

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Adult Prisons and Jails

[Following information to be populated from pre-audit questionnaire]

Auditor Information:		
Auditor Name: Vevia Sturm		
Address: 2728 Plaza Drive, Jefferson City, MO 65109		
E-Mail: Vevia.Sturm@doc.mo.gov		
Telephone number: 573-522-3335		
Facility Information:		
Facility Name: David Wade Correctional Center		
Facility physical address: 670 Bell Hill Road, Homer, LA 71040		
Facility mailing address: (if different from above)		
Facility telephone number: 318-927-0400		
Date of facility visit: April 25 th – 27 th , 2017		
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 <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit		
Facility Type: <input checked="" type="checkbox"/> Prison <input type="checkbox"/> Jail		
Name of facility's Chief Executive Officer: Jerry Goodwin		
Number of staff assigned to the facility in the last 12 months: 326		
Designed facility capacity: 1224		
Facility security levels/inmates custody levels: Minimum, Medium and Maximum		
Age range of population: 19-79		
Name of PREA Compliance Manger: Scott Cottrell		Title: Lt. Colonel
E-Mail Address: scottrell@corrections.state.la.us		Phone Number: 318-927-0400
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 M. LeBlanc		Title: Secretary
E-Mail Address: jmleblanc@corrections.state.la.us		Telephone Number: 225-342-6740
Statewide PREA Coordinator		
Name: Michele Dauzat		Title: Assistant Warden
E-Mail: micheledauzat@corrections.state.la.us		Telephone Number:

AUDIT FINDINGS

NARRATIVE:

A PREA audit was conducted David Wade Correctional Center (DWCC) April 25th through April 27th, 2017. The audit team was from the Missouri Department of Corrections and consisted of: Vevia Sturm, DOJ Certified Lead Auditor/PREA Coordinator; Adam Albach, Assistant PREA Coordinator; and Bill Stange, Deputy Warden.

The Notice of Audit was posted throughout the facility 6 weeks prior to the scheduled onsite audit. The team did not receive any letters as a result of this posting. The audit chair divided the standards by subject matter and assigned specific standards to each member of the team. The Audit Questionnaire (PAQ) was received April 17, 2017, which provided ample time for the audit team to conduct a thorough review of the documentation prior to the onsite audit.

The audit team arrived at DWCC on April 25th, 2017, at 9:00 AM, and met with the facility's executive staff. The meeting allowed for introductions, time to answer questions and outline the agenda for next 3 days. Following the meeting, the audit team began the tour of the facility which included all areas accessible to offenders: housing units, segregated housing, central services, programming areas, chapel, etc.

Following the tour, the team randomly selected staff and offenders from the rosters provided and began interviews. During this phase of the audit, 14 offenders were interviewed which included 12 random and 6 specialized offenders. It should be noted that DWCC had no offenders who had been placed in segregated housing due to risk of victimization and the facility does not house youthful offenders. In addition, 31 staff members were interviewed which included 10 random staff and 21 specialized staff. These interviews covered all shifts and various posts.

To ensure DWCC practices follow the Agency's Regulation, a review of randomly selected personnel files, investigative files, training records and mental health records was conducted.

An exit meeting was held on April 27th, 2017 which included Warden Goodwin, Assistant Warden/PREA Coordinator Dausat; PREA Compliance Manager/Lt. Col Cottrell and other administrative staff.

DESCRIPTION OF FACILITY CHARACTERISTICS

DWCC is located in an unincorporated area of Claiborne Parish between Homer and Haynesville, Louisiana near the Louisiana-Arkansas border. The facility sits on 1400 acres of land of which 310 acres are cleared for the physical plant, garden and pastureland. The facility is beautifully manicured and has the feeling of a college campus.

DWCC was designed to house 1224 minimum, medium and maximum custody level offenders. On the day of the audit the facility housed 1222. DWCC has a total of 10 housing units: 5 general population units, 4 administrative segregation units, 1 protective custody unit as well as a 24-hour infirmary care unit with an 8 beds.

DWCC prepares offenders for successful reintegration into society by offering them the opportunity to obtain a high school equivalency certificate. In addition, the facility offers a wide arrange of vocational education programs which include plumbing, automotive, welding carpentry, air conditioning and refrigeration as well as reentry programming.

DWCC employed 326 staff and has 350 volunteers and individual contractors who were authorized to enter the facility.

SUMMARY OF AUDITO FINDINGS:

Number of standards exceeded:

Number of standards met: 42

Number of standards not met:

Number of standards that do not apply: 1

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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Department regulation C-01-022 outlines the agency’s zero- tolerance approach to all forms of sexual abuse and sexual harassment. The agency has a designated PREA Coordinator who indicates that she has sufficient time and authority to oversee the agency’s effort towards PREA compliance. The state PREA Coordinator reports to the Chief of Operations for the Louisiana Department of Public Safety and Corrections. The agency designates an upper management employee at each institution to serve as the PREA Compliance Manager for the facility. At DWCC the Lt. Colonel over investigations serves as the facility’s PREA Compliance Manager and reports directly to the Warden. The PREA Compliance Manager indicated he has sufficient time and authority to oversee the facilities prevention, detection and response efforts.</p> <p>During the onsite portion of the audit staff and offender interviews indicated the facility maintains a zero- tolerance culture towards sexual abuse and harassment. It was evident during the interviews that each staff member understands their role regarding prevention, detection and response.</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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has contracts with parish prisons throughout the state to house state prisoners. As outlined in a letter from the agency Secretary, James M LeBlanc, dated September 4, 2014, as existing contracts with these parish prisons are renewed or new contracts are entered into for the housing of state offenders, the requirement for PREA compliance will become mandatory for those facilities.</p>	

115.13	Supervision and monitoring
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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Agency regulation C-01-022 requires that each facility develop and document a staffing plan that provides adequate levels of staffing. Employee Policy Memorandum #02-01-013 is a site specific policy that regulates the facility's staff pattern for correctional officers. This policy directs the positioning of each officer throughout the facility and also the number of officers assigned to each area.

DWCC provided their annual "Staffing Plan Review for David Wade Correctional Center" which assesses the elements required by component (a) of this standard. The facility has not deviated from the staffing pattern and if necessary the facility uses overtime to maintain compliance with the staffing pattern. The Shift Major is responsible for ensuring the mandatory posts are covered. Also, covered in this review is the facilities deployment of video monitoring.

Intermediate and higher level supervisors are required to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Supervisors are required to document these rounds in the housing unit log books. Staff members are prohibited from alerting other staff members when these rounds are occurring. Interviews with Majors and Captains who conduct these rounds indicated these rounds are conducted daily on every shift and in variations to prevent staff from alerting each other.

115.14 Youthful inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

XX Does Not Apply

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Agency Regulations C-01-022 and C-02-003 addresses the elements of this standard. Regulation C-02-003 details how staff is to conduct strip searches and visual body cavity searches. Strip searches and visual body cavity searches are to be conducted by staff of the same gender. Pat searches at DWCC may be conducted by male or female officers. DWCC has not conducted any opposite gender strip searches. Should an exigent circumstance arise where an opposite gender strip search was required; the employee conducting the search must document the search and the circumstances surrounding the event.

Agency Regulation C-01-022 mandates, "Offenders should be allowed to shower, perform body functions and change clothing without non-medical 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." The facility also reiterates this expectation in Employee Policy Memorandum #02-01-007, which is a site specific policy. Furthermore, the facility has incorporated the above language in the Post Orders for officers who work inside a dormitory.

During the tour it was noted that two cells in the infirmary had a window that allowed for offenders to be viewed while toileting. The PREA Compliance Manager had the bottom portion of the windows obscured while the auditors were on site.

Regulation C-01-022 also requires staff of the opposite gender to announce their presence upon entering a housing unit. During the tour and through interviews with both staff and offenders it was confirmed that female staff are announcing their presence upon entrance.

Agency Regulation C-01-022 requires employees to receive training on how to conduct cross gender pat searches and searches of transgender/ intersex offenders. The training curriculum provided is tailored towards male offenders and addresses searching techniques for transgender/ intersex offenders. Covered in both the regulation mentioned above and the training curriculum is: "No search or physical exam may be conducted when the sole purpose of the search or physical exam to determine the offender's genital status." Questions regarding identification of a transgender or intersex offender's genital status are referred to Medical and Mental Health staff. Interviews with Correctional Officers and Offenders affirmed all searches are to be conducted in a professional manner.

115.16	Inmates with disabilities and inmates who are limited English proficient
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- Exceeds Standard (substantially exceeds requirement of standard)
- XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)
- Does Not Apply

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

Agency Regulation C-01-022 requires facilities to take appropriate measures to ensure that all offenders have an equal opportunity to participate in or benefit from all aspects of the agency's efforts in protecting offenders from sexual abuse and sexual harassment. Louisiana DOC offers offenders with disabilities or who are limited English speaking a variety of materials/ ways that may be utilized to prevent, detect, and respond to sexual abuse or sexual harassment. The agency offers visually impaired offenders a PREA brochure in Braille. The agency also has an agreement with Sign Language Services to assist blind offenders.

DWCC is not designed to house offenders who require certain ADA accommodations such as hearing impaired, blind, etc. Offenders who require such accommodations are assigned to a facility designated for their needs.

The agency has a contract with Speakeasy Telephonic Interpreting to assist offenders who are limited English speaking. Speakeasy offers interpreting services for multiple languages. Agency Regulation C-01-022 states the agency will not rely on offender interpreters. According to the PAQ, the facility did not have any incidents of using an offender interpreter. Thus far, DWCC has not had to use the Speakeasy service. In addition, DWCC has two staff members who are fluent in Spanish. While onsite the auditors spoke with a Spanish speaking offender who indicated staffs have been willing to assist him whenever necessary. PREA brochures are offered in both English and Spanish. Also, noted on the tour was appropriate signage in both English and Spanish.

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

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

Agency regulation supports this standard. David Wade Correctional Center does not hire or promote individuals who have engaged or been convicted of sexual abuse or sexual assault in either

confinement settings or in the workplace. Upon random review of employee files of staff hired within the past 12 months, it was determined that applicants are asked about prior incidents of sexual abuse or harassment and are notified that falsifying this information may result in termination. During the onsite audit, it was noted that all randomly selected employee files contained background checks. In addition, the files of employees who were rehired after working other confinement facilities were reviewed. These files contained information indicating that inquiries from the employee's previous facility had been conducted.

DWCC conducts background checks every 5 years required by the standard. This was verified through a file review. In addition, the Human Resources staff was interviewed and indicated that background checks are completed every 5 years for current employees.

The agency's Human Resource Director keeps a list of all staff who are no longer employed due to resignation or termination. Relevant information would be provided to any institutional employer upon request.

115.18	Upgrades to facilities and technologies
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- 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)
- Does Not Apply

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

DWCC has not had any major expansion or modification since August, 2012. Documentation provided indicated that DWCC had installed 30 new cameras in the offender dormitories and 16 cameras in the cellblocks. Meeting minutes from security staff were provided which referenced these new cameras.

During the on-site tour, the new camera equipment was observed and it was determined that this addition does enhance the facility's ability to protect offenders from sexual abuse. In addition, during the interview with the Warden, he indicated that the facility's ability to protect offenders from sexual abuse was considered prior to installation of the new camera equipment.

115.21	Evidence protocol and forensic medical examinations
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- 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)

Does Not Apply

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

Agency Regulation C-01-022 Prison Rape Elimination Act outlines actions that will be taken following an allegation of sexual abuse. Investigators interviewed reported that criminal investigation would be referred to Louisiana State Police however; administrative investigations are conducted by one of the 4 trained investigators at DWCC. Section 20. A. 1 of the agency's PREA regulation indicates that based on the initial inquiry and/or evidence that the allegation represents possible criminal activity; the allegation would be referred to law enforcement.

The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence.

Agency Regulation C-01-022 shows "The Department shall offer all victims of sexual abuse access to forensic medical examinations..." Staff reported during interviews that DWCC has had no allegations that would require a forensic exam within the last 12 months or since the last audit however, should a forensic exam be indicated the victim would be transported to University Health in Shreveport, LA. A memo signed by Warden Goodwin shows that should an offender be transported to the hospital for a forensic exam, DWCC staff would contact Project Celebration who would provided advocacy services to the victim at the hospital.

Agency regulation C-01-022 17 indicates that if the victim consents to advocacy services, the advocate may participate in supporting the victim through the forensic medical examination process and investigatory interviews. As mentioned previously, DWCC has not had an incident in the last year that would require a forensic exam however, staff interviewed knew when and how an advocate would be notified.

DWCC provides offenders with the addresses to Just Detention International and the Louisiana Foundation of Sexual Assault where they can write to receive advocacy services. In addition, DWCC provided documentation showing select staff at the facility have received advocacy training and are able to provide immediate services when necessary.

DWCC provided a copy of a letter dated March 21, 2017, from Warden Goodwin addressed to Sheriff Ken Bailey requesting that the agency following PREA standard when conducting sexual abuse investigations at DWCC.

115.22 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Agency regulation C-01-022 requires that allegations of sexual abuse or sexual harassment be referred for investigation. The policy outlines that criminal investigations would be conducted by Louisiana State Police while administrative investigations are conducted by DWCC investigative staff.

In the past 12 months, DWCC received 98 allegations of sexual abuse and sexual harassment. All allegations were investigated administratively by facility investigators. Of 98 PREA allegations/investigations, 67 involved allegations of sexual harassment and 31 involved allegations of sexual misconduct. The facility did not have any substantiated investigations during the last 12 months.

Agency regulation C-01-022 Prison Rape Elimination Act outlines how the agency will process allegations of offender sexual abuse or harassment. This regulation is posted on the agency website.

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)

Does Not Apply

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

The agency's PREA training curriculum was reviewed and was found to address all required components of this standard as mandated. The training is tailored to the gender of the offenders at the facility. David Wade Correctional Center provided documentation of staff attending this training. In addition, during the onsite portion of the audit, additional random employee training files were reviewed. All files indicated by signature that employees are completing PREA training as required. David Wade Correctional Center provided signed forms from employees indicating that they had received the Louisiana Department of Public Safety and Corrections Sexual Assault and Sexual Misconduct with Offenders Acknowledgment form as well as the Louisiana Department of Public Safety and Corrections Malfeasance in Office form. Agency policy C-01-022 indicates that custody staff will receive yearly refresher training. All other employees receive training every two years in order to ensure that employees are aware of the Agency's current policies and procedures with regard to sexual abuse and harassment.

115.32	Volunteer and contractor training
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency regulation C-01-022 requires that all volunteers and contractors receive PREA training. DWCC provided copies of contracts which contain PREA language including the requirement to report allegations of sexual misconduct, respond to investigative inquiries and participate in any training as directed. In addition, DWCC provided copies of signed acknowledgement forms indicating that contractors had read the Sexual Assault and Sexual Misconduct form and the Malfeasance in Office form.</p> <p>Volunteers complete training which includes a sexual misconduct and sexual harassment section. Training records provided indicated that volunteers complete this training. In addition, during the on-site portion of the audit, random volunteer files were reviewed. These files indicated that volunteers complete this training.</p>	

115.33	Inmate Education
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	

Upon arrival at DWCC, all offenders are provided with the Offender Orientation Manual. This manual provides detailed information with regard to definitions of sexual harassment, misconduct and retaliation. The manual also provides means to report harassment, abuse and misconduct. DWCC provided signed acknowledgement forms indicating that offenders also received a more detailed PREA training within 30 days of arrival at the facility. Random offender interviews indicated that offenders have knowledge of PREA, as well as the means to report allegations. During the onsite tour, it was noted that signs were posted throughout the facility to include the Crime Stoppers number for anonymous reporting of PREA allegations. In addition, signs were posted with the telephone number for Just Detention International. Information was noted to be available in Spanish during the tour. File review of random offenders indicated that offenders assigned to the facility do receive PREA education.

115.34 Specialized training: Investigations

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

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

DWCC has four investigators who have completed PREA Specialized Investigator Training however; two investigators are assigned to conduct PREA investigations. DWCC provided certificates that indicated that these investigators had completed this specialized training, as well as a copy of the training curriculum itself. The training was conducted by Training Force and the curriculum indicates that it meets the requirements set forth in 115.34.

115.35 Specialized training: Medical and mental health care

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

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

Agency Regulation C-01-022 includes language requiring that all full and part time medical and mental health staff receive specialized training. Certificates were provided that indicated that all full and part

time medical and mental health employees had completed this training. These certificates included language that staff had been trained in the information required by 115.35 (a). In addition, interviews with medical and mental health staff indicated that these staff has received this training.

115.41 Screening for risk of victimization and abusiveness

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

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

Agency policy C-01-022 Prison Rape Elimination Act addresses the standard requirements. DWCC conducts a PREA screening upon intake and then again within 30 days. During the 12 months preceding the onsite audit, 553 offenders were admitted into the facility whose length of stay was for more than 30 days. The PAQ shows that 100% of offenders admitted were screened for their risk of victimization within 72 hours of intake and then within 30 days. During the onsite audit, the auditor randomly selected offenders’ names and reviewed risk screening to ensure timeliness. The risks screenings reviewed were conducted as required by this standard.

A review of the agency’s PREA screening checklist showed all criteria required by 115.41 (d) is addressed in the screening instrument.

Agency regulation C-01-022 shows “offenders shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the PREA Screening Checklist.” Staff interviewed voiced that offenders would not be disciplined for refusing to answer questions.

DWCC maintains confidentiality by filing the original checklist in the offender’s mental health section of the offender’s medical record and a copy in the offender’s master record. The screening is not considered a public record. Classification staff enters the screening information into CAJUN, a secure case management system.

115.42 Use of screening information

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

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

Agency regulation C-01-022 outlines how the facility should utilize the PREA Risk Screening to make informed decisions regarding housing and cell assignments as well as, assignments to programming, work and education. Based on the criteria noted in 114.41, Screening for Risk of Victimization or Abusiveness, the facility makes individualized determination regarding the safety of the offenders by utilizing PREA Risk Screening. The screening instrument scores each offender as PREA Blue: Confirmed as a sexual victim or appears to be at high risk for sexual predation, PREA Green: No significant risk of victimization or perpetration or PREA Red: Propensity to sexually assault others.

DWCC utilizes the Offender Management System High Risk Sexual Predator/Victim Report (CHRSPV) to identify offenders who have been identified as high risk of victimization or perpetration i.e. PREA Blue or PREA Red.

The DWCC's classification boards determine housing, job and programming assignments utilizing the PREA Screening. Housing assignments are reviewed the first working day of each month to ensure PREA Blues and PREA Reds are not housed within the same housing unit.

DWCC makes housing and programming assignments for transgender offenders on a case by case basis. Staff reported, and policy supported, that transgender offenders are reassessed two times per year. At the time of the onsite audit, DWCC had one transgender offender. This offender was interviewed during the onsite audit. The offender reported that beginning in 2013, DWCC began speaking to her about her transgender status, to ensure her safety and offered her the option to shower separate from other offenders. The offender reported that she lives in general population and feels safe at DWCC. DWCC provided documentation demonstrating the transgendered offender is assessed at least twice a year and that she was offered the option of showering 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)
- Does Not Apply

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

Agency regulation C-01-022 states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and

determination has been made that there is no available alternative means of separation from likely abusers.

To ensure facilities completed the documentation required by this standard, the agency recently implemented the 24 Hour Review of Involuntary Segregation Status form. The form requires staff to document the reason for the original placement in involuntary segregation, assessment findings, offender comments and the recommended action to be taken. The form requires a review and approval by the PREA Compliance Manager or designee.

DWCC has not placed an offender in involuntary segregation due to risk of victimization within the last 12 months. Staff interviewed reported that should the need arise that required involuntary segregation for the protection of an offender at risk of victimization; they would utilize the Review of Involuntary Segregation Status form.

115.51	Inmate reporting
<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p>XX 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><input type="checkbox"/> Does Not Apply</p>	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency Regulation C-01-022 requires that offenders have multiple channels to report allegations of sexual abuse and sexual harassment. Employee Policy Memorandum "Sexual Assault" details the available channels for the offenders at DWCC. The agency has an MOU with Crime Stoppers from Baton Rouge, LA. Crime Stoppers is a toll free hotline that allows offenders to remain anonymous. Crime Stoppers also accepts third party reports. Upon receiving a report, Crime Stoppers will immediately forward the report to the appropriate facility. DWCC has partnered with Louisiana Foundation against Sexual Assault (LAFASA) to allow offenders who do not have routine access to a phone a way to report allegation of sexual abuse to an outside entity. LAFASA has agreed to receive written allegations of offender sexual abuse and forwards these allegations to the facility.</p> <p>DWCC provides offenders avenues to report allegations of sexual abuse verbally, in writing, or third parties. During the tour it was observed that signs were displayed near phones, on bulletin boards and in housing units advising offenders of the multiple ways to report. Offenders expressed during interviews that they have been educated on the ways to report sexual abuse and sexual harassment. Employee Policy Memorandum "Sexual Assault" also mandates staff to accept and report all allegations they receive. Staff may report privately to their supervisor or directly to the PREA Compliance Manager. Interviews with staff indicated they would feel comfortable reporting allegations privately to their supervisor or PREA Compliance Manager.</p> <p>DWCC does not house offenders solely for immigration purposes.</p>	

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115.52	Exhaustion of administrative remedies
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency Regulation B-05-005 Administrative Remedy Procedure and Agency Regulation C-01-022 address the elements of this standard. Agency Regulation C-01-022 allows a third party to assist an offender in initiating or assist in reporting allegations of sexual abuse or sexual harassment through the grievance procedure. The agency does not impose a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. An offender may submit a grievance alleging sexual abuse without submitting it through the alleged staff member. Regulation B-05-005 further states that the employee alleged will not be involved in the decision making process on the request for remedy. Additionally, offenders may also be disciplined for filing frivolous sexual abuse complaints.</p> <p>DWCC received 26 complaints alleging sexual abuse during the reporting period. DWCC treats all sexual abuse related grievances as emergencies and expedites the timeframe for response. All 26 complaints received had an initial response within 48 hours of receiving the complaint, and final response within 5 days. The facility did not require the 70 day extension on any of the 26 complaints. Since the facility expedites all sexual abuse complaints, all grievances had responses within 90 days. The ARP Officer screens each complaint received. When the ARP Officer receives a complaint alleging sexual abuse it is immediately sent to the PREA Compliance Manager who initiates the response protocol. While onsite the auditor randomly selected 5 grievances and responses for review and each complaint had a response within the designated time frame.</p>	

115.53	Inmate access to outside confidential support services
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	

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

DWCC offers offenders access to multiple outside support services. Each day DWCC produces a Daily Notification Bulletin (DNB) that offenders have access. The DNB consist of a variety of information for the offender population, including addresses for Just Detention International and LAFASA where offenders may write for advocacy services or to report an incident.

DWCC has a partnership with Project Celebration to train Medical, Mental Health, and other designated staff members on how to serve as an advocate to offenders following an allegation of sexual abuse. Should an offender be transported to a hospital as a result of sexual abuse, Project Celebration would be contacted and would respond and provide crisis intervention. Project Celebration would also with an offender onsite to provide advocacy services if necessary. Interviews with offenders indicated they do receive access to the DNB daily, and they were aware of how to obtain outside services.

115.54 Third-party reporting

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

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

Third party reporting information is easily located on the agency’s website which outlines how a third party can report allegations of sexual abuse and sexual harassment on behalf of an offender. The website shows, the public should contact the warden’s office of the institution where the offender is housed.

During the reporting period, DWCC did not receive any third party reports.

115.61 Staff and agency reporting duties

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

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

Agency Regulation C-01-022 addresses the components of this standard. Agency policy states, "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, shall immediately notify their supervisor who shall ensure that an Unusual Occurrence Report (UOR) is completed." Once the UOR has been completed it is immediately forward up the chain of command. This regulation also requires all staff members to report any claims of retaliation. All allegations of sexual abuse, sexual harassment, or harassment are to be treated with discretion and confidentiality.

Medical and Mental Health staff are DOC employees, therefore fall under the same reporting requirements as all other corrections staff members. DWCC does not house youthful offenders and have had any incidents of victimization of a vulnerable adult.

Staff reporting procedures are covered in annual training. Interviews indicated staff members understood their reporting requirements.

115.62 Agency protection duties

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

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

Agency Regulation C-01-022 outlines staffs responsibility should an offender be at substantial risk of imminent sexual abuse. Staff is required to immediately notify their supervisor and document the incident on an Unusual Occurrence Report (UCR). To access for least restrictive housing, the supervisor must complete form C-01-022-P, entitled "24 Hour Review of Involuntary Segregation Status During PREA- Related Investigations" and contact the PREA Compliance Manager for review and any further action. In the event of an incident occurring outside normal business hours the supervisor would consult with the designated duty officer prior to further action. All staff interviewed reported they would take immediate action if they learned an offender was at substantial risk of imminent sexual abuse. During the reported period, DWCC had no incidents of assigning a victim to involuntary segregation or learning an offender was at substantial risk of imminent sexual abuse.

115.63 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Agency Regulation C-01-022 states, "Upon receiving an allegation that an offender was sexually abused while confined at another facility, the Unit or designee of the facility that received the allegation shall notify in writing the Unit Head of the facility or designee where the alleged abuse occurred. Notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation."

During the reporting period, DWCC received 1 allegation where an offender reported he was sexually abuse while housed at another facility. DWCC provided documentation to demonstrate they reported the allegation to the affected facility within 24 hours which is well within the timeframe required by this standard. The Warden indicated during their interview should they receive an allegation from another facility would investigate the allegation to the best of their ability.

115.64 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

The agency regulation C-01-022 addresses the duties of first responders. All staff is issued a first responder card which outlines actions to be taken upon learning of an allegation that an offender was sexually abused. DWCC has not received an allegation within the last 12 months that would require the collection of physical evidence, separation of the victim and perpetrator or to protection of a crime scene. All staff interviewed could explain what they should do if an allegations of sexual abuse was reported to them.

115.65 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

DWCC has a written institutional plan that coordinates the action taken in response to an allegation of sexual abuse that includes medical, mental health, first responders, medical and mental health practitioners, investigators and facility administration. The facility also has a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment that ensure appropriate actions are taken and that victims receive needed services.

115.66 Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

The Louisiana Department of Public Safety and Corrections is part of an agreement with the Louisiana Public Employees Council No. 17. The agreement addresses the working environment of employees who choose to join the Union. The Union agreement does not prohibit the Agency's ability to discipline employees who have violated PREA up to and including termination and does not prohibit the Agency from placing alleged staff perpetrators on immediate suspension pending investigation. Through interviews with the PREA Compliance Manager and the Warden they concluded the Union agreement does not impede their ability to move staff when necessary during investigation.

115.67 Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Agency regulation C-01-22 supports this standard and requires that offenders or staff who report sexual abuse and offenders who are reported to have suffered sexual abuse be monitored for retaliation for at least 90 days. The regulation requires that should retaliation be suspected, the facility must act promptly to remedy the situation. The agency has developed a form that is utilized when monitoring retaliation. DWCC has a staff member tasked with conducting the monitoring as outlined in the agency regulation.

A review of randomly selected investigations showed that retaliation monitoring was not regularly completed as outlined in the agency's regulation. The staff assigned to conduct such monitoring has since received additional direction to ensure monitoring is conducted in a timely fashion.

115.68 Post-allegation protective custody

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

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

Agency Regulation C-01-022 prohibits offenders at high risk for sexual victimization from being placed in 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. An offender assigned to administrative segregation is considered maximum security and due to this classification, is not permitted to attend educational or treatment programs. However, maximum security offenders are offered written material from education, mental health and religious departments. Employee Policy Memorandum #03-01-001 shows, the Classification Review Board will review the status of offenders who are in administrative segregation at least every seven days for the first two months and every 30 days thereafter.

To ensure facilities complete the documentation required by this standard, the agency recently implemented the 24 Hour Review of Involuntary Segregation Status during PREA-Related Investigation form. The form requires staff to document the reason for the original placement in involuntary segregation, assessment findings, offender comments and the recommended action to be taken. The form requires a review and approval by the PREA Compliance Manager or designee.

DWCC has not an incident that required the placement of a victim in involuntary segregation within the last 12 months. Staff interviewed reported that should the need arise they would utilize the Review of Involuntary Segregation Status form.

115.71	Criminal and administrative agency investigations
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>DWCC conducts administrative investigations. Staff interviewed reported criminal investigations are referred to law enforcement which is outlined in the Agency Regulation C-01-022. DWCC has two investigators which conducts offender sexual abuse investigations, both of which have received the specialized investigator training required by 115.34.</p> <p>The agency requires investigators to follow an evidence collection protocol which contains specific steps that shall be followed when an allegation of sexual abuse is made. In the past 12 months, DWCC received 98 allegations of sexual abuse and sexual harassment. All allegations were investigated administratively by facility investigators. Of 98 PREA allegations/investigations, 67 involved allegations of sexual harassment and 31 involved allegations of sexual misconduct. The facility did not have any substantiated investigations therefore there were no investigations forward to the district attorney for review for prosecution.</p> <p>A random selection of 10 investigations were reviewed; all report were documented in a standard report format and contained a description of physical and testimonial evidence and reasoning to support the finding.</p> <p>During interviews of the DWCC investigators it was evident they were knowledgeable of the proper protocols and are following the required elements of 115.71 when conducting investigations.</p>	

115.72	Evidentiary standard for administrative investigations
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	

During the interviews of staff investigators it was clear they were knowledgeable of this standard. They were able to adequately give examples of the burden of proof and preponderance for administrative cases. They understood that a standard no higher than preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are substantiated.

PREA Specialized Investigator training curriculum includes the appropriate information for burden of proof and preponderance of evidence as stated for this standard.

115.73	Reporting to inmates
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)
XX 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)
<input type="checkbox"/> Does Not Apply |
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Auditor comments, including corrective actions needed if does not meet standard

Agency Regulation C-01-022 mandates that following an investigation sexual abuse from staff or another offender, the alleged victim will be notified as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded.

The agency has developed a form that is utilized to notify the offender of the findings following the completion of an investigation. The form is also utilized to provide follow up notifications regarding the status of an abuser.

A random review of investigative files showed DWCC was providing alleged victim with notification as outlined by the agency regulation and required by this standard.

115.76	Disciplinary sanctions for staff
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| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)
XX 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)
<input type="checkbox"/> Does Not Apply |
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Auditor comments, including corrective actions needed if does not meet standard

Agency Regulation C-01-022 specifies that staff members who violate the agency’s sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. The Louisiana Department of Corrections: Corrections Services Employee Manual outlines the prohibited behaviors for staff which includes staff sexual abuse. The employee manual also discusses the different sanctions the agency can impose on staff for violation of prohibited behaviors. Agency Regulation C-01-022 outlines that substantiated allegations shall be forwarded to the local District Attorney for decision regarding prosecution or forwarded to the relevant professional licensing boards. DWCC has not had any staff disciplined for violation of the agency’s sexual abuse or sexual harassment policies during the previous 12 months.

115.77 Corrective action for contractors and volunteers

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

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

Agency Regulation C-01-022 includes language indicating that all volunteers and contractors are made aware that engaging in sexual abuse of an offender may result in the filing of criminal charges. Documentation from DWCC indicated that no contractors or volunteers had engaged in sexual abuse of an offender or been prohibited from contact with offenders in the past 12 months. Established policy dictates that substantiated allegations of sexual abuse be submitted to the local District Attorney for possible prosecution.

115.78 Disciplinary sanctions for inmates

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

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

Agency Regulation C-01-022 outlines procedures for processing offenders who violate the agency's zero-tolerance sexual abuse and sexual harassment policies. The regulation requires substantiated allegations to be forwarded to the local district attorney for consideration of prosecution if applicable and administrative disciplinary action be initiated on the aggressor (offender or staff). The Louisiana Department of Public Safety and Corrections: Disciplinary Rules and Procedures for Adult Offenders book dictates the disciplinary process for offenders and the sanctions that may be imposed by the Disciplinary Board. Prior to the disciplinary hearing for violations of the sexual abuse policy the Disciplinary Board must refer the perpetrator for mental health input on form DWCC #207. Employee Policy Memorandum #03-06-001 Disciplinary Reports requires the Disciplinary Board to, "Consider whether an offender's mental disability or mental illness contributed to his behavior when determining any sanctions or finding of guilt." During the reported period, DWCC had no offenders who were disciplined for sexual abuse or sexual harassment.

115.81	Medical and mental health screening; history of sexual abuse
	<p><input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)</p> <p><input checked="" 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><input type="checkbox"/> Does Not Apply</p>
	<p>Auditor comments, including corrective actions needed if does not meet standard</p>
	<p>Agency Regulation No. C-01-022 contains language which requires follow up meetings with medical or mental when an offender discloses prior victimization during a PREA screening whether the victimization occurred in the community or in an institutional setting. DWCC provided forms and referrals which showed this practice to be in place as required by this standard.</p> <p>Agency Regulation No. C-01-022 also requires a follow up meeting with medical/mental health for those offenders who are identified as perpetrators whether the perpetration occurred in an institutional setting or in the community. Documentation was also provided indicating compliance with this standard.</p> <p>Agency Regulation No. C-01-022 requires that information obtained related to sexual victimization or abuse in an institutional setting be limited to medical and mental health practioners. This policy also requires that informed consent be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.</p> <p>In addition, interviews with medical and mental health staff indicate compliance with this standard.</p>

115.82	Access to emergency medical and mental health services
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency Regulation C-01-022 supports all areas of this standard. The regulation includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment services. DWCC provided documentation indicating that no incidents of sexual abuse had occurred during this audit period. A review of investigations conducted within the last 12 months supported this. In addition, interviews with medical and mental health staff, as well as random staff indicates that staff is well aware of the components of this standard and that the facility is in compliance with the standard.</p>	

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Agency Regulations C-01-022, Health Care Policy HC-09 and HC-36 support all components of this standard. DWCC provided documentation indicating that offenders who are prior victims and perpetrators are offered follow up treatment by mental health staff within 14 days of arrival at the facility. Interviews with medical and mental health staff indicated that staff are very aware of all components, and are in compliance with all aspects of this standard.</p>	

115.86	Sexual abuse incident reviews
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) XX 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)	

Does Not Apply

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

Agency Regulation C-01-022 outlines that an incident review will be conducted at the conclusion of every sexual abuse investigation unless the investigation is unfounded which supports the requirements of this standard. The agency has developed an incident review form which ensures all components required by the standard are reviewed.

A review randomly selected investigation files indicated the incident reviews are being conducted at the conclusion of substantiated or unsubstantiated sexual abuse investigations as required by this standard.

115.87 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Does Not Apply

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

Documentation provided by DWCC indicates that the agency collects data for every allegation of sexual abuse and repeated allegations of sexual harassment. The annual survey on Sexual Victimization is available in the month of July. DWCC also provided documentation of aggregated data, indicating that the data is maintained, reviewed and collected from all incident based documents. The agency appears to be in compliance with this 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)

Does Not Apply

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

An annual report was provided by the agency. Included in the report was a comparison from the previous years' statistics. The report was approved by the head of the agency. Included in the report

was the agency's progress in identifying and addressing problem areas with regard to PREA protocols and compliance.

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)
- Does Not Apply

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

The agency utilizes a PREA allegation database to collect incident based 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 through 2015 were reviewed from the website, and in these reports all personal information was redacted.

Agency policy C-01-022 provides for secure retention of the data.

AUDITOR CERTIFICATION:

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

Veria Sturm

Auditor Signature

June 9, 2017

Date