

**Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails
Final Report
Date of Report July 15, 2019**

Auditor Information

Name: William Peck	Email:
Company Name: William Peck LLC	
Mailing Address: P.O. Box 10449	City, State, Zip: Fairbanks, AK 99710
Telephone:	Date of Facility Visit: 19-21 June 2019

Agency Information

Name of Agency: Louisiana Department of Corrections		Governing Authority: State of Louisiana	
Physical Address: 504 Mayflower		City, State: Baton Rouge, LA 70804	
Telephone: 225-342-2211		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
Agency mission: The mission of Corrections Services is to enhance public safety through the safe and secure incarceration of offenders, effective probation/parole supervision and proven rehabilitative strategies that successfully reintegrate offenders into society, as well as to assist individuals and communities victimized by crime.			
Agency Website with PREA Information: doc.la.gov			

Agency Chief Executive Officer

Name: James LeBlanc	Title: Corrections Secretary
Email:	Telephone:

Agency-Wide PREA Coordinator

Name: Michelle Dauzat	Title: Assistant Warden; Agency PREA Coordinator
Email:	Telephone:
PREA Coordinator Reports to: Seth Smith, Chief of Operations	Number of Compliance Managers who report to PREA Coordinator: 8

Facility Information

Name of Facility:	Louisiana Correctional Institute for Women
Physical Address:	15200 Scenic Highway Baker, LA 70714
Telephone Number:	225-319-2701

The Facility Is:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: It is the mission of the Louisiana Correctional Institute for Women to provide custody, control, care and treatment in a professional manner to adult female offenders through enforcement of the laws and management of programs designed to ensure the safety of the public, employees, and offenders while reintegrating offenders into society.			
Facility Website with PREA Information: doc.la.gov			
Warden/Superintendent			
Name: Frederick Boutte'		Title: Warden	
Email:		Telephone:	
Facility PREA Compliance Manager			
Name: Edith Pedescleaux		Title: Assistant Warden	
Email:		Telephone:	
Facility Health Service Administrator			
Name: John Prejean		Title: Medical Director	
Email:		Telephone:	
Facility Characteristics			
Designated Facility Capacity: 320		Current Population of Facility: 273	
Number of offenders admitted to facility during the past 12 months			388
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			388
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			388
Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:			155
Age Range of Population:	Youthful Offenders Under 18: 0	Adults: 19-66	
Are youthful offenders housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful offenders housed during the past 12 months:			0
Average length of stay or time under supervision:			21 YRs
Facility security level/offender custody levels:			Min-Med
Number of staff currently employed by the facility who may have contact with offenders: 194 security staff and 78 non-security staff			272
Number of staff hired by the facility during the past 12 months who may have contact with offenders:			106
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:			8

Physical Plant	
Number of Buildings: 15	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	1
Number of Open Bay/Dorm Housing Units:	4
Number of Segregation Cells (Administrative and Disciplinary):	4
Description of any video or electronic monitoring technology: LCIW has 53 PTZ cameras in every housing unit and at key exterior points at all facility sites, exterior yards, and program areas, etc., and 8 more are planned and being added. Retention is 31 days in low-traffic areas, 7 days approximately in high-traffic housing units.	
Medical	
Type of Medical Facility:	Infirmary
Forensic sexual assault medical exams are conducted at:	Women's Hospital, Baton Rouge LA
Other	
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:	308
Number of investigators the agency currently employs to investigate allegations of sexual abuse: PREA Investigators physically located at LCIW:	1

Acronyms:

DPS&C	Department of Public Safety & Corrections
DOC	Department of Corrections
LCIW	Louisiana Correctional Institute for Women
PCM	PREA Compliance Manager

Relevant DPS&C Regulations and Policies:

- A-01-011 Safety Plan
- A-02-018 Institutional Staffing
- A-02-022 Criminal Record Check
- A-02- 028 Training and Staff Development
- B-05-001 Disciplinary Rules and Procedures for Adult Offender
- B-02-020 Youthful Offenders
- B-06-001 Health Care Manual
 - Health Care Policy No. 14 Medical Level of Care
 - HC-30 Sexual Assault
- B-08-010 Americans with Disabilities Act

B-08-018 Effective Communication with the Hearing Impaired
C-05-001 Activity Reports/Unusual Occurrence Reports Operational Units
C-05-003 Headquarters Compliance Monitoring

Audit Findings

Audit Narrative

The Louisiana Correctional Institute for Women(LCIW), East Baton Rouge Parish, LA, is compliant with the U.S. Department of Justice PREA standards.

The on-site PREA audit of the Louisiana Correctional Institute for Women was conducted 19-21 June 2019 by Department of Justice Certified Auditor William Peck. Both an in brief and an out brief were held and the inbrief was followed by an extensive Site Review of the prison.

Reviewing documentation is a critical component of the audit process, so throughout the pre-audit review and the on-site audit, the auditor reviewed various documents including personnel records, investigation files, training and education records, assessment and screening tools, policies and procedures, and related materials relating to PREA standards.

In addition to the Site Review and the extensive interview process, the auditor reviewed the PAQ (Pre-Audit Questionnaire) submitted by the facility, DPS&C policies related to PREA, and spot-checked 12 random human resource files for training and background investigation verification and reviewed all investigative files from the past 12 months.

The post-audit phase triangulated all data and input received, reviewed interview data in detail, and performed a final review of the PAQ submission. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

It was clear during the pre-visit review that policy component sections were compliant and that the DOC and facility staff has drafted policy with the intent to be PREA-compliant for all Louisiana facilities; policy parallels very closely, often verbatim, the PREA Standards and checklists for policy. The on-site visit, then, focused on actual compliance in operations and whether local training, process, and actual procedure mirrored policies.

Facility Characteristics

The Louisiana Department of Public Safety and Corrections (LA DPS&C), LCIW Correctional Institute for Women (LCIW) is a 320-bed medium security facility located in East Baton Rouge Parish, LA.

LCIW was relocated from their permanent (900+ capacity) site at St. Gabriel, LA and their population dispersed to this site, formerly the closed Louis Jetson Center for Youth, and partially to 2 other sites as well), following 2016 flooding that closed their prior location. LCIW population is currently somewhat dispersed but this location remains the central manager and provider of confinement for females in DOC. The reception and intake process for LCIW occurs at the Elayn Hunt Correctional Center in nearby St. Gabriel, LA; Elayn Hunt also holds some 250 of the DOC female offenders.

The facility currently consists of 19 buildings, including the Administration building. There are 4 main housing areas within the secure perimeter plus infirmary housing. The 4 housing units are open dormitories and there are 4 total administrative and disciplinary single cells which serve all facility separation needs including mental health cases, suicide, and protective custody purposes. The infirmary contains a small living unit of 8 beds as a ward and also a separate area of 20 beds in the living area side for orderlies, etc. and that area is double-bunked. There is about 30,000 square feet of dorm space in 4 dorms of relatively equal size, one dorm being a bit smaller than the others. Additionally, the facility has approximately 19,000 square feet of medical space and 10,000 square feet of program space for education and training.

Although the average stay here computes at nearly 20 years, this is more realistically explained as 2 distinct populations, one of very long sentences (including life without parole) and one population of much shorter sentences.

There are some 194 security staff, 78 non-security staff, several service provider contractors and over 300 volunteers.

Site Review

Pre-On-site Audit Phase

Prior to conducting the on-site visit to the facility, the auditor requested that the facility identify a comprehensive list of offenders, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the on-site portion of the PREA audit. From these listings, once on-site, the auditor selected representative samples for interviews (i.e., offender and staff) and document reviews during the on-site portion of the audit.

The listings requested by the auditor in the pre-on-site audit phase included:

Complete offender roster of the population on the first day on-site.

Youthful offenders

Offenders with disabilities- None at this Facility

Offenders who are Limited English Proficient (LEP)- None at this Facility

Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Offenders- None at this Facility

Offenders in segregated housing- None at this Facility

Offenders who reported sexual abuse- None at this Facility

Offenders who reported sexual victimization during risk screening

Complete staff roster (indicating title, shift, and post assignment)

Specialized staff, particularly:

Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment

Medical staff

Administrative (human resources) staff

Volunteers who have contact with offenders

Contractors who have contact with offenders

Criminal investigative staff (e.g., at the agency level, facility level, external entity, etc.)

Administrative investigative staff (e.g., at the agency level, facility level, external entity, etc.)

Staff who perform screening for risk of victimization and abusiveness

Staff who supervise offenders in segregated housing

Staff on the sexual abuse incident review team

Designated staff member charged with monitoring retaliation

First responders, security staff who respond to an incident of sexual abuse

Intake staff

All incident reports from the 12 months preceding the audit

All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months

Total number of allegations

The auditor visited the following departments to review conditions relating to departmental policy and operations:

Medical

Mental Health

Education and Program Areas

Classification

Food Service

Human Resources

Training

All Housing Units

During the Site Review, camera placement, sight lines, and staff placement were noted to assist in determining standards compliance. There are 61 cameras spread throughout areas where security violations are more likely to occur. Most retention times are 7-31 days but it varies depending on the number of recorded events that activate a recording.

The Site Review provided an opportunity for the auditor to conduct in-depth observations

of the different areas of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain an understanding of facility operations and practice as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included: living units, work areas, cells along with toilets and showers, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds.

Video monitoring systems were observed and noted; and housing zones, day rooms, offender programs areas, work areas, and all other offender accessible areas were Site Reviewed. While reviewing the site, several staff and offenders were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. Offenders and staff both knew that they could report sexual safety issues and were well aware of external addresses and phone numbers of potential sources to report or gain assistance with their issues. Posters that included notice of the audit dates, posters relaying reporting information, and data on advocacy organizations were uniformly excellent, widespread and accessible. Subsequent interviews substantiated this as normal and of long-standing practice.

The auditor verified that higher-ranking staff such as the Deputy and Assistant Wardens, Major and Captains make unannounced rounds, documented in the logbook by both the control officer and the supervisor making the rounds.

Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner; interviews with offenders and staff supported that the facilities ensure these announcements and that this practice is adhered to during daily operation. It was noted during both the site review and the interviews that, in this facility, the pending arrival of an opposite-gender person was announced, then followed by a quick check by the post officer to ensure all were prepared, and then the visitor was allowed to enter.

It was also evident that all staff and offenders receive appropriate training concerning PREA and the zero-tolerance policy during initial training as well as annual and also regular refresher training. All staff were well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. Staff interviewed were very familiar with the expectations of their duties as well as the procedures for evidence preservation.

Staffing appeared adequate and well-positioned, to include supervisory staff making random checks in housing areas. No concerns related to sexual safety were noted while visiting these areas. The auditor reviewed the Control Center, talking with the post officers and observing CCTV monitors. The cameras are positioned in a way that precludes remote viewing of offenders as they shower and perform bodily functions. The Agency and facility have also demonstrated their commitment to compliance to the PREA standards by providing some agency funding for appropriate privacy barriers in the toilet and security curtains in the shower areas while still providing a secure environment for the population. All areas have single showers and there are no group shower areas and all toilet facilities are within individual stalls.

All unoccupied rooms and closets that could provide concealment were locked at the time of the Site Review. Staff and offender restrooms in common areas were locked and, according to staff members and offenders, they remain locked when not in use and can only be opened by an employee. Each housing unit includes wall mounted telephones for offender use, and information about how to call or write for PREA assistance is posted in each unit.

Medical

Medical care is provided at LCIW 24/7 by medical staff, who are state employees, and consists of 1 Physician, 1 Nurse Practitioner, 1 DON (Director of Nursing), 1 Assistant DON, 14 RN's, 13 LPN's, and several support staff. Specialized medical services are also provided via medical contracts, including a psychiatrist, and a telemedicine program.

All offenders are within sight or sound of staff; and offenders are assigned to assist long-term medical in-patients, several of whom are elderly or in need of other assistance.

The facility physician could provide forensic examinations but does not, and the training of the medical staff has been geared to ensuring proper procedures and how to meet PREA medical standards. Offenders are actually sent to nearby Woman's Hospital for SAFE/SANE assault protocols and examinations. No forensic examinations are provided here at LCIW. Testing, prophylactic treatment, and follow up for sexually transmitted diseases would be provided if an incident occurred.

All victims and predators are referred to Mental Health following any incident. The MH department offers programs individually with all sexual victims and abusers and monitors victims after any incident to prevent any retaliation incidents. Several Social Workers are also designated as Victim Advocates.

There is a contract with a psychiatrist that provides for assessment and treatment of females at LCIW as well as the dispersed females at the Elayn Hunt facility.

Mental Health

LCIW's Medical and Mental Health Department staff includes:

RNS - 14
LPNS - 13
Clerical- 6
MD - 1
Nurse Practitioners - 2
Social Workers - 7
Dental Assistant - 1
Psychiatrist - 1
OB/GYN -1
Physical Therapy -1
Hepatitis C Specialist - 1

Optometry - 1
X-Ray Technician - 1

The programs available in Mental Health include:

Substance Abuse

Parenting

Depression/Anxiety

Sex Offender (called Morals and Integrity)

MRT- Moral Reconciliation Therapy

Thinking for a Change (CBT)

Domestic Violence (My Sister's Keeper)

Sexual Trauma

Crisis intervention,

Individual counseling,

Case management, and aftercare referrals to appropriate agencies.

General Population offenders access Mental Health services by request. Offenders are generally seen per treatment recommendations, including a Psychiatrist who provides a weekly service. A large number of interviewed offenders commented on the ease and speed with which they could request and receive mental health services.

Religious Programming

LCIW has one full-time chaplain and 308 active religious volunteers who provide scheduled organized religious and non-religious services/classes daily. The New Orleans Baptist Theological Seminary has graduated 21 Bachelor Degreed seminarians who are now qualified to assist in religious programming.

Although volunteers work in several areas, the vast majority are religious volunteers. The warden and the appropriate department head must approve all volunteers, and all must complete both volunteer and PREA training and undergo background records checks prior to being approved.

Academic and Vocational Education

LCIW has academic and vocational education programs from literacy to post-secondary education. There are 3 full-time teachers and 2 part-time teachers. LCIW utilizes the HISET program for high school level programming. Post-secondary education consists of job and life skills classes, vocational programs and college classes with approval. Academic program entry is interest based but vocational program entry is based on a projected release date.

The department offers Literacy, Adult Basic Education (ABE) and access to college-level programs through Ashland University and Tulane University programs. There have been a number of associate degree level graduates and the facility will have its first Bachelor-level graduates the coming year. The facility also has a bachelor's level accredited ministry program that graduates offenders qualified to do ministerial or missionary work or to assist in facility religious programming.

Vocational programs are provided through a cooperative effort with Baton Rouge

Community College and include several trades and vocations that have industry certifications, including welding, horticulture, culinary and a pending new start in cosmetology just recently approved by the State licensing board.

Pre-Release Programming

Based on the philosophy that discharge planning begins at admission and continues throughout the period of incarceration, LA DOC mandates 100 hours of pre-release training prior to being released and participation is mandatory by law for all offenders releasing from prison. In addition to completing the 100 hours of training, a reentry team works closely with each offender to ensure they have requisite forms of identification prior to their scheduled release date. LCIW Re-entry initiatives provide assessment, identification, and linkage for offenders with services specific to their reentry needs. Offenders began preparing for release from their point of entry in the facility. Classification and Treatment staff with assistance from outside agencies conducts educational workshops with offenders preparing for reintegration into society. Offenders receive 100 hours of instruction which includes communication skills, victim awareness, value development, health and wellness, substance abuse, money management, job seeking skills and information concerning conditions of parole prior to release.

Social Services

LCIW provides social services and counseling through the classification staff, chaplaincy staff, health care staff, self-help programs, and volunteer staffed programs.

Interviews

During the course of the audit, team members met with both staff and offenders to verify observations and/or to ask the PREA Standards' interview questions concerning facility operations. The major portion of the site audit consisted of conducting these structured interviews with specialized and randomly selected staff and also with random and targeted categories of offenders (LGBTI, reported victims of abuse, reported perpetrators of abuse, etc.). Interview data is summarized at the end of this narrative.

The auditor interviewed a wide range of random and specialized staff that included both executive and line staff for the facility. Specialized staff interviewed included Medical and Mental Health Supervisors, higher-level supervisors, as well as staff from Programs, Human Resources, Training, Classification, Volunteer and Intake Staffs.

The auditor also conducted random and targeted offender interviews, as noted below. Offenders interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information on their arrival during the reception process at Elayn Hunt Correctional Center and had also received annual refresher training at LCIW. All staff and offenders interviewed were very

cooperative during the interviews.

Offender Interviews

Based upon the offender population of 278 at the facility on the first day of the on-site portion of the audit, the PREA Auditor Handbook shows a minimum of 26 total offender interviews to be conducted; 13 randomly selected offenders and 13 targeted offender interviews. The PREA Compliance Manager and other staff facilitated these interviews of all offenders in a private setting.

The auditor conducted 18 random offender interviews and 19 interviews of targeted populations. The numbers of targeted offenders were adjusted to account for the absence of youthful offenders in this population; the absence of any allegations or reports of abuse in the past 12 months; and the policy that prevents the use of protective custody for any sexual abuse-related issue, either for investigation, separation or protection.

All of the offenders interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero-tolerance policies toward sexual abuse, harassment, and retaliation. During their interviews, many offenders disclosed that they felt sexual abuse incidents were very unlikely at this facility due to security levels and staff professionalism, concern, and management. Several stated it was safe, that staff would take any complaint or allegation seriously and that it would be fully investigated.

Without exception, every offender interviewed stated they felt safe and felt that all the women there were safe from sexual abuse or harassment.

Youthful Offenders	0
Offenders with a Physical Disability	1
Offenders who are Blind, Deaf, or Hard of Hearing	1
Offenders who are LEP	1
Offenders with a Cognitive Disability	1
Offenders who Identify as Lesbian, Gay, or Bisexual	12
Offenders who Identify as Transgender or Intersex	1
Offenders in Segregated Housing for High Risk of Sexual Victimization	0
Offenders Who Reported Sexual Abuse	0
Offenders Who Reported Sexual Victimization During Risk Screening	2
Total Targeted Offender Interviews*	19

During all interviews, it was evident and well communicated that offenders felt safe, secure and at no time had they felt that their sexual safety was at risk. All offenders felt that staff would take very seriously any report of sexual abuse, assault, harassment or retaliation. Offenders communicated multiple methods of reporting and most stated that they would feel comfortable directly telling a staff member at any time. All offenders made mention of the reporting phone numbers and the Victim Advocate contact data; and the location of the posters; and that they received information in regard to PREA upon intake; and were given refresher sessions on a regular basis.

Interviewed offenders communicated that appropriate announcements were made by opposite gender staff as required by the standard and they were never naked in view of opposite gender staff, and they noted that opposite-gender staff do not work in housing or showering/toileting areas. Through interview and observation, it was verified that appropriate privacy screens and curtains are used in the shower and toileting areas and there were no cases of viewing that were non-security related.

The offenders were respectful, open and talked freely with the auditor and described their treatment by staff members as fair. Every single offender interviewed said they felt safe and they knew how to access services and the grievance process, that they were aware of multiple methods of reporting available, to include telling any staff member, utilizing the hotline, reporting to an outside third party, writing to outside agencies, and submitting anonymous reports in writing..

Staff Interviews

The auditor interviewed a wide range of staff that included both executive and line staff for the facility. Specialized staff interviewed included Medical and Mental Health Supervisors, higher-level supervisors, as well as staff from Programs, Human Resources, Training, Classification, and Volunteers.

The auditor conducted 47 interviews in the course of the audit, 16 random staff, 21 specialized staff, 5 leadership interviews, 1 Victim Advocate agency manager, and 4 interviews of volunteers and contractors.

Staff are professional in their interaction with the offenders and other staff, but it is noted that many of them are also very interactive with the offenders and they evinced a great concern for the well-being of the offenders here. The officers on the shifts stated they feel safe working here and all staff had been through initial and annual PREA training. The auditor observed a sense of pride in all levels of staff in the facility regarding their jobs. Officers the auditor talked with said they were involved in the PREA Audit preparation process and committed to the success of the facility. Staff and officers feel that their contributions are recognized, that they make a difference, and their interviews supported that LCIW is a safe and good place to work. There was significant support for the current Warden and administration.

All staff interviewed were well-versed in their respective areas of responsibility regarding PREA and affirmed their facility compliance with the applicable PREA standards. All uniformed facility staff are trained as first responders and are familiar with their duties. Staff were familiar with the procedures regarding reporting, responding and evidence preservation.

Staff Interviewed

- 1 Agency Head Designee (On File)
- 1 Agency PREA Coordinator (On File)
- 1 Agency Investigator (On File)
- 1 Warden
- 1 PREA Compliance Manager
- 1 Victim Advocate/Crisis Center Manager
- 3 Incident Review members
- 1 Human Resource Manager
- 1 Contract Administration
- 1 Retaliation Monitor
- 1 Investigator
- 1 Intake Supervisor
- 4 Volunteer/Contractor who has contact with offenders
- 4 Medical/Mental Health staff
- 5 Intermediate or higher-level supervisor
- 1 Staff who perform screening for risk of victimization and abusiveness
- 3 First Responders
- 16 Random Staff

Conclusion

The LCIW Correctional Institute of LA DPS&C is compliant with PREA Standards.

The auditor conducted an out brief to the key staff and gave an overview of the future process and thank them for their participation thus far. The timeline and expectations for the remainder of the audit were discussed and the auditor expressed appreciation for the exceptional hospitality and cooperation of everyone involved.

The auditor explained the procedures that would follow the completion of the audit., i.e. the triangulation of all data from the site visit and Site Review, the documents submitted and reviewed, and the interviews completed. It was explained that any areas found not to meet standards would need to be corrected and the auditor would work with the leadership and the facility PREA Manager to accomplish this compliance. The willingness of all staff involved to accomplish PREA compliance was acknowledged and their determination to become compliant was evident.

Warden Frederick Boutte', his leadership team, and members of the staff are all sensitive

to ensure continuing this facility in compliance with PREA standards. The final briefing indicated that this present sensitivity and attention will continue. The auditor was impressed with the strength and quality of Warden Boutte’s leadership of his executive team; the high quality of teamwork support among staff throughout the prison; and the PREA team preparation, led by the LCIW Compliance Manager, Assistant Warden Edith Pedescleaux.

Summary of Audit Findings

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

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

Number of Standards Exceeded:	1
Number of Standards Met:	42
Number of Standards Not Met:	0

Summary of Corrective Action (if any)

There are no significant corrective actions required. A few minor issues were noted during the site visit and corrected immediately. As an observation, it would be beneficial to delve further into the value and accuracy of the High-Risk Assessment scales to determine their degree of accuracy for females compared to use in male facilities. It would appear to lend itself as a topic for further study perhaps by a graduate researcher, etc.

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Secretary has appointed a senior staff member to serve as the Department's PREA Coordinator. The Department's PREA Coordinator has oversight of all activities to develop, implement and oversee the Department's efforts to comply with the PREA Standards in all units. At LCIW the PCM is an Assistant Warden who reports to the Deputy Warden.

Each Warden designates an employee to serve as the unit PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA

standards. Generally, the employee selected should hold an upper management position. During his interview, the Warden observed that his most important early decisions were selecting who to assign to manage PREA and who would handle investigations, both choices heavily dependent upon and requiring strong ethics and integrity.

The unit PREA Compliance Managers serves as a liaison between their facility and the Department's PREA Coordinator and other appropriate Headquarters staff and is responsible for monitoring PREA related activities, etc. PREA Compliance Managers also ensure that each requirement of this regulation, including verification that all training, screening, assessments, reporting, and monitoring is accomplished in a timely manner.

The Department has adopted a zero-tolerance policy toward victimization and sexual abuse within our facilities through the PREA Program. Full investigations, appropriate reporting, and compliance with the standards program will be treated as a top priority by administrators and investigators. Both offenders and staff were well aware of PREA and the zero-tolerance policy of the Agency. The staff who violate this regulation may receive disciplinary action, up to and including termination.

Interviews supported a strong approach towards PREA incident prevention here. Several long-term offenders and staff noted they could not recall an actual sexual assault in periods ranging from 15-19 years. Virtually every offender interviewed said they felt safe here and that the other female offenders were safe here.

Standard 115.12: Contracting with other entities for the confinement of offenders

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

The Agency does contract for confinement, not LCIW per se. LCIW does contract for services and some personnel, however, and the contracting agent interviewed indicated that part of her job is to ensure every contract is totally clear on PREA requirements, training, etc. Contractor examples are the optometrist, physical therapist, Obstetrics-Gynecology M.D., Radiology, and a few religious service providers, Imam, etc.

The Agency PREA Coordinator affirmed that they do contract out confinement and all PREA requirements are included in the contracts; further, she noted that all contractors are routinely audited by the State agency and the audit includes PREA requirement compliance.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the offender population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

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

Auditor Overall Compliance Determination

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

Department Regulation No. A-02-018 (Institutional Staffing) requires each facility to develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. When designing substantial expansions or modifications to existing units or when updating a video monitoring system, the Warden is tasked to consider how such expansions, modifications or updates would enhance the unit's ability to protect offenders from sexual abuse. When calculating adequate staffing levels and determining the need for video monitoring, the Warden indicated in his interview that he and his senior staff do consider the following items for each unit and facility area:

- 1) Generally accepted detention and correctional practices;
- 2) Any judicial findings of inadequacy;
- 3) Any finding of inadequacy from Federal investigative agencies;

- 4) Any findings of inadequacy from internal or external oversight bodies;
- 5) All components of the facility's physical plant (including "blind spots" or areas where staff or offenders may be isolated);
- 6) The composition of the offender population;
- 7) The number and placement of supervisory staff;
- 8) Institution programs occurring on a particular shift;
- 9) Any applicable State or local laws, regulations or standards;
- 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- 11) Any other relevant factors.

The staffing plan and annual updates are coordinated with the Department's PREA Coordinator and submitted to DOC Headquarters. The staffing plans determine and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems or other monitoring technologies and the resources the facility has available to commit to ensuring adherence to the staffing plan.

In addition to other rounds specified in institutional policy, each Warden is to require both intermediate-level or higher-level supervisors conduct and document unannounced rounds on all shifts for the purpose of identifying and deterring staff sexual abuse and sexual harassment. The policy prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the unit.

In circumstances where the staffing plan is not complied with, the Warden or designee has to document and justify all deviations from the plan.

Standard 115.14: Youthful offenders

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

All offenders under the age of 18 years housed in a state correctional facility are considered youthful offenders (YO). Although LCIW has no youthful offenders, the DOC does have a system-wide policy which recognizes that:

- No youthful offender may be placed in a housing unit in which the offender will have contact with any adult offender through use of a shared day room or other common space, shower area or sleeping quarters;
- Outside of housing units, the Department shall either maintain “sight and sound separation” between youthful offenders and adult offenders to prevent adult offenders from seeing or communicating with youthful offenders, or provide direct staff supervision when youthful offenders and adult offenders are together.

LCIW does not confine youthful offenders.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? Yes No NA

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status? Yes No

- If an offender's genital status is unknown, does the facility determine genital status during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Cross-gender searches are not authorized. Any cross-gender pat, strip searches, or body cavity searches would be documented on an Unusual Occurrence Report (UOR) and none have occurred during the audit cycle. Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner; interviews with offenders and staff supported that the facilities ensure these announcements and that this practice is adhered to during daily operation. It was noted during both the site review and the interviews that, in this facility, the pending arrival of an opposite-gender person was announced, then followed by a quick check by the post officer to ensure all were prepared, and then the visitor was allowed to enter.

The one intersex offender here was reviewed prior to institutional placement via mental health interviews, medical assessment, genetics and sonogram exams, and a DOC Gender Dysphoria Board which determined the LCIW facility as the appropriate and safe placement. The interview with this offender indicated that she totally agreed with the assessment, felt very safe here, and is treated respectfully and equitably.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Policies B-08-010 (Americans with Disabilities Act) and B-08-018 (Effective Communication with the Hearing Impaired) are two of the major pieces of guidance at the DOC level. They require that all facilities take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Additionally, DOC requires reasonable steps to ensure meaningful access to all DOC efforts to prevent, detect and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Per a Memorandum of Understanding, the DOC uses Lingualinx Telephone Interpreting Services for all foreign language interpreting needs and

senior supervisors of any shift can authorize its use as needed.

Certified offender interpreters may be used to explain the policies and procedures for reporting; however, the Department does not rely on offender interpreters, offender readers or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first- response duties or the investigation of the offender's allegations. Several staff interviews did indicate the use of offender interpreters for items that were not major or important. There have been no uses of offender interpreters in the past 12 months.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? Yes No

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

There were 106 employees and 8 contractors who had background criminal checks this past year due to their contact with offenders. There were 12 Random files checked at human resources for background check information and training records data.

DOC Screening, Hiring, And Promotion Decisions Policy (partial) is:

- A. No unit shall hire, detail or promote any applicant or employee who:
 - 1) Has engaged in sexual abuse in a community confinement facility, jail, lockup or prison as defined in Section 6. of this regulation;
 - 2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
 - 3) Has been civilly or administratively adjudicated to have engaged in the above conduct.
- B. The unit shall consider any incidents of sexual harassment in determining whether to hire, detail or directly promote anyone who may have contact with offenders.
- C. Before hiring, detailing or directly promoting any employee who may have contact with offenders each unit shall perform criminal background checks in accordance with Department Regulation A-02-022 "Criminal Record Check." In addition, criminal background checks are performed at least once every five years for current employees who may have contact with

- offenders.
- D. Unless prohibited by law, each unit shall provide information regarding substantiated allegations of sexual abuse or sexual harassment involving current or former employees upon receiving a request from a community confinement facility, jail, lockup or prison (as defined in Section 6. of this regulation) for whom such employee has applied to work.

The interview with the human resources staff member indicated that when a background check had any type of negative information returned, the individual was not called in for any interviews. She also indicated that any reference request from another agency regarding a former employee would be forwarded to the investigator for processing.

Human Resources does the background checks and the 5-year rechecks are done all together once every 5 years, not on employment anniversary dates.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

LCIW has 53 PTZ cameras in every housing unit and at key exterior points at all facility sites, exterior yards, and program areas, etc., and 8 more are planned and being added. Retention is 31 days in low-traffic areas, and 7 days approximately in high-traffic housing units. The current facility location is viewed as transient and the State is pursuing funds to replace the prior flooded facility. When designing the new prison and planning a substantial video monitoring system, the Warden and his executive team stated in interviews that they have already begun to consider how such construction could enhance the unit's ability to protect offenders from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

There have been no forensic exams required in the past 12 months or even within recent memory of the more long-term staff assigned here. The medical staff here have had forensic-related training to enable them to be more effective if the need arises, but exams would be done at nearby Women's Hospital.

Available Victim Advocates are both qualified staff members and qualified community-based staff members from a rape crisis center who have been screened for appropriateness to serve in the role of a victim's advocate and has received education concerning sexual assault and forensic examination issues in general. Several Social Workers in Mental Health and nurses have been trained as Victim Advocates. The assigned investigator immediately notifies the Victim Advocate (but no later than the next business day), that an alleged sexual abuse has occurred. The Victim Advocate consults with the assigned investigator and offers assistance to the alleged victim as appropriate. The Victim Advocate may not obstruct or interfere with the course of the investigation in any manner.

As requested by the victim and with the alleged victim's written consent utilizing the Consent for Victim Advocate (Form C-01-022- I), the Victim Advocate may participate in supporting victims throughout the forensic medical examination process (ensuring compliance in confidentiality laws) and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

- All conversations between the Victim Advocate and the alleged victim remain confidential except when:
 - Disclosure of the confidential information is necessary to protect the victim or another (staff or offender) from potential harm; or
 - The identity of an otherwise unknown alleged sexual predator is revealed.
- The Victim Advocate does not prepare or submit an Unusual Occurrence Report based upon conversations or functions performed while in the role of Victim Advocate.

LCIW has an agreement with LaFASA (Louisiana Foundation Against Sexual Assault) that is able to provide crisis counseling and reporting avenues. Information about the written contract with LaFASA (the Louisiana Foundation Against Sexual Abuse) is available and in DOC policy. The LaFASA PREA Coordinator indicated in her interview that she had never had a request from an LCIW offender and perhaps only 1 letter in all memory of her time at LaFASA.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Department has adopted a zero-tolerance policy toward victimization and sexual abuse within our facilities through the PREA Program. Full investigations, appropriate reporting, and compliance to the standards program will be treated as a top priority by administrators and investigators.

There were 6 allegations of sexual abuse or harassment received during the past 12 months and all received administrative investigations, none were referred for criminal investigation.

TRAINING AND EDUCATION

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? Yes No

- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

In the past 12 months, 445 staff were trained or retrained in PREA requirements.

Staff Training receives emphasis and appears more than compliant at all levels. All security staff receive 2 weeks of initial staff training at Louisiana State Prison (LSP) training facility at Angola, followed by 1 week of orientation and additional facility-specific training at their LCIW facility, then local OJT on different post assignments. Non-security staff receive only the one week of local training.

PREA training is also presented annually to all staff; at roll call/shift muster for line staff, and in departments for specific departmental PREA issues. Specialized staff complete additional specialty training in their area (e.g., investigators, mental health, etc.) All volunteers and contractors receive annual Refresher training, as well as their initial training and training, is coordinated by the Chaplain since almost all volunteers are religious volunteers.

All training on sexual abuse and PREA Standards is developed by LCIW's Training Director in conjunction with the Chief of Operations, Regional Wardens, DOC's PREA Coordinator, and Medical/Mental Health Director, and includes the following:

- Employee Training
 - All current staff and new hire employees sign the Sexual Assault and Sexual Misconduct with Offenders Acknowledgement Form and the Malfeasance in Office Form. Both forms are maintained in the employee's personnel file. All staff receive instruction related to the prevention, detection, response, reporting, and investigation of sexual abuse.
 - Training is tailored to the gender of the offenders at the employee's facility. The employee receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa.
 - The Department provides Correctional Officers with refresher training annually and all other employees receive refresher training every two years to ensure that all employees are aware of the Department's current sexual abuse and sexual harassment policies and procedures.
 - All security staff is trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
 - During orientation and annually thereafter, all staff is trained in the prevention, detection, response, reporting, and investigation of sexual abuse. This training includes:
 1. The Department's zero-tolerance policy for sexual abuse and sexual harassment;

2. How to fulfill the employee's responsibilities pursuant to this Section and this regulation;
3. An offender's right to be free from sexual abuse and sexual harassment;
4. The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement;
6. Common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with offenders;
9. How to communicate effectively and professionally with offenders, including LGBTI offenders; and
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Training also includes specialized training for Medical and mental health care staff, as well as Investigators. Medical staff employed by the agency do not conduct forensic examinations.

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- LCIW maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.
- Medical and mental health care practitioners also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

LCIW ensures that all volunteers, interns, and contractors who have contact with offenders have been trained on their responsibilities under the sexual abuse and sexual harassment prevention, detection and response policies and procedures. Annual volunteer training is about 2.5 hours.

All volunteers, interns, and contractors must sign the Sexual Assault and Sexual

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Misconduct with Offenders Volunteer Acknowledgement (Form C-01-022-C) stating that they understand that any violation will result in disbarment from the unit and may include the filing of criminal charges as warranted. Form C-01-022-C is maintained in a file under the direct responsibility of the Warden or designee.

The level and type of training provided to volunteers, interns, and contractors is based on the services they provide and level of contact they have with offenders, but all volunteers who have contact with offenders are notified of the Department's zero tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures to follow to report such incidents.

LCIW maintains documentation confirming the training the volunteers, interns, and contractors received.

Standard 115.33: Offender education

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

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

115.33 (c)

- Have all offenders received such education? Yes No

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- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility? Yes No

115.33 (d)

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

115.33 (e)

- Does the agency maintain documentation of offender participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

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

In the past 12 months, 388 offenders received intake information on PREA and were subsequently given comprehensive education within 30 days since they remained in the facility.

The intake process takes place at Elayn Hunt Correctional Center and consists of staff from Medical, Mental Health, Security and Classification meeting and assessing each

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new arrival. An intake assessment for each offender is completed at this time to determine if there are any situations that need to be addressed. This group makes recommendations regarding their areas and program/housing outcomes etc., and Classification department coordinates record and file entries and individual plan formalization. This is followed by physical transfer to LCIW.

Offenders are also asked questions related to PREA by the Classification Staff. After completion of the intake assessment, the medical staff determines if the offender has a situation that would require him to be scheduled for an appointment with the doctor. Emergent situations are handled immediately, and non-emergent situations are handled by scheduling appointments for the offenders. Each offender is given information on how to access health care services. These instructions are given in English and Spanish, and if an offender is deemed to be illiterate, instructions are given orally by medical staff.

Orientation for all new incoming offenders includes verbal and written training information regarding sexual assault and sexual misconduct. This information includes the following:

- Prevention;
- Self-protection;
- Multiple channels of reporting sexual assault and sexual misconduct;
- Protection from retaliation;
- Treatment and counseling;
- DPS&C zero tolerance for sexual assault and sexual misconduct;
- Offenders at all institutions receive information concerning sexual abuse during offender orientation at their respective permanent housing unit upon intake. In addition, each offender receives one hour of annual training regarding sexual abuse and reporting.
- The offender handbooks have a short entry covering the basics of preventing and reporting any abuse or harassment.

Appropriate steps are taken to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. (Department Regulation Nos. B-08-010 "Americans with Disabilities Act" and B-08-018 "Effective Communication with the Hearing Impaired").

Steps are in place to ensure meaningful access to all aspects of LCIW's efforts to prevent, detect and respond to sexual abuse and sexual harassment to offenders who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Certified offender interpreters may be used to explain the policies and procedures for reporting; however, the Department does not rely on offender interpreters, offender readers or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties or the investigation of the offender's allegations.

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Per a Memorandum of Understanding, DOC utilizes Speak Easy Telephone Interpreting Services for all foreign language interpreting needs.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

There is one investigator assigned to the facility staff and she has completed specialized PREA training in conducting sexual abuse and sexual harassment investigations in a confinement facility, and there is an additional investigator undergoing the required training. Investigator and Deputy Warden interviews confirmed that her training includes:

- Techniques for interviewing sexual abuse victims;
- Proper use of Miranda and Garrity warnings;
- Sexual abuse collection; and
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Training includes that offered by DPS&C and training offered by the National Institute of Corrections. Documentation of this training is retained in the Training Department for training credit and documentation.

standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No

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- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?
 Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

There are 50 mental health and medical care total, 35 of them medical personnel, and 100% have received the required agency training. Training for these personnel is well-managed and expeditious, especially important due to both their essential provider functions and to the issue of frequent turnover, due primarily to the DOC pay scale. Many nursing staff arrive with virtually no awareness of PREA and must come up to speed quickly, so training is very important.

- During orientation and annually thereafter, all staff is trained in the prevention, detection, response, reporting, and investigation of sexual abuse. This training includes:

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- The Department's zero-tolerance policy for sexual abuse and sexual harassment;
 - How to fulfill the employee's responsibilities pursuant to this Section and this regulation
 - An offender's right to be free from sexual abuse and sexual harassment;
 - The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - The dynamics of sexual abuse and sexual harassment in confinement;
 - Common reactions of sexual abuse and sexual harassment victims;
 - How to detect and respond to signs of threatened and actual sexual abuse;
 - How to avoid inappropriate relationships with offenders;
 - How to communicate effectively and professionally with offenders, including LGBTI offenders; and
 - How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Training also includes Specialized training in Medical and Mental Health care. The agency ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
 - How to detect and assess a sign of sexual abuse and sexual harassment;
 - How to preserve physical evidence of sexual abuse;
 - How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
 - How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

- LCIW maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. Medical and mental health care practitioners also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender? Yes No

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

115.41 (e)

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

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an offender's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders? Yes No

Auditor Overall Compliance Determination

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

All new incoming offenders (388 in the past 12 months) are screened for a history of predatory sexual behavior, sexual abuse, and the likelihood/potential of sexual abuse/victimization. Initial intake screening occurs ordinarily within 24 hours of intake and requires that the facility reassess the offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days from the offender's arrival at the facility, based upon any additional, relevant information received by the facility subsequent to the intake screening. LCIW staff does additional interviews for females as they are not sure the high-risk assessment system is totally transferable to females.

PREA Screening Checklist (Checklist): An assessment tool utilized to assess an offender's probability of being a PREA Blue High-Risk Sexual Victim (HRSV), PREA Red High-Risk Sexual Predator (HRSP) or PREA Green.

- **PREA Blue HRSV:** Based on the Checklist, any offender within the custody of the DPS&C who has been identified as an individual who has been confirmed as a sexual victim or appears to be at high risk for sexual predation.
- **PREA Red HRSP:** Based on the Checklist, any offender within the custody of the DPS&C who has been identified or confirmed as an individual with the propensity to sexually assault others.
- **PREA Green:** Based on the Checklist, any offender within the custody of the DPS&C with no significant risk of sexual victimization or sexually predatory behavior.

Decisions concerning housing assignments, jobs, and group activities for PREA Blue HRSV and PREA Red HRSP offenders is the responsibility of the Initial Classification Board at each receiving institution and is based on the Checklist, record review, prior facility behavior, and current behavior. If mental health intervention is indicated, a referral is made by the Initial Board to a mental health professional. Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions which are contained on the PREA Screening Checklist.

In deciding whether to assign a transgender or intersex offender to a facility for male or female offenders and in making other housing and programming assignments, the unit considers on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. Transgender offenders will also be given the opportunity to shower separately and each unit maintains documentation of the efforts to offer separate showers utilizing a Shower Preference Statement (Form C-01-022-N). Questions regarding the identification of a transgender or intersex offender's genital status are referred to DOC's Medical/Mental Health Director for review and, if needed, a determination if a physical examination in a private setting by a health care provider is necessary.

The one intersex offender here was reviewed via mental health interviews, medical assessment, genetics and sonogram exams, and a DOC Gender Dysphoria Board which determined the LCIW facility as the appropriate and safe placement. The interview with this offender indicated that she totally agreed with the assessment, felt very safe here, and is treated respectfully and equitably.

Reception center staff note the results of the Checklist in the Offender Management System. Consideration concerning housing, including a possible single cell, is determined by the Classification Board based on initial screening information for those offenders confirmed/deemed PREA Blue HRSV and/or PREA Red HRSP.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a

placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex offender reassessed at least twice each year to review any threats to safety experienced by the offender? Yes No

115.42 (e)

- Are each transgender or intersex offender's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? Yes No

115.42 (g)

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

Auditor Overall Compliance Determination

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

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

Once an offender is confirmed/deemed a PREA Blue HRSV and/or PREA Red HRSP at any time during incarceration, the offender is evaluated by the Classification Board for appropriate housing and programs and the offender is referred to a mental health professional. The mental health professional meets with the offender upon receipt of the referral to offer services and encourage programming. Mental Health also does part of the training of classification staff on using the risk screen for PREA. This training is especially important in light of the fact that there is some uncertainty about whether the HRSV/P factors are as accurate for females as for males.

The completed Checklist for all offenders at their permanent housing assignment is filed and remains in the offender's Master Record and in the mental health section of the offender's medical record file. The Checklist is not considered a public record.

Placement and programming assignments for transgender or intersex offenders is reassessed and documented at least twice each year utilizing the Transgender/Intersex Reassessment (Form C-01-022-O) by Classification staff to review any threats to safety experienced by the offender.

DOC Policy prohibits placing a lesbian, gay, bisexual, transgender, intersex and gender nonconforming offender (LGBTI) in a dedicated unit or facility solely on the basis of LGBTI identification unless such placement is pursuant to a legal requirement for the purpose of protecting such an offender. Transgender and intersex offenders are always given the opportunity to shower separately from other offenders.

Mental health services for PREA Blue HRSV offenders focus on issues related to treatment for and prevention of victimization. Mental health services for PREA Red HRSP offenders focus on alleviating the offender's propensity for predatory or aggressive sexual behavior.

The Director of Classification at LCIW is notified at intake or if determined later of any offender who identifies or is identified as-as a PREA Blue HRSV and/or PREA Red HRSP. This information is entered into the offender's Annual Assessment, Master Record and in the mental health section of the offender's medical record for monitoring purposes. LCIW reviews any offender's PREA designation prior to any housing, job or program reassignment to make an individualized determination regarding how to ensure the safety of each offender.

At least quarterly, Unit Managers ensure housing area supervisors and staff are provided with information identifying which offenders within those housing locations are designated as PREA Blue HRSV and PREA Red HRSP in order to achieve the effective management of these offender populations. Additionally, this information is provided to housing area supervisors each time a PREA Blue HRSV or PREA Red HRSP offender's housing location

is changed.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Offenders at high risk for sexual victimization are not be placed in involuntary segregated housing (Protective Custody/PC) unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden indicated in his interview that, in the rare event PC had to be used, it would last only from one to a couple of days to allow investigators to get it sorted out and determine actual facts.

There have been no cases of such use in the past 12 months.

If the facility did restrict access to programs, privileges, education or work opportunities, classification staff would document this information on the 24-Hour Review of Involuntary

Segregation Status during PREA-Related Investigations (Form C-01-022-P). If a facility cannot conduct an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment.

Any offender who is recognized by staff or others as displaying predatory behavior or the potential for victimization is referred to the PREA Compliance Manager for a special referral evaluation utilizing the Checklist to determine the appropriate classification for the offender. If indicated, the Compliance Manager ensures that a referral is made to a mental health professional for intervention.

REPORTING

Standard 115.51: Offender reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? Yes No

Auditor Overall Compliance Determination

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

Offenders at LCIW may report sexual abuse and sexual harassment, retaliation by other offender or staff, and staff neglect that may have contributed to an incident through the Administrative Remedy Procedure (ARP), via letter through regular mail, by calling Crime Stoppers or by contacting the respective Consulate. Crime Stoppers Baton Rouge is the reporting agency for telephone reports. Inmates can also submit internal mail to the management signed or unsigned.

Offenders may verbally, in writing or anonymously report sexual abuse and sexual harassment. During offender interviews, it was evident that information in regard to reporting opportunities for offenders is well disseminated in multiple forms. As offenders noted in almost every case, the posters and information 'is everywhere.' Offenders could verbalize understanding of multiple methods of reporting to include third-party reporting and anonymous reporting. The majority of offenders stated that they would be comfortable with reporting directly to staff in the event that a need arose. All offenders noted the available posting with listed phone numbers for reporting both to Crime Stoppers and to the Advocacy agency.

Staff who are notified by an offender of sexual abuse and/or sexual harassment will follow directions provided on the back of their identification cards, which include first responder steps as well as completing an Unusual Occurrence Report detailing the incident.

Staff in random interviews were aware in every case that they are required to report sexual abuse and sexual harassment and may do so anonymously. All staff indicated they would not need to remain anonymous and would simply use their chain of command.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the offender in writing of any

such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA

- At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, may an offender consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

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

115.52 (f)

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

- Does the initial response and final agency decision document the agency's determination whether the offender is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The agency policy meets standards for responding to imminent sexual abuse potential cases but there have been no such allegations in the past 12 months. An offender may also use the Administrative Remedy Procedure (ARP) as a means to report an alleged sexual assault or sexual misconduct but none have done so in the past 12 months. There is no time limit imposed regarding when an offender may submit a grievance regarding an allegation of sexual abuse. LCIW does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Standard 115.53: Offender access to outside confidential support services

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing

addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?

Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Offenders may request at the time of the allegation to have access to receive outside assistance from victim advocates for emotional support and staff interviews with the PCM and with mental health indicated one would always be offered in any event.

Available Victim Advocates are both qualified staff members and qualified community-based staff members from a rape crisis center who have been screened for appropriateness to serve in the role of a victim's advocate and has received education

concerning sexual assault and forensic examination issues in general. Several Social Workers in Mental Health and nurses have been trained as Victim Advocates. The assigned investigator immediately notifies the Victim Advocate (but no later than the next business day), that an alleged sexual abuse has occurred. The Victim Advocate consults with the assigned investigator and offers assistance to the alleged victim as appropriate. The Victim Advocate may not obstruct or interfere with the course of the investigation in any manner.

As requested by the victim and with the alleged victim's written consent utilizing the Consent for Victim Advocate (Form C-01-022- I), the Victim Advocate may participate in supporting victims throughout the forensic medical examination process (ensuring compliance in confidentiality laws) and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

- All conversations between the Victim Advocate and the alleged victim remain confidential except when:
 - Disclosure of the confidential information is necessary to protect the victim or another (staff or offender) from potential harm; or
 - The identity of an otherwise unknown alleged sexual predator is revealed.
- The Victim Advocate does not prepare or submit an Unusual Occurrence Report based upon conversations or functions performed while in the role of Victim Advocate.

LCIW has an agreement with LaFASA (Louisiana Foundation Against Sexual Assault) that is able to provide crisis counseling and reporting avenues. Information about the written contract with LaFASA (the Louisiana Foundation Against Sexual Abuse) is available and in DOC policy. The LaFASA PREA Coordinator indicated in her interview that she had never had a request from an LCIW offender and perhaps only 1 letter in all memory of her time at LaFASA.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

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

Third parties (which may include other offenders, unit staff, family members, attorneys, and outside advocates) may also assist offenders by making sexual abuse harassment reports, and/or initiating formal grievances. However, once this formal grievance process has been initiated by a third party, the offender must authorize the request for remedy and must continue the process in accordance with Department Regulation No. B-05-005 "Administrative Remedy Procedure." The unit documents offenders who decline to continue with the grievance once a third party initiates the process.

Reporting information is included on the DOC website and is posted in visiting areas of the facility.

OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

All allegations of sexual assault, sexual misconduct or sexual harassment by either staff or offender may be reported to any staff member. The staff member who receives such reports whether verbally or in writing is required to immediately notify their supervisor who ensures that protective action is taken and an Unusual Occurrence Report (UOR) is completed prior to the end of the shift.

The facility policy and procedures include specific methods for staff to also privately report sexual assault or sexual misconduct of offenders to any staff member. All PREA related UOR's is forwarded immediately up the chain of command.

An allegation of sexual abuse is reported to the Department's PREA Coordinator and LCIW's PREA Investigator immediately following the initial notification to the Warden.

The assigned investigator immediately notifies the Victim Advocate agency (but no later than the next business day), that an alleged sexual abuse has occurred

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender? Yes No

Auditor Overall Compliance Determination

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

Although this has not occurred in even distant memory of staff or offenders, policy and the written procedure is compliant and the PCM, investigator and mental health staff interviewed were familiar with required steps.

Immediate steps would be taken if the facility learns that an offender might be subject to a substantial risk of imminent sexual abuse. PREA time limits of 48 hours for initial response and 5 days for resolution are observed in this process and, in actuality, the initial response would be virtually immediate according to interviews conducted.

When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, they are trained to take immediate action to protect the alleged victim. They are trained to assume all reports of sexual victimization, regardless of the source of the report (third party, anonymous, verbal, etc.) are credible and respond accordingly.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

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

Auditor Overall Compliance Determination

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

LCIW has received no allegations of abuse by offenders while they were at other facilities but policy is that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden or designee of the facility that received the allegation has to notify in writing the Warden of that facility where the alleged abuse occurred. Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation and documentation is placed in the offender's Master Record. Both the Warden and PCM were familiar with this procedure.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

There were 6 allegations of sexual abuse in the past 12 months, one of which required the first responder to separate the 2 parties but none of which were in a time frame or of such a nature as to allow the collection of physical evidence. In 3 cases, a non-security staff was the first responder and all 3 followed appropriate steps regarding preserving evidence as well as notifying security staff immediately.

Policy is that the first staff member receiving the report/allegation and/or the appropriate supervisor shall advise the victim not to shower or otherwise hygienically clean or if the assault was oral, not to eat, drink, or brush the teeth or otherwise take any action that could damage or destroy physical evidence pending completion of the gathering of that evidence and/or the initial investigation.

Secure the alleged crime scene if feasible and if forensic evidence is likely to exist. The only persons allowed to enter a secured crime scene are the assigned investigator(s), medical staff and/or the Warden, as needed. The crime scene remains secured until released by the investigator. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and also review prior complaints and reports of sexual abuse involving the suspected

perpetrator. The alleged victim is promptly escorted under appropriate security provisions to the infirmary for assessment.

Louisiana law requires all biological evidence collected in cases involving homicide and rape to be held in secure custody indefinitely or turned over to the Sheriff's Office (LCIW is in Baker Parish Sheriff's Office area) that is handling the criminal investigation.

If transporting the alleged victim to the infirmary or Women's Hospital emergency room, the victim would be instructed to undress over a clean sheet in order to collect any potential forensic evidence that may fall from her person. The sheet, along with the victim's clothing, is collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached.

When released from the infirmary or emergency room, the alleged offender victim is separated from the alleged aggressor and screened by a mental health professional with appropriate referrals made.

The credibility of an alleged victim suspect or witness is assessed on an individual basis and not be determined by the person's status as detainee or staff.

Alleged aggressors who are offenders are held in segregation pending investigation and remain there until the investigation is complete unless other circumstances require the transfer of the alleged offender aggressor. The offender accused of the predatory behavior is evaluated by mental health staff prior to the disciplinary hearing of the violation.

All facilities attempt to conduct a mental health evaluation of all known offender on offender abusers within 60 days of learning of such abuse history and after treatment when deemed appropriate by mental health practitioners. This is documented utilizing the Mental Health Evaluation for Substantiated Cases of Sexual Assault (Form C-01-022-R). Interviews with mental health practitioners at LCIW indicate that this happens immediately upon arrival or of learning this information.

In every case where the alleged aggressor is a staff member, there is no contact between the alleged aggressor and the alleged offender/victim without the approval of the Warden and the investigation is conducted by DOC headquarters investigators if the alleged aggressor is a senior staff member.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Each supervisor and senior staff member interviewed was aware of the steps required by the various parties following any incident and most line staff were aware of just their own requirements.

The Coordinated Response Plan is very extensive and has not been needed for any PREA use. Following are some of the elements:

Actions Required After Report of Sexual Abuse

- Take immediate action to protect the alleged victim. Respond to all allegations of sexually abusive behavior and sexual harassment and assume all reports of sexual victimization, regardless of the source of the report (third party, anonymous, verbal, etc.) are credible and respond accordingly.
- Only designated employees specified in policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy.
- All allegations of sexual abuse are to be handled in a confidential manner throughout the investigation.
- All conversations and contact with the victim should be sensitive, supportive, and non-judgmental.

Initial Response: Upon the report or discovery of an incident of sexual abuse/sexual assault, the first security staff member to respond shall:

- Intervene in any assaults and separate the alleged victim and abuser.
- Detain the abuser.
- Call for emergency medical care for the victim, if necessary.
- Immediately notify your supervisor and remain on the scene until relieved by responding personnel.
- Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence.
- Request that the alleged victim does not take any actions that could destroy physical evidence, including bathing, brushing teeth, changing clothes, defecating, smoking, drinking, or eating.
- Ensure that the alleged victim not take any actions that could destroy physical evidence, including bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a correctional officer the responder is still required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.

Shift Supervisor will follow the below procedures:

- Notify immediately the warden or designee, the PREA Compliance Manager, and the Investigator. The Investigator assumes control.
- Assign an officer to remain at the crime scene to protect the area.
- Attend to the victim. Ensure the alleged victim is assessed by medical staff and housed in the Infirmary Isolation cells. Do not speak loudly or call unnecessary attention to the victim.
- A security staff member is placed outside the cell or area for direct observation to ensure these actions are not performed. The alleged victim must not be left alone until evaluated by Mental Health Staff for suicide risk.
- The alleged abuser remains in the dry cell/area under the direct supervision of a same-sex correctional officer to ensure he does not destroy potential evidence.
- Incidents are fully documented.
 - Log Book
 - Security Video
 - Photos

Facility Crime Scene

- Start a crime scene log. Everyone who enters the crime scene area must sign the log. Document each person entering the crime scene, the time of entry and time of departure. Note: Only persons allowed to enter the crime scene are assigned investigators, medical staff, and the Warden or designee.
- Video and photograph the crime scene area before removal of any items from the area.
- Identify staff that will touch and/or handle evidence.

Notifications Required when Sexual Abuse is Alleged: Ensure below notifications are made within two hours of the occurrence:

- Warden
- PREA Compliance Manager
- Investigator
- Health Care Authority
- Mental Health

For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Warden and investigator are notified of the specifics of the allegation. They make notifications and referrals to outside law enforcement agencies and licensing board as appropriate. In every case where the alleged abuser is an employee, contractor, or volunteer there is to be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation.

Evidence Protocol

If the abuse occurred within 72 hours, procedures will be followed in accordance with DOC policy regarding Crimes Committed on Grounds of Institutions.

Responsibility when Sexual Harassment is Alleged

Some offender allegations rise only to the level of sexual harassment. For allegations of sexual harassment, responding supervisory staff:

- Ensure that the alleged victim and abuser are separated.
- A brief inquiry will be made to each individual separate and apart from each other to ascertain if the sexual behavior was consensual or nonconsensual.
- Ensure that your supervisor and the investigator are notified.
- The incidents are investigated and the alleged abuser may be segregated pending the outcome of the investigation.
- The alleged victim is referred to Mental Health for re-assessment to determine if any issues need to be addressed.

Responsibility When Sexual Activity is Alleged

Not all reports or allegations require a full response protocol. For reports or allegations of sexual activity where the involved offenders independently report a non-coercive consensual sexual encounter, responding supervisory staff:

- Ensure that the involved individuals are separated.
- A brief inquiry will be made to each individual independently to ascertain if the sexual encounter was consensual or nonconsensual
- Notify your supervisor and the Investigator.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Interviews with the DPS&C PREA Coordinator and Contracts staff, and the LCIW Warden and PCM, report that LA DPS&C have no contracts or agreements that would limit LCIW's ability to remove the alleged staff sexual abuser from contact with any offender pending outcome of the investigation or of a determination of whether and to what extent any staff discipline is warranted.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have

suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Retaliation is prohibited in DPS&C. If detected or alleged, the appropriate supervisor immediately contacts the facility investigative section. Staff is trained to also report any claims of retaliation against offenders and other staff for reporting abuse, as well as any staff neglect or violation of responsibility that may have contributed to an incident or retaliation.

For at least 90 days following a report of sexual abuse, the PCM monitors the conduct and treatment of offenders or staff who reported the sexual abuse and offenders who were reported to have suffered sexual abuse. If any evidence appears to indicate any changes that may suggest retaliation, the PCM is required to act promptly to remedy any such retaliation. Items monitored include offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff.

Such monitoring continues beyond 90 days if the initial monitoring period indicates a continuing need. The reason is documented on the PREA Agency Protection against Retaliation for Offenders/Staff Form. In the event an offender who is being monitored for retaliation is transferred, the PREA Compliance Manager at the sending facility follows up with the receiving facility to ensure continuity of retaliation monitoring.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an offender who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Involuntary segregated housing has not been used in the past 12 months for any victims who alleged sexual abuse or harassment.

The policy of the leadership is that involuntary segregation will not be used unless requested by the offender or there is no other option to ensure someone's safety. The Warden indicated in his interview that, in the rare event PC had to be used, it would last only from one to a couple of days to allow investigators to get it sorted out and determine actual facts.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to

whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

The Secretary has appointed a staff member to serve as the DOC's major PREA Investigator, a position that oversees all investigations for the Department and works in conjunction with the Wardens and individual facility investigators.

When sexual abuse is alleged, the facility uses investigators who have received special training in investigating incidents of sexual assault and sexual misconduct, including sexual abuse investigations; crime scene management; elimination of contamination; evidence collection protocol and crisis intervention. There were 6 criminal and/or administrative investigations of alleged offender sexual abuse, all completed by the facility investigator, in the past 12 months. One offender had 4 claims that were all unfounded and so a total of 3 offenders were notified of outcomes.

All 6 files reviewed by the auditor and had all the required information and decisional data.

In investigations of recent sexual assault or sexual misconduct occurring within 72 hours, steps to be taken by the Warden or designee include the referral for forensic examination and detailed preservation and study of the scene.

- 1) The Warden is notified and an investigation is initiated as directed. Based upon the initial inquiry and/or evidence that the allegation represents possible criminal activity, the Warden or designee will notify local law enforcement (Baker Parish, LA Sheriff's Office), the DOC and the facility investigative sections.
- 2) At the initiation of the investigation, the alleged victim(s) and alleged aggressor(s) are immediately separated.
- 3) The Warden, designee or PREA Compliance Manager coordinate with the assigned investigator in making decisions regarding the housing and management of the alleged offender victim(s) and aggressor(s) and any alleged witness(es) so as not to inadvertently interfere with the criminal investigation.
- 4) Secure the alleged crime scene if feasible and if forensic evidence is likely to exist.
- 5) The only persons allowed to enter a secured crime scene are the assigned investigator(s), medical staff and/or the Warden, as needed.
- 6) The crime scene remains secured until released by the investigator.

- 7) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- 8) The alleged victim is promptly escorted under appropriate security provisions to the infirmary for assessment.
- 9) In preparation for transporting the alleged victim to the infirmary or hospital emergency room, the victim is instructed to undress over a clean sheet in order to collect any potential forensic evidence that may fall from the person. The sheet, along with the victim's clothing, is collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached. Appropriate substitute clothing is provided to the victim.
- 10) The credibility of an alleged victim, suspect or witness is assessed on an individual basis and not determined by the person's status as detainee or staff.

Investigations of sexual abuse occurring more than 72 hours after the incident are relatively similar, except:

- 11) A determination is made based upon the amount of time that has passed since the alleged incident occurred and the possibility of evidence still existing, as to whether the alleged aggressor, if known to be an offender, should be placed in a dry cell to preserve forensic evidence. An offender who is placed in a dry cell for purposes of preserving forensic evidence is strip-searched, issued a paper gown and will have all possessions removed. No offender placed in a dry cell remains in such status any longer than is necessary to determine if any forensic or other evidence can be obtained.
- 12) A determination is made based upon the amount of time that has passed since the alleged incident and other factors, whether there is a possibility of evidence still existing at the crime scene. If it is determined that evidence may still exist, the alleged crime scene is secured and any potential evidence remains in place for the investigation. If the alleged crime scene cannot be secured, it is photographed and/or videotaped and proper evidence protocols followed.
- 13) Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- 14) All PREA investigation case reports are reviewed and approved by the Warden or Deputy Warden. Upon review and approval, all PREA investigation case reports are forwarded to the Department's PREA Investigator for final review, approval/disapproval, and disposition.
- 15) All investigation case reports are concluded, reviewed and forwarded to Headquarters within 30 days of receiving the initial allegation. In the event an extension of the 30-day time period is needed, a request is submitted to the

Headquarters Director of Investigations who approve or deny the request.

The Warden initiates the investigation and, based upon the initial evidence that the allegation represents possible criminal activity, the Warden notifies local law enforcement and the investigative section. If the alleged aggressor an offender, she is placed in segregation pending investigation.

The Warden, designee or PREA Compliance Manager coordinates with the assigned investigator in making decisions regarding the housing and management of the alleged offender victims, aggressors, and witnesses so as not to inadvertently interfere with the investigation.

Department Regulation No. C-01-022

10 May 2017

In cases of investigations of sexual abuse occurring more than 72 hours after the incident:

- The alleged victim(s) and alleged aggressor(s) is immediately separated and assigned to an appropriate housing unit.
- Medical and mental health screening is offered to all victims.
- A determination is made based upon the amount of time that has passed since the alleged incident occurred and the possibility of evidence still existing, as to whether the alleged aggressor, if known to be an offender, should be placed in a dry cell to preserve forensic evidence.
- A determination is made based upon the amount of time that has passed since the alleged incident and other factors, whether there is a possibility of evidence still existing at the crime scene.
- Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Substantiated allegations are forwarded to the local District Attorney for a decision regarding prosecution. Administrative disciplinary action is also initiated on the aggressor (offender or staff). The PREA Investigator works with the District Attorney's Office to ensure appropriate criminal prosecution of substantiated cases of sexual assault.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

Interviews of the Investigator and PREA Compliance Manager and a review of administrative investigation policies all made clear that the standard for allegation investigations is a preponderance of the evidence.

Standard 115.73: Reporting to offenders

115.73 (a)

- Following an investigation into an offender's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

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

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- Does the agency subsequently inform the offender whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

There were 6 criminal and/or administrative investigations of alleged offender sexual abuse, all completed by the facility investigator, in the past 12 months and 3 offenders were notified of the results. One offender filed 4 unfounded allegations and received one consolidated report so a total of 3 offenders were notified for all 6 allegations.

The interview with the investigator and PREA Compliance Manager stated that following the conclusion of an investigation into an offender's allegation that the offender suffered sexual abuse, the Investigator is the one who informs the offender as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. The investigator is the individual who makes the notification and provides it in writing.

Following an offender's allegation that a staff member has committed sexual abuse against the offender, the investigator would subsequently inform the offender (unless the allegation is determined unfounded) whenever:

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- The staff member is no longer posted within the offender's Facility;
- The staff member is no longer employed at the Facility;
- The facility learns that the staff member has been indicted on a charge related to sexual abuse within the unit; or
- The facility learns that the staff member has been convicted on a charge related to abuse within the unit.

Following an offender's allegation of sexual abuse by another offender, the unit informs the alleged victim whenever:

- The unit learns that the alleged abuser has been indicted on a charge related to sexual abuse within the unit; or
- The unit learns that the alleged abuser has been convicted on a charge related to sexual abuse within the unit.

All notifications are documented utilizing the Notification of Outcome of PREA Allegation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

There have been no disciplinary actions required in the past 12 months for PREA-related issues. Staff who violate this regulation may receive disciplinary action, up to and including termination. Appropriate steps are taken to ensure fairness and due process. Staff all acknowledge this zero-tolerance approach in writing. Investigations continue regardless of continued employment or confinement and any discipline is reported to appropriate boards or licensing agencies, or law enforcement agencies. Investigations of senior staff, generally Colonel or higher, are conducted by the Central Office headquarters Investigators, not internal investigators.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

There have been no disciplinary actions required in the past 12 months for volunteers. Volunteers who violate this regulation may receive action up to and including termination or refusal of further activities in the facility. Contractors and volunteers who engage in sexual abuse are prohibited from having contact with offenders and banned from the institution indefinitely. Appropriate steps are taken to ensure fairness and due process. Volunteers all acknowledge this zero-tolerance approach in writing and, as one interview stated, the facility will always take very active enforcement of this behavior in order to protect the offenders.

Investigations continue regardless of a volunteer's resignation and any discipline issue is reported to appropriate boards or licensing agencies, or law enforcement agencies.

Standard 115.78: Disciplinary sanctions for offenders

115.78 (a)

- Following an administrative finding that an offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

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

115.78 (e)

- Does the agency discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

There have been no findings of offender-on-offender sexual abuse in the last 12 months. Offenders found guilty pursuant to a formal disciplinary of engaging in offender-on-offender sexual abuse are charged with a rule violation. All sexual contact between offenders is prohibited and violators will be charged with the appropriate rule violation. Sanctions are commensurate with the nature and circumstances of the abuse committed and include the offender disciplinary history and comparable offenses by other offenders.

Mental health staff interviewed indicated that the disciplinary process takes into consideration the mental faculties of the offender who perpetrated the act when determining the sanctions. In these cases, a referral to mental health is made and the report deferred until the completion of the mental health evaluation.

Reports of sexual abuse and/or sexual harassment made in good faith and based on a reasonable belief that the alleged conduct occurred is not false reporting or considered lying. Decisions are based on the preponderance of the evidence

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

There are 50 mental health and medical care total, 35 of them medical personnel, and 100% have received the required agency training.

If the PREA screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, or that an offender perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The mental health department staff interviewed indicated that this occurred 100% of the time and each offender interviewed who had reported prior abuse affirmed that they had been offered counseling immediately upon arrival, well before the 14-day mark and this was noted in their offender file reviews. While much of the abuse prior to arrival was recent, some offenders indicated that their issues ranged back for several decades prior to arrival.

The Classification Department completes an Availability of Mental Health Counseling Form upon intake for offenders with a history of sexual victimization or who have previously perpetrated sexual abuse and this form is forwarded to the Mental Health Director for completion and placement into the Mental Health Section of the Medical Record.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to treatment staff (and others only as necessary) in order to develop treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law.

Interviews with mental health staff indicated that this standard is routinely exceeded, and meetings are offered virtually immediately. Interviewed offenders had them stating that access to mental health is excellent, is rapid, and is very supportive. Additionally, MH conducts a quarterly review of LGBTI offenders to maintain awareness of any issues.

The auditor received across-the-board praise for the mental health (MH) and medical department staff. Offenders stated that access to Social Workers was easy and expedited, that they are seen almost immediately after a request. Several offenders had recurring regular appointments related to past trauma as well as ongoing issues. The MH Department operates a sex offender program for offenders but has modified it somewhat due to their awareness that most female offenders are victims as well as offenders.

Staff interviewed were also very cognizant of the rapid responses mental health staff provided and several of those interviewed had referred offender names to MH staff and got rapid responses as well.

Additional MH programs include Anger Management, Substance Abuse, Parenting, Depression/Anxiety, Sex Offender (called Morals and Integrity), MRT- Moral Reconciliation Therapy, Thinking for a Change (CBT), Domestic Violence (My Sister's Keeper), Sexual Trauma, co-dependency, and significant numbers of individual counseling treatment plans.

Several Social Workers have been trained and could function as Victim Advocates if there were an incident. MH staff also provide training on PREA risk screening to classification and other staff as needed.

The facility has the part-time services of a psychiatrist to assist in assessment, diagnosis, and treatment of offenders. She provides full psychiatric evaluations and individual treatment of offenders with severe issues.

Older and more disabled offenders were very satisfied with their medical care and gave significant positive comments about this group of providers, both the extent of local services, the telemedicine capabilities and the attention to their ongoing long-term medical issues.

The medical/mental health program at LCIW is excellent, well-run, very responsive, and extremely comprehensive.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

LCIW offers all victims of sexual abuse access to forensic medical examinations at an outside facility (Women's Hospital), without financial cost to the victim, when evidentiary or medically appropriate. Such examinations would be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible and those examiners are present at Woman's Hospital, the local facility used for offenders. If SAFEs or SANEs could not be made available, the examination can be performed by other qualified medical practitioners. No forensics are performed at the facility.

There have been no assaults in the past 12 months and interviews with long-term offenders and long-term staff both failed to elicit any incidents that could be remembered for numerous years in the past.

If an alleged assault has occurred within the previous 72 hours and evidence is obtainable or other circumstances dictate, normal DOC policy is that arrangements will immediately be made to have the alleged victim escorted under appropriate security provisions to the infirmary for assessment. Testing for pregnancy, sexually transmitted diseases (HIV, gonorrhea, hepatitis, etc.), as determined by the attending physician, and counseling is made available to the alleged victim when appropriate.

Referral to Mental Health is always required and occurs expeditiously, normally the same or next day and after-incident support would always be offered.

If the PREA screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, or that an offender perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, mental health staff interviewed state they ensure that the offender is offered a follow-up meeting with a Medical or mental health practitioner within 14 days of the intake screening. The Classification Department completes an Availability of Mental Health Counseling Form upon intake for those offenders with a history of sexual victimization or who have previously perpetrated sexual abuse and this form is forwarded to the Mental Health Director for completion and placement into the Mental Health Section of the Medical Record.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to treatment staff (and others only as necessary) in order to develop treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State or local law.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

- Are offender victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Community level of care is the expected performance level for Medical and mental health services rendered to victims. Random and specialized staff interviewed, and offenders interviewed, all felt that this is actually far surpassed by the MH Department.

Offenders who have been victimized by sexual abuse in any previous prison or facility are offered medical and mental health evaluations and, as appropriate, treatment. Follow-up services and treatment plans, as well as referral for continuing care following transfer or placement in other facilities, are provided for victims. Interviews indicated care and counseling often continues for numerous months but can also continue throughout the incarceration.

Mental health evaluations are conducted on all-known offender-on-offender abusers within 60 days of learning of the abuse. LCIW can frequently offer a sex offender related program to such offenders, called Morals and Integrity. Mental Health also provides other related programs:

- Anger Management
- Substance Abuse (Living in Balance)
- Depression/Anxiety
- Moral Reconciliation Therapy/MRT (Cognitive Behavioral)
- Domestic Violence
- Sexual Trauma/ The Power and Courage to Heal

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

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

115.86 (d)

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

and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

There were 2 administrative investigations of alleged sexual abuse, excluding allegations determined unfounded, completed in the past 12 months and both were followed by Incident Review within 30 days.

The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including substantiated cases, as well as unsubstantiated cases unless the allegation has been determined to be unfounded. The review ordinarily occurs within 30 days of the conclusion of the investigation. The review team includes upper management officials, (Deputy Warden, or Assistant Wardens and PREA Compliance Manager, etc.) with input from line supervisors, investigators, and medical or mental health practitioners. The investigator reads the entire list of required items to review and the team discusses each one.

The review team prepares a Sexual Abuse Incident Review Form that follows the elements of the Standard. The completed Sexual Abuse Incident Review is maintained in the investigative file of the incident and a copy is sent to the Warden and the PREA Compliance Manager.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The incident-based data collected by LA DPS&C includes all the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice's Bureau of Justice Statistics. The LA DPS&C

Agency Head designee, Investigator and PREA Coordinator all confirmed this approach and their role in this process. The PREA Allegation Database is the DOC instrument used.

DPS&C Policy and Procedures for Reporting to the United States Department of Justice:

- The Department's PREA Investigator shall prepare the annual Survey of Sexual Victimization for State Prison Systems (SSV-2) report. The official SSV-2 contains statistics for DPS&C owned and operated facilities.
- A separate Incident Form (Adult, SSV-1A) is prepared for each substantiated sexual victimization allegation reported at a Department facility. The SSV-1A is created by the PREA Investigator at the facility where the incident occurred. The PREA Investigator shall submit the SSV-1A to the Department's PREA Investigator who shall ensure the accurate completion of each incident form and retain the SSV-1A.
- The SSV-2 and all SSV-1A forms is submitted by the Department's PREA Investigator to the United States Department of Justice by September 1st of each year for the statistics accumulated the prior calendar year.
- A second SSV-2 report is completed by the Department's PREA Investigator which shall include any and all state privately operated prisons and all transitional work programs under contract to or under cooperative endeavor agreement with the DPS&C.
- The Department's PREA Investigator shall also maintain any SSV- 1A reports concerning a substantiated sexual victimization allegation occurring at all state privately operated prisons and all transitional work programs under contract to or under cooperative endeavor agreement with the DPS&C.
 - The Department's PREA Investigator shall submit copies of both SSV-2 reports to the Secretary and the Chief of Operations prior to September 1st of each year.
 - The aggregate numbers of the SSV-2 reports which include statistics from the state-operated prison facilities, state privately operated prison facilities and all transitional work programs under contract to or under cooperative endeavor agreement with the DPS&C is posted on the Department's website by October 1st of each year.
 - The Department shall maintain sexual abuse data collected pursuant to La. R.S. 115.87 for at least 10 years after the date of initial collection.

Standard 115.88: Data review for corrective action

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Reviews of all data collected are used to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas in LCIW. The annual report contains statistics for the financial reporting year and can be compared to the previous year data.

Investigations (both criminal and administrative) review all details, including what staff actions or inactions may have led to the sexual abuse and/or sexual harassment, and these are reviewed at each successive level per LCIW and DOC policy. Investigative reports are compiled in accordance with the DOC standardized format, which includes descriptions of evidence as well as the reasoning behind credibility assessments and findings.

The Warden and PCM stated that the Warden approves the Annual Reports and submits them to DOC. Reviews of this data are accomplished at each level for analysis, determining trends or needs, etc.

For annual reporting purposes redaction is not needed as it (the report) only contains statistical data and does not make reference to any individual(s).

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (b)

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

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

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

Auditor Overall Compliance Determination

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

The Department's PREA Coordinator makes an annual report regarding all sexual abuse data from DPS&C facilities available to the public through the Department's website www.doc.la.gov. The report consists of numbers only and does not include personal identifiers or specific institutions.

All data is securely preserved and retained in accordance with the procedures outlined in 115.87. In accordance with Department Regulations regarding the Records Management Program, Investigative Reports are retained as Active plus six years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, offenders, and detainees? Yes No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by the auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility

agencies that there has never been a Final Audit Report issued.) Yes No
 NA

Auditor Overall Compliance Determination

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

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 offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

William E Peck

Auditor Signature

July 15, 2019

Date