

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility: David Wade Correctional Center	
Physical Address: 670 Bell Hill Road, Homer, LA 71040	
Date report submitted: February 20, 2015	
Auditor Information	
Address: 2728 Plaza Drive, Jefferson City, MO 65109	
E-Mail: Vevia.Sturm@doc.mo.gov	
Telephone number: 573-338-4577	
Date of facility visit: January 20-22, 2014	
Facility Information	
Facility mailing address: (if different from above) Same	
Telephone number:	
The facility is:	
<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal X State <input type="checkbox"/> Private not for profit	
Facility Type: <input type="checkbox"/> Jail X Prison	
Name of PREA Compliance Manager: Scott Cottrell Title: Lt. Col.	
E-Mail Address: SCottrell@corrections.state.la.us Phone Number: 381-927-0400	
Agency Information	
Name of agency: Louisiana Department of Public Safety and Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 504 Mayflower St., Baton Rouge, LA 70802	
Mailing address: (if different from above)	
Telephone Number: 225-342-6740	
Agency Chief Executive Officer	
Name: James LeBlanc Title: Secretary	
E-Mail Address: jmleblanc@corrections.state.la.us Telephone Number: 225-342+6740	
Agency-Wide PREA Coordinator	
Name: Michele Dauzat Title: Assistant Warden/PREA Coordinator	
E-Mail Address: micheledauzat@corrections.state.la.us Telephone Number: 318-327-0475	

AUDIT FINDINGS

NARRATIVE:

The onsite PREA Audit of David Wade Correctional Center was conducted on January 20th-22nd, 2015. The audit team consisted of the Audit Chair, Vevia Sturm, MDOC/DOJ Certified PREA Auditor with three support staff consisting of Sherie Korneman, MDOC/DOJ Certified PREA Auditor; Cindy Griffith, MDOC/DOJ Certified PREA Auditor; and Dan Redington, MDOC/DOJ Certified PREA Auditor. During the Pre-audit phase, the team reviewed the standards and completed much of the file review. A detailed agenda was provided to the facility prior to the onsite audit.

Immediately upon entering the facility an entrance meeting was held in the Warden's office. In attendance was Warden Jerry Goodwin, Michele Dauzat, PREA Coordinator; and, Scott Cottrell, PREA Compliance Manager. After the entrance meeting, Warden Goodwin assembled his staff for a brief introduction. The Warden introduced the auditing team and had the Audit Chair address the group. The tour of the facility followed the meeting lead by Warden Goodwin which included programming areas, housing units, food service and Administrative Segregation.

After the tour the team began interviews and the onsite file review. The team interviewed, 15 offenders including 10 random offenders; 2 disabled offenders; 2 offenders who reported sexual abuse and 2 transgender offender. DWCC did not have any offenders who were placed in segregated housing for risk of sexual victimization, offenders who disclosed sexual victimization during a risk screening and DWCC does not house youthful offenders. In addition, the team interviewed 50 staff members which included, 10 random staff and 40 specialized staff. These interviews covered all shifts and various posts.

DESCRIPTION OF FACILITY CHARACTERISTICS

David Wade Correctional Center [DWCC] is located in northwest Louisiana on approximately 1400 acres of land. Approximately 310 acres is cleared for the physical plant, garden and pastureland. The main facility has a rated capacity of 1,224 offenders which includes 761 minimum and medium custody offenders and 463 maximum custody offenders. David Wade Correctional Center employs approximately 352 staff. DWCC does not house youthful offenders.

SUMMARY OF AUDIT FINDINGS

The auditing team was very impressed with DWCC and found it to be a beautiful and unique facility. Staff was very friendly, professional and accommodating. It was apparent that offender safety was of upmost importance. It was evident during the interviews that line staff wanted to do good by their facility by knowing the standards and their role in PREA thereby making the facility a safer place for both staff and offenders. It was evident during our three days at the facility that Warden Goodwin makes himself readily available to both staff and offenders.

An exit meeting was held on January 22, 2015 to brief the Warden, PREA Coordinator and PREA Compliance Manager of the team's findings. Following the exit meeting in the Warden's office we again had an assembly with staff from the facility to discuss the finding. Included in the assembly were three representatives from the offender council. The team felt this small act of including the offender council members reinforces to the offender population DWCC commitment to zero tolerance of offender sexual abuse at David Wade Correctional Center.

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

115.11	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has written policy C-01-022 mandating zero tolerance towards all forms of sexual abuse. Although zero tolerance for sexual harassment was not listed in the introductory information, it was found in the staff training requirements section. The policy noted that offender orientation should address zero tolerance for sexual abuse and "sexual misconduct", but did not define sexual misconduct. The PREA Coordinator, Michele Dausat, and the PREA Compliance Manager, Scott Cottrell both stated that they have time and authority to develop and oversee compliance. Ms. Dausat appears to have sufficient authority, as she reports to the Chief of Operations and to the Warden. Lt. Colonel Cottrell also reports to the Warden.</p>	

115.12	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has two facilities that are contracted with private corporations and six community confinement facilities. All contracts have been amended to include compliance with PREA standards and reporting requirements. All contracted facilities will be audited during the first 3-year auditing cycle.</p>	

115.13	SUPERVISION AND MONITORING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency policy C-01-022 requires a staffing plan be developed to protect offenders against sexual abuse. This was demonstrated by the Adult Security Staffing Summary dated 2/14/14, which outlines factors considered. In addition, Operational Staffing Memo #02-01-013 was provided in support of this standard. An annual review of staffing and video needs was documented in a Staffing Plan and Review dated 5/6/14. The facility indicated that there were no deviations necessary from the staffing plan, as staff overtime is allowed to prevent such.</p> <p>Operational Staffing Memo #02-01-013 requires unannounced rounds by upper level supervisors to identify and deter staff sexual abuse. Interviews with a number of supervisors indicated that they make rounds in an unpredictable manner, and that staff are advised not to alert others of the rounds. Examples from a variety of unit log books reflect rounds by upper level supervisors on all shifts.</p>	

115.14	YOUTHFUL INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
DWCC does not house youthful offenders.	

115.15	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has policy (C-01-022) in place that prohibits the facility’s female staff from conducting cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. The facility enables offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was supported by the random offender and staff interviews. Policy is in place that restricts staff from searching or examining a transgender or intersex offender for the sole purpose of determining the offender’s genital status. Policy does support a cross gender announcement to the population when female staff enter the living area. During the tour announcements were made when female auditing staff entered living areas where female staff were not currently working. Both staff and offenders identified this as a practice at the facility during random interviews. During the tour it was also noted that signs were present which indicated that female staff were working in the living area which notified offenders who may not have been present in the housing unit during the announcement. These announcements were made and recorded both in the key officer’s log and in the log on the wing.</p> <p>During the institutional tour two areas of concern were identified. A bathroom in the vocational area had no privacy barriers or a procedure in place to identify female staff possibly entering the bathroom area for a security check. During the audit staff worked to provide additional privacy screening for this area.</p> <p>The other area of concern was the gymnasium bathroom. Staff identified that this was a male custody post; however, concern was found that the bathroom had no privacy barriers which would prevent a female staff from viewing offenders using the toilets. It was recommended that a privacy barrier be placed outside the door opening that would provide privacy for offender’s toileting.</p> <p>A review of the training curriculum for searches indicated a slide which described that the searches should be conducted in the least intrusive manner possible and that staff are to be professional and respectful in conducting searches of transgendered people. The auditing team was unable to determine if there was a practical module to this training which taught staff how the searches should be conducted to ensure they were completed professionally and with respect. It is felt that additional hands on instruction should be given in this area or if hands on instruction is being given, the curriculum be revised to include slides which give instruction to staff as to the procedure for such searches.</p>	

115.16

INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Offenders with disabilities and offenders who are limited English proficient have equal access to PREA information. This was documented in policy and brochures were available in both English and Spanish formats. Additionally, the facility has entered into a memorandum of understanding with Louisiana Tech International Student and Scholar Services to provide interpretative services for limited English proficient offenders. During the reporting period DWCC has had no instances where an offender interpreter or reader or other type of offender assistance was utilized.

115.17

HIRING AND PROMOTION DECISIONS

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy supports the standard. Wade Correctional Center does not hire or promote individuals who have engaged or been convicted of sexual abuse/assault in confinement settings or in the community. A random sampling of the 91 new staff members hired in the past 12 months reflected that potential employees are asked on the applications about any prior incidents of sexual abuse/assault with the understanding that falsifying information may result in termination. Auditors reviewed employee files at random; each contained records of background checks. In this sampling there were also rehires who had worked for the Department at other facilities. These files reflected inquiries were conducted at facilities in which the applicant had previously been employed.

The facility performed criminal background checks for all staff and contractors which was found in the employee's individual files within the personnel department. Checks are completed every five years for current employees. Previous to implementation of the standards background checks had not been routinely conducted on current staff. She indicated that she now conducts these checks every five years. File material reflected that the background checks had been conducted.

The Agency's HR Director maintains a list of all staff who resigned or were terminated and the reason for such termination. Information would be provided to any agency that requested information as long as a release was signed by the employee.

115.18

UPGRADES TO FACILITIES AND TECHNOLOGY

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

DWCC has had no substantial expansion or modification to the existing facility since August 2012. Documentation was provided that outlined a 2013 upgrade to the video monitoring system, but no documentation was provided to indicate consideration of the facility's ability to protect offenders from sexual abuse was considered. However, a review of the video monitoring system was referenced in the Staffing Plan and Review report dated 5/6/2014.

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The DWCC has two trained investigators that conduct both criminal and administrative investigations. Law enforcement is contacted for major cases. The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence.

The facility has had no incidents that would require a forensic medical examination during this auditing period, however, should the need arise the victim would be transported to UHS Hospital located in Ruston, LA for the exam. DWCC provided evidence that the exam and follow up services would be at no cost to the victim.

Should a victim be transported to UHS Hospital for a forensic exam, advocacy services would be provided by Pine Hills Advocacy Center in Ruston, LA. DWCC provided documentation showing counseling staff received advocacy training and are available to provide advocacy services when requested by the victim.

During the onsite audit DWCC made written notification to local law enforcement requesting that they following PREA standards should they investigate an alleged incident within DWCC.

115.22

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency does ensure that an investigation is completed for all allegations of offender sexual abuse and that all substantiated investigations are referred for prosecution as outlined in agency policy C-01-022. DWCC had no substantiated investigations during the auditing period.

In addition, C-01-022 clearly explains "repeated" sexual harassment allegations and directs when sexual harassment allegations against staff will be forwarded for investigation. DWCC conducted a

total of 29 offender sexual abuse and harassment investigations during the auditing period. All investigations are tracked in a Lotus database.

C-01-022 requires all PREA investigations be conducted by staff who have completed PREA specialized investigator training. DWCC provided documentation demonstrating their investigators have received this training.

115.31

EMPLOYEE TRAINING

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The PREA training curriculum covers all required components of 115.31 (a) as mandated. The curriculum is tailored to the gender of offenders at the facility. DWCC provided documentation demonstrating staff at DWCC attended the training. Additionally, there is signed documentation from staff showing that they received the Louisiana Department of Public Safety and Corrections Sexual Assault and Sexual Misconduct with Offenders Acknowledgment form and the Louisiana Department of Public Safety and Corrections Malfeasance in Office form. Agency policy C-01-022 shows custody staff will receive refresher training yearly with all other staff receiving training every two years to ensure employees are aware of the Agency's current sexual abuse and sexual harassment policies and procedures.

115.32

VOLUNTEER AND CONTRACTOR TRAINING

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy C-01-022 requires all volunteers and contractors receive PREA training. The agency has amended contracts to include PREA language which includes a directive to report allegations of offender sexual assault and sexual misconduct, respond to investigative inquiries and participate in training as directed. Contractors are required to read and sign the Sexual Assault and Sexual Misconduct with Inmates Acknowledgement Form and the Malfeasance in Office form. DWCC provided examples of contracts and acknowledgement forms.

Volunteers complete Volunteer training which includes a section "Sexual Misconduct and Sexual Harassment" section. DWCC provided training records showing volunteers had completed the required training. In addition, volunteers sign a Sexual Assault and Sexual Misconduct form indicating that they understand the PREA standards. Interview with volunteers verified that they received the training.

115.33**INMATE EDUCATION** Exceeds Standard (substantially exceeds requirement of standard)**X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)** Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

All offenders are provided an offender handbook upon intake with detailed PREA information regarding reporting and services available. Offenders receive a more detailed training on PREA within 30 days of arrival. DWCC provided signed offender acknowledgements demonstrating offenders received training. Offender interviews supported they received appropriate PREA education and they knew now to report allegations. During the tour it was noted there was appropriate PREA signage throughout the facility that included the Crime Stoppers number for offenders to anonymously report allegations of sexual abuse as well as posters with the number of Just Detention of International. PREA brochures were available in Spanish as well. Through a file review, it was verified that offender assigned to the facility prior to August 2012 received PREA education.

115.34**SPECIALIZED TRAINING: INVESTIGATIONS** Exceeds Standard (substantially exceeds requirement of standard)**X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)** Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

DWCC has two investigators that conduct PREA investigations. Both investigators have received specialized investigator training required by 115.34 as well as the training required by 115.31. The facility maintains documentation of such training. The training was conducted by Training Force. The outline of the training was reviewed and it appears to meet the requirements of this 115.34.

115.35**SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE** Exceeds Standard (substantially exceeds requirement of standard)**X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)** Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

DWCC has 4 mental health staff and 15 medical staff with 2 contracted doctors. All 4 mental health staff has completed the National Commission on Correctional Health Care 2-hour specialized PREA training for medical and mental health staff. Of the 17 total medical staff only 6 had complete the training at the time of the audit, however, the facility had a plan in place for training. The curriculum contains 4 modules and the director was training one module each week.

115.41**SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS** Exceeds Standard (substantially exceeds requirement of standard)**X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)** Does Not Meet Standard (requires corrective action)**Auditor comments, including corrective actions needed if does not meet standard**

The agency's policy C-01-022 outlines the requirements of this standard. The facility is currently using a screening tool that addresses all the required components as outlined in the standard. A sampling of PREA Screening Checklists revealed that the initial screening was not being conducted on all offenders within the first 72 hours of arrival at the institution. A sampling of 13 offenders over three (3) transfer days was reviewed. It was determined that two (2) were not showing completed within the first 72 hours. In speaking with the PREA Coordinator it was determined that staff interpreted the Date Completed to be the date entered into the computerized system and not the date the PREA Screening Checklist was completed by the staff member. In reviewing the facilities practices it was determined that transferring offenders were screened the same day as arrival at the facility meeting the standard of assessing offenders within 72 hours of arrival. A corrective memorandum went out to classification staff on January 21, 2015, during the audit. This memorandum instructed staff to record the date of the actual interview with the offender into their computer system and document that date on the Date completed section of the Checklist.

A review of these same 13 offenders was conducted for compliance for the 30 day follow up review. Of these 13 offenders seven (7) follow up reviews were not conducted within the 30 day timeframe.

It is recommend that a directive we sent to staff outlining the procedure to be followed to ensure follow up reviews are conducted within the 30 day timeframe. In addition, assessments should be monitored to ensure compliance.

115.42 USE OF SCREENING INFORMATION

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

Auditor comments, including corrective actions needed if does not meet standard

The facility has only 6 offenders who have been identified as either perpetrators (2) or victims (4) allowing for the facility to easily utilize this information for housing, work, education and program assignments.

The PREA Screening Checklist utilized by the Louisiana Department of Corrections identifies several categories of offenders. They are as follows:

Victims – Known Victim
Potential Victim
Non-Victim

Predators – Known Predator
Potential Predator
Non-Predator

In reviewing the use of the Screening Checklist for housing, bed, work, education and programming assignments there was some concern in that the potential victims and potential predators were housed together with non-victims and non-predators. This seems contrary to the standard. There should be some consideration given to separate those offender determined to be at higher risk of being sexually victimized (potential Victim) from those at high risk of being sexually abusive (potential Predator). It would benefit the facility and agency to review their housing criteria to include these two classes – Potential Victim and Potential Perpetrator – to ensure the safety of offenders in these

categories.

Wade Correctional Center reported having transgender offenders incarcerated at their facility. Both offenders were housed in the same unit, but it was determined that their housing was not based solely on their sexual orientation. Both offenders were interviewed and indicated that staff had spoken with them regarding their safety. Wade Correctional Center has transgender offenders, or in the case of an intersex offenders, sign a statement in which they can request to shower separately from other offenders.

115.43

PROTECTIVE CUSTODY

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy C-01-022 prohibit placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternative has been made and determination has been made that there is no available alternative means of separation from likely abusers. Staff report that no offenders were placed in involuntary segregation at this facility due to high risk of sexual victimization. [See 115.63]

115.51

INMATE REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency procedures 04-01-028 and C-01-022 allow for multiple means of offender reporting of sexual abuse, harassment, retaliation, or staff neglect. This includes verbal or written reports to staff, the ARP process, writing to facility, and calling a toll free crime tips hotline. A memorandum of understanding was initiated with Baton Rouge Crime Stoppers, an outside agency which fields reports from staff, offenders and the public and forwards them for investigation. The toll free number for this entity was posted throughout the facility. An example was provided of a Crime Stoppers referral of a sexual abuse report, along with evidence that an investigation was promptly initiated. Staff indicated that verbal reports are documented in a log book and then recorded on an Unusual Occurrence Report.

Offenders are not detained at the facility for civil immigration purposes. However, staff have available phone numbers for Department of Homeland Security should a future need arise.

Staff is aware that they may report offender sexual abuse privately by calling the Crime Stoppers hotline, by speaking directly with the PREA Coordinator or compliance Manager, or Warden. This was also noted in agency policy.

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE REPORT
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The B-05-005 Administrative Remedy Procedure covers and supports all aspects of 115.52. Documentation was provided that indicates that any PREA related grievances would be treated as an Emergency Grievance. In addition, DWCC has a practice in place that allows an offender to file a complaint with someone outside of the facility. Offenders may also be disciplined for filing frivolous or malicious sexual abuse complaints.</p>		

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPORT
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The facility provided documentation of attempts to secure arrangements for sexual assault victim services from STAR, a Louisiana based victim advocacy agency. When STAR services were not available to this facility, facility staff received advocacy training and is available upon request. Posters were observed throughout the facility which included the address of Just Detention International, and staff interviews reflect that offender's letters to this organization are treated with the same confidentiality as legal mail. An informal agreement was reached with the Pine Hills Advocacy Center in Ruston, LA for advocacy assistance during outside forensic exams, and offender victims also receive a referral to the center upon release from confinement.</p>		

115.54	THIRD-PARTY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>An education video is provided to both staff and offenders which outlines the process by which parties may access the Crimes Stoppers hotline to report offender sexual abuse and harassment. The memorandum of understanding with the Baton Rouge Crime Stoppers provides for this as well. The department's website http://doc.la.gov provides the address and phone number for the warden's office to all for third party reporting of offender sexual abuse and harassment allegations.</p>	

115.61**STAFF AND AGENCY REPORTING DUTIES**

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

Auditor comments, including corrective actions needed if does not meet standard

The agency policy (C-01-022) indicates that all allegations of sexual abuse shall be treated with discretion and confidentiality. It also outlines the procedure for reporting of any allegations of sexual assault or sexual misconduct. The sampling of staff interviewed knew the procedure for reporting such incidents and provided the Unusual Occurrence Report (UOR). They were also able to verbalize that they were not to talk about such incidents with others outside of the investigation.

115.62**AGENCY PROTECTION DUTIES**

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

Auditor comments, including corrective actions needed if does not meet standard

The facility has procedures in place to ensure the protection of offenders who allege sexual abuse or assault. It clearly outlines staff responsibilities in regards to protection of offenders and PREA. The facility had no documented incidents within the last 12 months per PREA Compliance Manager for the facility. Staff interviews support that each understands their responsibility as presented in this standard.

115.63**REPORTING TO OTHER CONFINEMENT FACILITIES**

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

Auditor comments, including corrective actions needed if does not meet standard

The agency has policy (C-01-022) which indicates that upon receipt of an allegation that an offender was sexually abused while confined at another facility, the Unit Head of the facility that received the allegation shall notify in writing the Unit Head of the facility or designee where the alleged abuse occurred. The facility reported only having one incident reported to them that occurred at another facility. One offender made a written statement outlining alleged allegations that occurred at Angola. The DWCC reported they emailed the letter to the Angola and made a verbal report the day of receipt. The facility provided the investigative report showing the allegation was forwarded to the appropriate facility within the timeframe allowed by this standard.

115.64	STAFF FIRST RESPONDER DUTIES
<p>X Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The agency policy, C-01-022, addresses all the components required by 115.64. All facility employees have a laminated card attached to their ID card that that outlines responses required of a first responder as a quick reference guide if needed. All staff interviewed could easily verbalize their response should they be a first responder. DWCC has had no incidents during the auditing period that required the separation of the victim and perpetrator by a first responder.</p>	

115.65	COORDINATED RESPONSE
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>DWCC has a "PREA Coordinated Response Plan" date October 1, 2014, signed by the Warden. The plan coordinates the actions to take in response to an incident of sexual abuse.</p>	

115.66	PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>The Louisiana Department of Public Safety and Corrections is a member of the Louisiana Public Employees Council No. 17. The Union Contract addresses the working environments for department employees who choose to join the union. The Union Contract does not prohibit the Department of Corrections from disciplining employees who have violated PREA up to and including termination and does not prohibit the Department from placing alleged staff perpetrators on immediate suspension pending investigation.</p>	

115.67	AGENCY PROTECTION AGAINST RETALIATION
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)</p> <p><input type="checkbox"/> Does Not Meet Standard (requires corrective action)</p>	
<p>Auditor comments, including corrective actions needed if does not meet standard</p> <p>Agency policy C-01-022 requires that staff report any offender claim of retaliation, but does not outline a review process for retaliation issues. The agency employee handbook references whistleblower protection for public employees provided by state statute. The statute prohibits retaliation or reprisal towards staff for reporting coworker misconduct. Site administrators indicated</p>	

that one staff member has been assigned to interview persons (staff or offenders) who perceive retaliation, and then a review of these claims is conducted by investigative staff. These two staff members were able to verbalize a process by which retaliation is monitored at 30 day intervals for at least 90 days, though they indicated that the first retaliation claim was only recently received and was still pending review at the time of the audit.

It is recommended the agency add the retaliation review process to existing policy as outlined in the standard and to maintain documentation of these reviews.

115.68

POST-ALLEGATION PROTECTIVE CUSTODY

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency policy C-01-022 requires that alleged offenders aggressors be placed in segregation pending completion of the investigation. The policy also requires an assessment be made of available alternative housing prior to the alleged victim being placed in involuntary segregation. During the onsite audit, 17% of the facilities PREA investigations were randomly selected for review. The victims in these cases were not involuntary segregated as a result of a claim of victimization. Staff interviews reflect that most victimization claims were fielded from offenders already assigned to segregation for other reasons.

Policy B-02-019 allows for reviews of segregation assignments every 7 days for two months, then every 30 days thereafter. One example was provided in which an alleged victim was involuntarily segregated. DWCC provided a Daily Movement Sheet and a Court Docket for Administrative Segregation for the victim, which demonstrated an initial administrative review within 24 hours, and a segregation assignment lasting only 6 days which was specifically related to the investigative process. DWCC did not provide documentation of an assessment noting no alternative housing available for the victim. A document (Offender Poster Policy #035) is provided to all offenders which outlines the general privileges afforded and denied to offenders in various special management units, including segregation.

It is recommended that the agency develop a process to assess and document available alternative least restrictive housing and why no other housing choices was available within 24 hours of placing a victim in involuntary segregated housing.

115.71

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency's policy C-01-022 outlines PREA investigations. Investigators at DWCC have received PREA specialized investigator training as required by 115.34. These investigators conduct investigations in a prompt, thorough and objective manner including third party and anonymous reports. Serious sexual abuse investigations would be forwarded to outside law enforcement. Review of a sample of investigations showed all elements required by the standard are in place.

115.72	EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Preponderance of evidence was included in the PREA Specialized Investigator Training that DWCC investigators received. The investigator interviewed understood preponderance of evidence and he reported he uses preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.	

115.73	REPORTING TO INMATES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard The agency policy C-01-022 shows following an investigation of sexual abuse offenders will be informed of the findings. DWCC provided documentation of offender notifications. DWCC has not had any cases that would require follow-up notifications to be made to a victim. <i>It is recommended that C-01-022 be revised to show the victim will be notified in writing following the completion of an investigation and when follow up notifications are necessary.</i>	

115.76	DISCIPLINARY SANCTIONS FOR STAFF
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard The agency policy C-01-022 outlines staff who violates the agency sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. The Department also outlines in their Corrections Services Employee Manual also prohibited sexual abuse of an offender. Department Regulation No. C-01-022 outlines that substantiated allegations shall be forwarded to the local District Attorney for a decision regarding prosecution or relevant professional licensing boards. DWCC has had no staff disciplined in last 12 months for a violation of the agency's sexual abuse or sexual harassment policies.	

115.77	CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard Policy C-01-022 supports the standard regarding corrective action for contractors and volunteers for	

violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations. Policy in place to ensure that substantiated allegations shall be forwarded to the local District Attorney for decision regarding prosecution or forwarded to relevant professional licensing boards.

115.78 DISCIPLINARY SANCTIONS FOR INMATES

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

Auditor comments, including corrective actions needed if does not meet standard

The agency policy C-01-022 outlines procedures for processing disciplinary sanctions for sexual abuse. A directive was also submitted by the Department's PREA Coordinator to clarify the standard. In particular that an offender must have their mental capacity evaluated prior to teaming the violation, and that an offender cannot be disciplined for consensual sexual contact. They were compliant in all other areas. Interviews with staff indicated that they were familiar with the standards and expectations as well.

115.81 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

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

Auditor comments, including corrective actions needed if does not meet standard

The facility was interpreting sections (a), (b) and (c) of this standard differently than the intent of the standard. The agency has a policy detailing that offenders who have experienced prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility was taking this to be only those incidents that could be substantiated through documentation not just those incidents that were self-reported by offenders. During the audit this was clarified and a corrective memo was sent out to all facilities.

All other components of this standard are compliant.

It is recommended that C-01-022 be revised to show offenders who disclose prior victimization or prior perpetration will be offered a follow up with mental health within 14 days.

115.82	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility/agency has policy supports this standard. DWCC has had not an incident of sexual abuse during the auditing period. DWCC provided documentation showing forensic medical exams and follow up care would be provided at no cost to the victim.	

115.83	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The facility/agency has policy that supports medical and mental health services for victims for sexual abuse. DWCC provided documentation showing all medical and mental health care would be offered at no cost to the victim.	
<p style="color: red;">115.83 (h) shows the agency will conduct a mental health evaluation of all known offender on offender abusers within 60 days and offered treatment when deemed appropriate by mental health practitioners. It is recommended the agency policy be revised to show perpetrators of offender sexual abuse be evaluated by mental health within 60 days and referred to treatment if appropriate.</p>	

115.86	SEXUAL ABUSE INCIDENT REVIEWS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency policy C-01-022 addresses Sexual Abuse Incident Reviews. The agency has developed a form that covers all necessary sections of the standard, and a time limit is in place to ensure that reviews are completed within the allotted time frame. Document review confirmed they were acting in compliance with the policy.	

115.87	DATA COLLECTION
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency had a clear process for data collection and retention. The information was readily	

available on the Departments website. The agency appeared to be compliant with the standard.

115.88 DATA REVIEW FOR CORRECTIVE ACTION

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

Auditor comments, including corrective actions needed if does not meet standard

The agency provided an annual report with comparison of previous year stats. The report provided an assessment of the agency's progress in addressing sexual abuse and corrective action taken. It also indicated what training was provided to staff. This report was forwarded to and approved by the Agency Head.

115.89 DATA STORAGE, PUBLICATION, AND DESTRUCTION

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

Auditor comments, including corrective actions needed if does not meet standard

The agency utilizes a PREA allegation database, which is accessed in Lotus notes electronic system to store sexual abuse data. Input is restricted to authorized staff. An investigator may only input and review information from his assigned facility. Agency policy C-01-022 provides for secure retention of data. The PREA Coordinator, statewide PREA investigator, and department attorney are allowed access to the database information. Annual reports are made available on the agency website <http://doc.la.gov>. Reports from 2012 and 2013 were reviewed from the site, and in these reports all personal information was redacted.

Historical data reflect retention of data since 2012, and no state or local laws were indicated that would prohibit retention for a ten year period after collection.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of agency under review.

Vevia Sturm

February 20, 2015

Auditor Signature

Date