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CCA website (<http://www.cca.com/security-operations/prea>). In the past 12 months, there were no allegations of sexual abuse or sexual harassment reported.

### **Standard 115.31 Employee training**

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

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

Pages 6 & 7, section C-1-a, page 8 and section c-1-c & d of policy 14-2 addresses the agency’s requirements of employee training. All CCA employees receive training on CCA’s zero-tolerance policy (14-2) for sexual abuse and sexual harassment and on performing searches at pre-service and annually at in-service. The training is tailored to the gender of the inmates at this facility. Employees who are reassigned from facilities housing female inmates are given additional training to meet the needs of the male population. Between trainings, employees are provided with continuing PREA information at staff and department head meetings.

The curriculum for this training was provided for review and found to contain all elements of 115.31 (a) as required. Staff also receive training on cross gender pat searches and searches of transgender and intersex inmates. Employees sign a *Policy Acknowledgement* (14-2A) form acknowledging that they reviewed and understand policy 14-2 and sign a *Training Acknowledgement* form. Completion of this training is documented electronically on the *Training Activity Report* (4-2BB).

In the past 12 months, all 349 staff of the McRae Correctional Facility have received PREA training. In review of the random training records of 12 employees, it was confirmed that staff are receiving the mandated annual training at in-service and acknowledging receipt of this training on the *Policy Acknowledgement* (14-2A) form and the *Training Acknowledgement* form as well as electronic documentation of this training on the *Training Activity Reports* (4-2BB). This information is maintained by the Human Resource Manager in the personnel files.

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. They acknowledged receiving the required training on cross-gender pat searches that included searches of transgender and intersex inmates and were able to respond appropriately to questions asked of them about the training they received. It was evident by the amount of knowledge that 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**

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

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

All contractors who have contact with inmates on a recurring basis receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy 14-2, page 8, section 2.

All approved volunteers are provided orientation and training appropriate to the level of access and inmate contact they have. Policy 22-1 page 5 outlines the requirements of this training. The *Volunteer Training Topic Matrix* includes one hour of PREA instruction provided by the facility training staff in conjunction with the Chaplain. Volunteers sign a *Training Activity Enrollment/Attendance Roster* (4-2A) verifying attendance of this training. Contractors receive the same annual training that employees receive annually.

The facility maintains documentation of receipt of training for all contractors and volunteers as was confirmed in review of contractor and volunteer training records. In the past 12 months, a total of 23 contractors and 31 volunteers have completed PREA training. Volunteers and contractors interviewed confirmed receiving the training and were knowledgeable of the agency’s zero-tolerance policy and of their responsibilities in response to allegations of sexual abuse and sexual harassment as outlined in the agency policy. In interview of the Chaplain, she shared that she takes the PREA program very seriously and ensures that all volunteers are scheduled for in-service training annually. The facility exceeds in the requirements of this standard as was evident by the excellent record keeping of

contractor and volunteer training and the level of knowledge of contractors and volunteers displayed.

### Standard 115.33 Inmate education

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

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

Based on policy 14-2, pages 14 & 15, section I, all inmates receive information at time of arrival at the facility regarding sexual abuse prevention and reporting. Inmates receive an *Inmate Handbook*, a *Preventing Sexual Abuse and Misconduct* brochure and a *Sexually Abusive Behavior Prevention and Intervention an Overview for Offenders* handout, all available in English and Spanish. During the *Admission and Orientation* program, inmates view the *PREA What You Need to Know* video and receive comprehensive PREA information. Inmates also view the on the second day of arrival in the A & O unit. The handout provided to inmates has addresses of outside reporting options.

All information is provided in formats accessible to all residents including those who are limited English proficient, deaf, visually impaired, blind or with limited reading skills. Inmate translators, under the supervision of facility staff, provide translation during the Admission and Orientation Program. However, the PREA video viewed during the Admission and Orientation Program does not require translating. For all other translation services required to relay PREA information to inmates, staff translators or Language Line Services is utilized for this purpose. The Mental Health Specialist provides oral education during the Admission and Orientation Program.

Inmates sign an acknowledgement form that they have received or declined to receive a *Preventing Sexual Abuse and Misconduct* brochure. They also sign an *Orientation and Admission Program Checklist* acknowledging receipt of PREA information during the orientation program. During the past 12 months, 733 inmates received PREA education upon intake and through the orientation program.

Inmates receive continuous PREA information from posters in both English and Spanish prominently displayed throughout the facility and during Town Hall meetings. Inmates receive additional PREA information during Town Hall Meetings held once per quarter by the Case Manager or the Unit Manager of their housing unit.

Review of 20 inmate records confirmed inmate PREA education is being provided and that documentation is being maintained by the facility. All inmates interviewed acknowledged receiving PREA training and acknowledged viewing the *PREA What You Need to Know* video. They were knowledgeable of the agency's zero-tolerance policy and the methods of reporting allegations of sexual abuse and sexual harassment available to them. The level of knowledge of PREA that the inmates displayed showed that the facility exceeds in ensuring inmates receive PREA education.

### Standard 115.34 Specialized training: Investigations

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Based on CCA policy 14-2 CC, page 7, section b-I and pages 24 & 25, sections 3 & 4, in addition to general training provided to all employees, CCA ensures that facility investigators receive training on conducting sexual abuse investigations in confinement settings. In review of the National Council on Crimes and Delinquency training provided for review, the training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

At this facility, there are two trained facility investigators. They both received specialized training in 2013. The investigator responsible for staff misconduct primarily also received required BOP specialized investigation training in 2008. Completion of this training is documented electronically on their individual training records. In interview of both facility investigators, they knew his responsibilities in conducting sexual abuse investigations.

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

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

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

According to policy 14-2, page 8, section b-ii, in addition to the general training provided to all employees, all Qualified Health Care and Mental Health Professionals receive specialized medical training. This training includes 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 harassment.

All health care staff viewed the CCA DVD PREA Specialized Training for Medical and Mental Health Staff. Completion of this training is documented on the *Pathlore Learning Management System*. Random review of the training records of medical and mental health care staff confirmed that this training is being completed and documentation is being maintained by the facility.

Medical staff do not perform forensic examinations. SANE examinations are performed by referral to the Statesboro Regional Assault Center.

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.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

Per policy 14-2, pages 13 & 14, 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. Inmates receive an *Initial Intake Screening* (13-50A-1) by medical and a sexual abuse screening by staff from the A & O unit. The *Sexual Abuse Screening Tool* (14-2B) is used for this purpose. The form was provided for review and was found to contain all requirements of 115.41 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offences. Inmates are also asked related questions on the *Federal Bureau of Prisons Intake Screening Form (PP64)*.

Within 14 – 28 days of arrival to the facility, A & O staff using the 14-2B form reassess the inmate again. 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. Inmates are not disciplined for refusing to answer screening questions or not disclosing complete information. *Sexual Abuse Screening Tools (14-2B)* are filed in the inmate central files that are locked in the Unit Manager’s office in all housing units. To maintain confidentiality, only the Case Managers, the Unit Managers, the Correctional Counselors and the ADO staff are allowed access to these files. Per BOP policy, two staff members count the central files daily. Copies of the 14-2B forms are forwarded to the Classification Unit and to the Health Services Department. If an inmate scores for victimization or abusiveness, a copy is given to the Case Manager Coordinator and an alert is entered into the Offender Management System (OMS).

In review of random inmate files, the *Sexual Abuse Screening Tool (14-2B)* forms are being completed, reassessments are timely and PREA screenings are maintained in the inmate’s file.

### **Standard 115.42 Use of screening information**

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

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

The agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive as outlined on page 13, section H-1 or policy 14-2. Individualized determinations are made about how to ensure the safety of each inmate. On interview with the Warden, he explained how the facility utilizes information from the 14-2B form. Inmates who are identified from screening to be at risk for victimization or abusiveness are tracked on the *PREA Alert Roster – Bureau of Prisons* and this information is entered into OMS.

Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in policy 14-2, page 15, section J-1. Transgender and intersex inmates are reassessed at least twice per year to review any threats to safety experienced by the inmate as required by this standard and takes into consideration their own views regarding their own safety. Placement is made on a case-by-case basis to ensure the health and safety of the inmate. Transgender and intersex inmates are given the opportunity to shower separately from other inmates. 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 audit, there were no gay, bisexual, transgender or intersex inmates housed at the facility.

### **Standard 115.43 Protective custody**

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

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

According to policy 14-2, pages 15 & 16, section J-1, 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.

The policy further states 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. 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 interview with the Warden, he confirmed that in the past 12 months there were no inmates held in involuntary segregated housing. If it were necessary to move an inmate at high risk for victimization or who have alleged sexual abuse as a means of separation from a potential abuser, the inmate would be placed in a medical holding cell until an alternative means of separation from an abuser could be arranged.

### **Standard 115.51 Inmate reporting**

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

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

CCA policy 14-2, page 17, section L, and page 19, section 3, outline 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 can report verbally to any staff member, write a letter to the Warden or to any other staff member, call or write someone outside the facility, such as the CCA Managing Director, Facility Operations, or have a family member or friend make a report for them.

Inmates are made aware of methods of reporting available to them in the *Inmate Handbook*, page 3, in the *Preventing Sexual Abuse and Misconduct* brochure (14-2AA) and continuously through posters displayed throughout the facility. Through these sources, inmates are informed they can dial the inmate hotline at 229-555-1234 and make confidential calls anytime day or night. They may also call the *Statesboro Regional Sexual Assault Center* hotline at 1-866-489-2225. By calling this number the caller’s phone number is not identified to remain anonymous and confidential, unless the caller chooses to share this information. This reporting number provides access to external victim advocates and support services as well as a means of reporting. Inmates are informed that any reports of sexual abuse are forwarded to authorities in accordance with mandatory reporting laws.

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 document all reports as stated on page 18, section 2 of policy 14-2. Employees may privately report sexual abuse and sexual harassment of inmates in writing or may contact the CCA Ethics and Compliance Hotline at 1-866-757-4448.

There are no inmates at the McRae Correctional Facility that are housed solely for civil immigration purposes.

Inmates interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of inmates.



### Standard 115.52 Exhaustion of administrative remedies

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

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

The McRae Correctional Facility does not have an administrative procedure for addressing inmate grievances regarding sexual abuse as stated in policy 14-2, page 18, section 1-c. All PREA allegations received as grievances are submitted to the facility investigator or to the Administrative Duty Officer for immediate initiation of the PREA protocol; therefore, this standard is not applicable. In the past 12 months, the facility has not received any grievances alleging sexual abuse.

### Standard 115.53 Inmate access to outside confidential support services

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

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

Policy 14-2, pages 10 & 11, 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 mailing addresses and telephone numbers, including toll-free hotline numbers available for reporting allegations of sexual abuse as well as to request emotional support services.

Inmates are informed through the Inmate Admission and Orientation Program, through information provided in the *Inmate Handbook* and in the *Preventing Sexual Abuse & Misconduct* brochure and through posters and news bulletins displayed throughout the facility. Inmates are given the address (18 North College St., Statesboro, GA 30458) and the toll-free telephone number (1-866-489-2225) of the Statesboro Regional Sexual Assault Center. These services are provided at no cost to the inmate and are available 24-hours a day, seven days a week. Inmates are informed that communication with this agency will not be monitored. Callers can remain anonymous if they wish to and are given information of the mandatory reporting rules and confidentiality. An MOU with Community Service Board of Middle Georgia provides victim inmates with victim advocacy services and crisis counseling.

Inmates interviewed were aware of the confidential support services available to them and how to access them.

### Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The McRae Correctional Facility 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 any time they have knowledge or suspect a detainee has been sexually abused, sexually harassed or requires protection. Information on third-party reporting is available on the CCA website at [www.cca.com/facilities/mcrae-correctional-facility](http://www.cca.com/facilities/mcrae-correctional-facility).

Inmates interviewed were aware of this reporting method. In the past 12 months, the facility has not received any reports of allegations of sexual abuse or sexual harassment from a third party.

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

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

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

The agency/facility policy 14-2 on staff reporting duties was found on pages 18 & 19, sections L-2 & 3. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to a facility investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against residents or staff who reported such an incident. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are reported to the facility's investigators. Staff are also required to report, according to policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. In the past 12 months, there have been no PREA allegations reported.

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.

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 State Vulnerable Persons Statute.

### **Standard 115.62 Agency protection duties**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific**

### **corrective actions taken by the facility.**

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 as stated on page 1, paragraph 2 of policy 14-2.

In interview with the Warden, there were no times during the past 12 months that it was necessary for the agency to take immediate action in regards to an inmate being in 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**

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

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

CCA policy 14-2, page 21, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Administrator shall notify the head of the facility where the sexual abuse was alleged to have occurred and document on the 5-1B, *Notice to Administration* form, that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation. If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Facility Administrator is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the resident's statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility's response is documented on the 5-1B form. If an allegation is received from another facility, the Facility Administrator will ensure that the allegation is investigated.

In the past 12 months, there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at the McRae Correctional Facility. There was one report received 8/2/16 from an inmate alleging sexual abuse that occurred while confined to another facility. Proper procedures per policy were followed and a *Notice to Administration (5-1B)* was completed and provided for review.

### **Standard 115.64 Staff first responder duties**

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

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

CCA policy 14-2, pages 19 & 20, section M, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment 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 and immediately escort the victim to the Health Services Department.

If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, medical staff will ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth. 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. An *Incident Report (5-1A)* would be completed and a *Sexual Abuse Incident Check Sheet (14-2C)* would be used to ensure that all steps of the process are completed.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Random 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 the physical evidence. In the past 12 months, there have been no allegations of sexual abuse or sexual harassment received.

### Standard 115.65 Coordinated response

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

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

Policy 14-2 is the agency/facility’s sexual assault response plan in its entirety. Policy 13.79 addresses the medical response to incidents of sexual abuse and ensures that victims of sexual abuse receive timely, unimpeded access to emergency and ongoing medical evaluation, treatment, and crisis intervention services. A Sexual Abuse Response Team (SART) is established at the McRae Correctional Facility to respond to incidents of sexual abuse. The team consists of the PREA Compliance Manager, the Health Services Administrator, the Chief of Security and the Psychologist. Policy 14-2, pages 10-12, section M, outlines the responsibilities of the Sexual Abuse Response Team. The Team is to respond to reported incidents of sexual abuse, review the facility’s response to sexual abuse allegations and to ensure that policy and procedures are enforced. Each member of SART have specific responsibilities of the roles they play on the Team. Completion of the 14-2C, *Sexual Abuse Incident Checklist* ensures that all required steps are completed.

In the past 12 months, there were no allegations of sexual abuse received. When interviewed, members of SART knew their responsibilities in response to sexual abuse allegations.

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

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

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

Policy 14-2, page 28, section 2-d, was used to verify compliance to this standard. CCA would not enter into or renew any collective bargaining on CCA’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company’s

ability to remove alleged employee sexual abusers from contact with any inmate pending the outcome of an investigation. Employees are subject to disciplinary sanctions up to termination for violating CCA's policies on sexual abuse and sexual harassment. CCA nor the McRae Correctional Facility has not entered into any collective bargaining agreement since the last PREA audit. There are no restrictions to keep the agency/facility from not disciplining employees up to and including termination.

### **Standard 115.67 Agency protection against retaliation**

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

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

CCA has a policy to protect residents who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff as outlined on page 11, section 3, a-iv – v. The agency has multiple protection measures, such as housing changes or transfers for residents, victims or abusers, removal of alleged staff or resident abusers from contact with victims and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Mental Health Specialist is responsible for monitoring for retaliation. Monitoring shall be documented on the 14-2 D, *PREA Retaliation Monitoring Report* form. 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 the past 12 months, there were no allegations of sexual abuse or sexual harassment reported, therefore retaliation monitoring was not necessary. When interviewed, the Mental Health Specialist knew his responsibilities for monitoring for retaliation per policy.

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

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

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

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 outline on pages 15 & 16, 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.

There have been no allegations of sexual abuse or sexual harassment received in the past 12 months. On interview with the Warden, if it was necessary to separate a victim from an abuser the victim would be placed in a medical holding cell until alternative placement could be

made.

### Standard 115.71 Criminal and administrative agency investigations

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

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

The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse or sexual harassment, including third party and anonymous reports. The facility has two trained investigators who conduct administrative investigations at the McRae Correctional Facility. The agency's policy on administrative and criminal investigations is outlined in policy 14-2, pages 22-24, section O. The administrative investigation is documented in a written report.

When the quality of evidence appears to support criminal prosecution, the allegation is referred to the Telfair County Sheriff's Office who per MOU with the agency, conducts investigations pursuant to the requirements of this standard. The facility shall cooperate with the Sheriff's Office and remain informed of the progress of the investigation through communication with investigators.

In this audit period, there were no PREA allegations reported. The agency/facility retains all investigative files for the duration of the BOP contract.

When interviewed, the facility investigators knew their responsibilities in the conduct of administrative investigations and referral for criminal investigations.

### Standard 115.72 Evidentiary standard for administrative investigations

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

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

Based on policy 14-2, page 24, 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 interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, they confirmed the agency policy.

### Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

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. 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. The policy further states that following a resident's allegation that an employee has committed sexual abuse against the resident; the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following an inmate’s allegation that another inmate sexually abused him, the agency shall inform the inmate of the outcome of the investigation.

All resident notifications or attempted notifications shall be documented on the 14-2E, *Inmate/Resident Allegation Status Notification* (5-1E) form. The inmate will sign the 14-2E and the form is to be filed in the inmate’s institutional file. The facility's obligation to notify the inmate shall terminate if the inmate is released from custody.

In the past 12 months, there were no sexual abuse or sexual harassment allegations received; therefore, no notifications were required.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Staff shall be subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse policy as outline in policy 14-2, page 28, section R-2 and in the *Standard Schedule of Disciplinary Offenses and Penalties* (3-3E) provided to all employees. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. The nature and circumstances of the acts committed, the employee’s disciplinary history and the sanctions imposed for comparable offenses by other employees with similar histories are all considered before imposing sanctions.

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. In the past 12 months, no staff has been disciplined or terminated for violating the agency’s sexual abuse or sexual harassment policy.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Based on review of policy 14-2, page 28, section 3, any volunteer or contract who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies and to any relevant licensing body.

In interview with the Warden, in the past 12 months, the McRae Correctional Facility has not received any reports of sexual abuse of inmates by volunteers or contractors. If a violation were to occur, appropriate remedial actions would be taken and the volunteer or contractor would be prohibited from access to the facility and an investigation would be initiated.

### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Per policy 14-2, pages 27 & 28, section R-1, inmates found guilty of sexual abuse will be institutionally disciplined in accordance with the facility disciplinary procedures. The policy clearly states that sexual activity by inmates regardless of consensual status is strictly prohibited and subject to administrative and criminal disciplinary sanctions. 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 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. FBOP Program Statement 5270.09, *Inmate Discipline Program*, page 21, section 541.6 states that mentally ill inmates will be referred to his mental health professional to determine whether he is responsible for his conduct or is incompetent.

An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Inmates who allege false claims of sexual abuse can be disciplined. The Warden or designee should contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

Inmates are informed in the Inmate Handbook, in the *Preventing Sexual Abuse & Misconduct (14-2AA)* brochure and through information provided in the Admission and Orientation Program that sexual misconduct is a violation against the facility’s rules and regulations and describes what constitutes sexual misconduct.

In the past 12 months, there have been no reported incidents of sexually related misconduct by inmates.

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

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



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

In review of policy 14-2, 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 mental health practitioner using the 13-61B form, *Referral for Mental Health or Chemical Dependency Services*. Inmates who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner. The Mental Health Services policy 13-61, states that mental health appraisals will be conducted within 14 days for inmates referred to mental health during the intake process.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. 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. Information about confidentiality of any information related to sexual victimization is outlined in policy 13-58, *Medical Records* and in policy 13-74, *Privacy of Protected Health Information*.

Mental health services are provided on-site by mental health staff and are also provided through an MOU with the Community Service Board of Middle Georgia.

In interview with the Health Services Administrator, the Mental Health Coordinator and the Psychologist, the requirements to this standard as they apply to policy 14-2 are being adhered to. In the past 12 months, there were no allegations of sexual abuse or sexual harassment.

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

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

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

Policy 14-2, pages 19 & 20, 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 Health Services Department. All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical and medical treatment and crisis intervention services as outlined in policy 13-79, *Sexual Assault Response*. Inmate victims will be examined using the *Rape/Sexual Assault Protocol* (13-79A).

The medical department is staffed 24 hours a day, seven days a week. The nature and scope of services provided are determined by medical and mental health practitioners according to their professional judgement. The facility shall attempt to conduct a mental health evaluation on all known inmate abusers within 60 days and offers treatment as deemed appropriate. The facility has MOU’s with the Dodge County Hospital and the Jeff Davis County Hospital to provide emergency and ongoing medical treatment to the inmates of the McRae Correctional Facility.

An MOU with the Telfair Ambulance Service provides for emergency medical transports. Forensic examinations are not performed by medical staff at the facility. An MOU with the Statesboro Regional Sexual Assault Center provides SANE exams to inmate victims of sexual assault. Victims also offered information about sexually transmitted infections prophylaxis treatment. Services through the Statesboro Regional Sexual Assault Center are provided without financial cost to the inmate regardless of whether the inmate victim names the abuser or cooperates with an investigation.

The facility has an MOU with the Community Board of Middle Georgia to provide victim advocacy and crisis counseling services. In the event of sexual abuse, the victim inmate would have an option of receiving advocacy services from the Psychologist who is the facility’s

victim advocate or from the Community Board of middle Georgia.

Interviews with the Health Services Administrator and the Mental Health Coordinator confirmed that the requirements of this standard are being adhered to.

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

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

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

Based on medical and mental health staff interviews and documentation provided, and review of policy 14-2, 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.

An MOU with the Statesboro Regional Sexual Assault Center offers information about sexually transmitted infections and prophylaxis treatment. Services through the Statesboro Regional Sexual Assault Center are provided without financial cost to the inmate regardless of whether the inmate victim names the abuser or cooperates with an investigation. MOU's with the Jeff Davis County Hospital and the Dodge County Hospital provide for emergency and ongoing medical care for the inmates at the McRae Correctional Facility.

The facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse history. Ongoing mental health services are offered through on-site mental health staff or referral to the Community Service Board of Middle Georgia, per MOU.

Subsections (d) and (e) of this standard are not applicable to this facility as the McRae Correctional Facility houses male inmates only.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

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. The Warden, the PREA Compliance Manager, the Health Services Administrator, the Chief of Security and the Psychologist make up the SART and are responsible for incident reviews.

Per policy the review team will consider requirements of 115.286 (d) of this standard when reviewing an incident of sexual abuse. The 14-2F, *Sexual Abuse Incident Review Report*, is used for this purpose. All findings and recommendations for improvement are documented on

the 14-2F form The facility will implement the recommendations for improvement or will document the reasons for not doing so. The original 14-2F is forwarded to the Warden and a copy is forwarded to the PREA Compliance Manager and a copy is retained by the PREA Compliance Manager.

In the past 12 months, there have been no sexual abuse allegations received. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

### Standard 115.87 Data collection

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

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

Information on data collection is found on page 29, section T-1 and section 2-a & b of CCA policy 14-2. CCA 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).

The facility will ensure that incidents of sexual abuse are entered into the Incident Reporting Database System (IRD) as required by CCA. This information is reported on the *Incident Tracking Form*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its residents.

### Standard 115.88 Data review for corrective action

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

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

Based on policy 14-2, page 27 & 28, section 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. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The PREA Coordinator forwards the annual report to the Chief Corrections Officer for approval. The report is then made public on the CCA website and can be accessed at <http://cca.com/security-operations/prea>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2015 data, was very well written and showed a breakdown of data from this audit cycle (2013/2014/2015) in an easy to read table according to the type of allegations and the

investigative findings as well as a narrative overview of this information. Highlights of corrective actions taken from prior years showed a good overall picture of the progress of CCA's PREA program, exceeding in the requirements of this standard.

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

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

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

According to policy 14-2, page 29, section T-1 and section T-2-c, the agency ensures that the data collected is securely retained. According to *CCA's Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for the length of the BOP contract or 10 years, whichever is longer.

CCA makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://cca.com/security-operations/prea>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

**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

November 7, 2016

Auditor Signature

Date