

## PREA Audit: Auditor's Summary Report

### Adult Prisons and Jails

Name of facility: Louisiana State Penitentiary	
Physical Address: 17544 Tunnica Trace, Angola, LA 70712	
Date report submitted: August 5, 2016	
<b>Auditor Information</b>	
Address: 2728 Plaza Drive, Jefferson City, MO 65109	
E-Mail: Vevia.Sturm@doc.mo.gov	
Telephone number: 573-522-3335	
Date of facility visit: January 12 <sup>th</sup> through 15 <sup>th</sup> , 2016	
<b>Facility Information</b>	
Facility mailing address: (if different from above)	
Telephone number: 225-655-4411	
The facility is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> Federal
	<b>XX State</b>
Facility Type: <input type="checkbox"/> Jail <b>XX Prison</b>	
Name of PREA Compliance Manager:	Title: Assistant Warden III
E-Mail Address: Shirley Coody	Phone Number: 225-655-4411
<b>Agency Information</b>	
Name of agency: Louisiana Department of Public Safety and Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 504 Mayflower, Baton Rouge, LA 70804	
Mailing address: (if different from above) P.O. Box 94304 Baton Rouge, LA 70804	
Telephone Number: 225-342-2211	
<b>Agency Chief Executive Officer</b>	
Name: James Leblanc	Title: Secretary
E-Mail Address: jmleblanc@corrections.state.la.us	Telephone Number: 225-342-2211
<b>Agency-Wide PREA Coordinator</b>	
Name: Michele Dauzat	Title: Assistant Warden III
E-Mail Address: micheledauzat@corrections.state.la.us	Telephone Number: 318-927-0400

# AUDIT FINDINGS

## NARRATIVE:

A compliance audit was conducted at Louisiana State Penitentiary on January 12th through 15<sup>th</sup>, 2016. The audit team consisted of Lead Auditor Vevia Sturm, Certified Auditors: Becky Ehlers, Sherie Korneman, Kelly Morriss, Dan Redington, Krista Helton, Fontella Ford-Henry and Audit Assistants Terrena Ballinger, Adam Albach and Bill Stange.

The Notice of Audit was posted throughout the facility on November 30<sup>th</sup>, 2015 to notify offenders and staff of the upcoming audit. The lead auditor received 8 offender correspondences due to this posting. All offenders who forwarded a correspondence were interviewed by an auditor during the onsite audit. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditor team to review in advance of the onsite portion of the audit. The audit team conducted an organized and comprehensive review of the pre audit questionnaire and supporting documentation prior to the onsite audit. Throughout the pre audit phase, the Lead Auditor stayed in contact with the state PREA Coordinator and the Compliance Monitor by phone and email.

The team arrived at the Ranch House on the prison grounds at 9:00 am to meet with the Warden, Compliance Monitor, PREA Coordinator and select administrative staff prior to moving to a Chapel where a formal gathering was held to provide facility administrators with an overview of the weeks activities.

The 10 auditors were divided into 4 auditing teams with each team being assigned specific out camps they were tasked with auditing. Following the gathering in the chapel, each team proceeded to their assigned out camps to begin a tour. The teams toured all housing areas and work areas throughout the prison. Due to the size of the prison grounds the teams toured throughout the day. Wednesday, January 13<sup>th</sup>, the teams began interviews which included a randomly selected group of staff from both shifts and a randomly selected group of offenders from all housing units. The teams interviewed a total of 83 staff which included 42 random staff and 41 specialized staff. In addition, the teams interviewed a total of 77 offenders which included 47 random interviews and 30 specialized offenders.

The Lead Auditor met with the PREA Compliance Monitor and PREA Coordinator each day to brief them on the findings thus far. Throughout the process the administrative staff was receptive to the feedback. Information requested by the auditors was readily provided when available. It is important to note that LSP recently underwent a change in leadership, and some PREA practices had only recently been implemented, however, both the new Warden and Compliance Monitor voiced their commitment to ensuring full compliance of the standards.

An exit meeting was held with the Warden, PREA Compliance Monitor and PREA Coordinator on January 15<sup>th</sup>, 2016. During the meeting the lead auditor worked with the facility to develop corrective action plans where needed. The audit team provided the PREA Compliance Monitor and PREA Coordinator with the detail overview of the corrective actions on January 22, 2016 to allow the facility to begin moving forward with planning and implementation.

As noted below, LSP is a very large penitentiary encompassing 18,000 acres which houses approximately

6,300 offenders in multiple out camps. The auditors feel strongly that to ensure compliance in a facility of this magnitude the PREA Compliance Monitor cannot tackle this alone. During the exit meeting the auditors recommended that a compliance monitor be designated in each out camp and tasked to ensure compliance in their respective out camp with the LSP Compliance Monitor providing oversight.

#### **DESCRIPTION OF FACILITY CHARACTERISTICS**

Louisiana State Penitentiary [LSP] is a maximum security prison located in West Feliciana Parish on 18,000 acres of land. The town of Angola, Louisiana is surrounded on three sides by the Mississippi River and the fourth side is the front gate of the prison grounds. The prison grounds include housing for 400 staff, and multiple “out camps”. Out camps are small prisons located on the grounds of LSP.

Housing for offenders at LSP includes the Main Prison as well as 5 out camps. Each out camp is self contained with its own assistant warden, security staff, classification staff, primary medical and mental health staff as well as commissary, kitchen, laundry facility, clothing warehouse and medical clinic. The facility has 6 fenced housing areas with the remaining acreage devoted to farming.

The majority of offenders work eight hour days, five days a week on the farm. Crops are grown for sale by Prison Enterprises. In addition, the prison grows many crops that are consumed by the offender population. The prison also maintains cattle and horses.

The prison offers multiple programming opportunities for the offender population to include numerous vocational programs; GED; degrees in Christian Ministries through the New Orleans Baptist Theological Seminary; Parenting Skills, Character Counts, etc.

The initial report, which was forwarded to LSP on February 16, 2016, indicated the facility was in compliance with 32 standards but did not meet 11. The issuance of the initial report began the corrective action period (CAP). Throughout the CAP, the lead auditor communicated with the PREA Compliance Manager and the Departmental PREA Coordinator. On August 3, 2016, the auditor received a flash drive containing the remaining documentation needed to demonstrate LSP to be in full compliance with the standards.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX Meets Standard</b> (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)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department regulation C-01-022 mandates zero tolerance towards all forms of sexual abuse and sexual harassment at all state operated facilities to include privately operated facilities. The Agency Wide PREA Coordinator and the PREA Compliance Manager both stated that they have the time and the authority to develop and oversee compliance to the PREA standards. Organizational charts were provided which indicated the Agency PREA Coordinator reports directly to the Chief of Operations and the PREA Compliance Monitor reports directly to the Deputy Warden of Programming at LSP who directly reports to the Warden of the facility confirming that each has the authority to oversee compliance to PREA.</p>	

<b>115.12</b>	<b>CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX Meets Standard</b> (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)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<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>	

<b>115.13</b>	<b>SUPERVISION AND MONITORING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX Meets Standard</b> (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)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022, A-02-018 and Penitentiary Directive 14.005, 09.023 and 03.010 addresses the components of this standard. Department Regulation C-01-022 requires a staffing plan be developed to provide adequate staffing levels to protect offenders against sexual abuse as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. When developing the staffing plan the agency and facility takes into consideration the eleven (11)</p>	

components as outlined in the standard. LSP provided documentation of an adequate staffing plan. Interviews with staff and offenders indicated that unannounced security rounds were conducted by intermediate-level and higher level staff on all shifts. This was supported by documentation in the shift logs.

It is recommended that LSP continues to enhance their video surveillance as the financial budget allows.

**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)

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

LSP does not house youthful offenders.

**115.15 LIMITS TO CROSS GENDER VIEWING AND SEARCHES**

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

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

Department Regulation No. C-01-022, C-02-003 and Penitentiary Directive 14.005, 09.003 and 09.023 address the components of this standard. The regulation mandates offenders have the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. During the tour many areas throughout camps were identified as cross gender viewing concerns. The specific areas are noted below.

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 supports a cross gender announcement to the population when female staff enters the living area. This was validated through interviews with both staff and offenders.

The training curriculum and records indicated that all staff is informed during searches training that searches of intersex and homosexual offenders are to be conducted in a respectful and professional manner but the training does not provide staff with direction regarding *how* to conduct the search. Staff interviews confirmed that staff did not know the agency’s expectation regarding the actual searching of a transgender or intersex offenders. In addition, interviews indicated an overall lack of understanding of transgender, intersex and cross-gender.

**Recommendation:** LSP should provide training to staff on proper search technique to use when searching a transgender and intersex offender. The training should clearly define transgender, intersex and cross gender.

LSP must ensure female staff to included higher ranking females cannot view offenders while they shower, change their clothing or toilet. Outlined below are the areas identified as cross gender viewing concerns that require corrective action:

In addition to the CAPs listed below, the team recommends facility policy, post order or standard operating procedure be revised to direct offenders to utilized privacy barriers to change clothing.

**Bible College** – recommend that the door to offender bathroom be removed and partition lowered to allow for a visual security check without staff needing to enter bathroom.

**Treatment Center** – Bathroom in medical waiting area (bull pen) needs privacy barriers – On one bathroom the shower curtain was ripped and the other did not have a privacy barrier.

**Death Row** – Suicide cells, which are equipped with cameras, are being utilized to house offenders not on suicide watch. Female staff working in the module can view the monitors which provide a view of offenders in suicide cells using the toilet. The Warden shared that staff have the ability to turn the cameras off when offenders are not on suicide watch are housed these cells. It must not be the responsibility of the female staff to ensure no cross gender viewing.

Showers on Death Row have bars on the doors. Auditors were told female staff was not allowed on the wing when shower occur or when offenders are dressing. This was not in policy. The auditors recommend shower curtains be installed to provide cross gender viewing.

**Camp F** – During the tour, auditors were informed that no women work in Camp F however, this is not in policy.

3-house – bottom walk (tier): Security mirrors in bathrooms enable auditors to view offender’s toileting.

**Canteen Distributions** – Bathroom has a large window. Offenders currently keep the lights off when using the toilet to prevent cross gender viewing.

**Camp C and J** - Showers in Administrative Segregation have bars which allows cross gender viewing.

**Working Cellblock** – Showers have bars which allows cross gender viewing from walk.

**Corrective Action:**

- Privacy barriers must be installed to prevent cross gender viewing. The auditors recommend privacy panels be installed in doors of the showers.
- Provide auditors with pictures demonstrating compliance

**Education** – Staff reported female officer makes rounds in the bathroom. Staff reported the officer

would announce her presence but would not wait to allow offenders time to seek cover before entering.

**Main Prison East and West** – While on the walk, auditors had full view into offender bathrooms. While in dorm, auditors had view of toilets.

**Corrective Action Period:**

LSP provided pictures showing all cross gender viewing concerns noted above have been addressed. Privacy barriers have been properly placed to allow for offenders to shower, change clothes, and perform bodily functions without being viewed by staff of the opposite gender.

All cameras were removed from the Death Row cells. Only the treatment unit and Camp J still have cells with cameras. However, LSP has installed a switch that allows cameras in cells to be turned off when the cell is being utilized for suicide watch. On March 10, 2016, Warden Vannoy issued a directive to LSP Wardens stating, "Video monitoring equipment will be utilized **ONLY** to observe offenders who have been placed on suicide watch by the Mental Health Department. Video monitoring equipment **CANNOT** be active in cells utilized for dry cells, hunger strikes, routine housing of offender, PREA, etc." The directive goes on to show, "It is the responsibility of each supervisor to make certain that the monitoring equipment is in use in a cell **ONLY** when the offender in the cell is on suicide watch." The directive requires shift supervisors to document at the beginning and end of their shift, which cameras are disabled, and if any cameras are being utilized for the purpose of suicide watch. LSP provided documentation demonstrating the directive is in practice at LSP.

LSP revised officers post orders to show, "No female staff member shall enter offender restrooms unless there is an emergency situation (fire, sexual assault, imminent danger, etc.) in that location. The only exception will be the Main Prison Education Building and the New Bible College where female staff will knock and announce and enter." Documentation was provided showing staff signed that they had read and understood the change in the post orders.

115.16

**INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT**

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

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

Department Regulations C-01-022, B-08-010, B-08-16, and B-08-018 address the components of this standard. LSP offers offenders who are visually impaired a PREA brochure in Braille. For offenders who are deaf or hard of hearing, LSP has an agreement with Sign Language Services International, INC in Baton Rouge, LA to provide sign language services to offenders. LSP has a Chaplain who can provide Spanish interpretation to Spanish speaking offenders. However, they do not have interpreters or an agreement for interpretation languages other than Spanish. During interviews with staff and offenders, it was determine that LSP frequently uses offender interpreters for Spanish. LSP did not document the use of offender interpreters.

**Corrective Action Period:**

During the CAP, LSP entered into an MOU with Speakeasy Telephonic Interpreting to provide interpretation services to limited English proficient offenders. LSP provided a document containing signatures of supervisors. By signing the document, supervisors acknowledged that they received information regarding accessing the service which included the account number and PIN and that they are responsible for ensuring that that all staff under their supervisions are trained on how to access interpretive services as needed for offenders.

**115.17**

**HIRING AND PROMOTION DECISIONS**

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

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

Department Regulation C-01-022, Section 9, outlines the PREA standard requirements for hiring and promoting staff. Additionally, Department Regulation A-02-022 indicates that all prospective employees shall undergo a criminal record check and background check every five years. In addition, LSP directive 03.008 Criminal Records Check and 14.005 Prison Rape Elimination Action support the components of this standard.

A record review reflects applicants complete a PREA Reference Check which requires the applicant to answer questions about their past history of sexual abuse and provide a list of all institutional employers. In addition, the applicants sign a release authorizing LSP to contact past employers. File review confirmed the facility contacts past institutional employers.

LSP reported that the five year criminal back ground checks were conducted in 2013 and will be conducted again in 2018.

**115.18**

**UPGRADES TO FACILITIES AND TECHNOLOGY**

- 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**

Both Department Regulation C-01-022 and LSP Directive No. 14.005 indicate when designing new units, planning substantial expansions or modifications to existing units or when updating a video monitoring system, the Unit Head or Warden shall consider how such expansions, modifications or updates will enhance the unit’s ability to protect offenders from sexual abuse. The LSP added the new Bible College structure in August of 2015 located in the Main Prison. Thirty-eight cameras were installed in this area to ensure the safety of offenders from sexual abuse. Since May 13, 2015 LSP has added an additional 59 cameras throughout the facility for a total of 97 cameras when the Bible



College cameras are factored in. The additions to these areas are included in a total of 1, 517 cameras throughout the facility.

**115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

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

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

Department Regulation C-01-022 supports this standard. In addition LSP policy dictates how the regulation is to be applied. LSP conducts SANE/SAFE exams on-site and has provided documentation of completion of SANE/SAFE training for six LSP staff. In the past 12 months LSP has not had an incident in which a SANE/SAFE exam was needed. The training records revealed all of the investigators received the specialized training for investigating sexual abuse inside correctional facilities. An interview of the investigators revealed they were knowledgeable of the uniform evidence collection protocol. Documentation was provided indicating that twelve LSP staff has attended advocacy training provided by STAR (Sexual Trauma Awareness and Response). LSP has a Memorandum of Agreement with the West Feliciana Sheriff Department to abide by the PREA standards while conducting sexual abuse investigations.

**115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

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

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

Department Regulation C-01-022 and Penitentiary Directive 14.005 which governs that an investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are conducted by the West Feliciana Sheriff Department as outlined in the department regulation. LSP initially reported there were no substantiated investigations in 2015; however, lab results received in late December created 1 substantiated case. The case was referred for prosecution. All of the PREA investigations are tracked and stored in Lotus Notes in the DOC database. The information is published on the Louisiana Department of Public Safety and Corrections website.

**115.31**      **EMPLOYEE TRAINING**

- 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)

**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 agency has a zero tolerance policy for sexual abuse and harassment. LSP provided documentation demonstrating staff had completed the required 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 No. 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. Training records and interviews with staff supported that required training occurs.

**115.32**      **VOLUNTEER AND CONTRACTOR TRAINING**

- 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)

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

Department Regulation No C-01-022 requires that all volunteer and contractors receive PREA training. Volunteers and Contractors are also required to read and sign a Sexual Assault and Sexual Misconduct with Offenders Acknowledgment form. Volunteers complete volunteer training which includes a lesson on sexual misconduct and sexual harassment. A review of training records and interviews with volunteers confirmed volunteers are provided the training required by this standard.

**115.33**      **INMATE EDUCATION**

- 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)

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

Department Regulation C-01-022 and LSP directive 14.005 support the components of this standard. All offenders are provided offender orientation in the form of a handbook, video, and verbal instruction upon intake with detailed PREA information regarding reporting and services available. Of the 12 offender files reviewed and all contained a signed an acknowledgement showing the offender

received PREA education material. It was verified through interviews with offenders that the population is knowledgeable about PREA. LSP has appropriate signage throughout the facility that included the Crime Stoppers toll-free number for offenders to anonymously report allegations of sexual abuse as well as posters. PREA brochures/posters were available in English and Spanish.

**115.34 SPECIALIZED TRAINING: INVESTIGATIONS**

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

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

LSP has eight investigators assigned to the facility. The training certificates documents the investigators have completed the specialized training required to conduct sexual abuse investigations in confinement settings. The training was conducted by Training Force USA. Auditors reviewed the training curriculum and the application of the training was evident when interviewing investigative staff.

**115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE**

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

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

LSP has a total of 68 medical and mental health care employees. The facility records indicate 100% of the staff has received the specialized training for medical and mental health practitioners as outlined in 115.35 (a). The training module included: Detecting and Assessing the Signs of Sexual Abuse and Harassment; Reporting and the PREA Standards; Effective and Professional Responses; Medical Forensic Examination and Forensic Preservations. Document review and the interviews with staff support that alleged victims of sexual abuse are transported to the Robert Barrow Treatment Center, which is located on the grounds of LSP, where the facility's medical staff conducts the forensic medical exam.

**115.41 SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS**

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

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

Department Regulation C-01-022 and LSP Directive 14.005 support this standard. A caseworker completes the screening tool for each new arrival at LSP. During the audit, several initial assessments and reassessments were randomly reviewed. All initial assessments reviewed were completed within 72 hours of arrival. However, approximately 60% of the reassessments that were reviewed were not completed within 30 days of arrival. LSP must ensure that reassessments are completed within 30 days of the offender's arrival.

**115.42**

**USE OF SCREENING INFORMATION**

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

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

Department Regulation C-01-022 and LSP Penitentiary Directive 14.005 support the components of this standard. However, during audit interviews it was determined that staff is generally unaware of potential predators and victims. Staff could generally not answer questions regarding housing assignments for predators and victims. The auditing team found an overall misunderstanding regarding transgender and intersex offenders. During the interview process the auditor was informed that LSP did not have transgender offenders however, during the first day of interviews, 7 transgender offenders were identified in the Main Prison. It is imperative that all staff receive training regarding the definition of transgender and intersex that includes how to communicate and search these individuals.

It should be noted that Louisiana Department of Public Safety and Corrections is in the process of revising the PREA Screening Checklist. When implemented, there will be 3 categories of offenders: high risk of victimization, no significant risk, and high risk of perpetration.

**Corrective Action Period:**

Department Regulation C-01-022 is being revised to include language regarding utilization of the PREA Vulnerability Assessment. Pending the finalization of the regulation, Warden Vannoy provided a directive to LSP Wardens, Classification and Mental Health personnel instructing them on the use of the risk assessment information. The directive shows, "In order to make informed decisions on an offender's assignment to housing, job, education and programming, it is imperative that prior to assignment, the PREA Risk assessment (PREA victim/predator report) for each offender on the Board is utilized to ensure that victims are housed separately from predators." The Warden directs Boards to utilize the PREA report to identify victims and predators prior to assigning housing. The Warden informs staff that victims and predators cannot live in the same dormitory but they may be assigned to the same job, education, programming assignment as long as the supervisor of the area is aware and closely monitors. The directive requires that all personnel involved in conducting Boards or in the movement of offenders receive training regarding the importance of the PREA Assessment. LSP provided the auditor with documentation that staff received training on the use of the risk assessment.

In addition, LSP provided the auditor with documentation demonstrating staff received training regarding the definition of transgender and intersex and that the training include how to communicate with this population and appropriate pat search method. The annual training to staff has been revised to include further information regarding transgender and intersex offenders.

LSP is in the process of conducting annual PREA reassessments utilizing the new departmental assessment form. During the reassessment process, LSP has identified one offender who identifies as transgender or intersex. LSP provided the auditor with documentation showing the offender was reassessed, as required by standard and was offered the opportunity to shower alone which he accepted.

**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**

Department 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. Each department makes routine rounds and addresses any concerns and can offer correspondence and/or programming at the discretion of the Warden. The policy does not contain language that reviews should be conducted every 30 days to evaluate their continued need for separation from the general population although the Placement in Segregation form being utilized indicates that reviews will be conducted every 7 days until the investigation is complete.

The facility provided Placement in Segregation forms which are utilized during reviews of the offender's status in the administrative segregation unit. This form includes the review of the offender's placement within 24 hours and each 7 day review while in segregation. The forms indicated that the review of alternative housing was conducted within 24 hours, but there is no documentation as to if an assessment of available housing was considered or that a review or consideration for placing the alleged victim in the least restrictive housing available to separate the victim from the abuser occurred. The standard also requires clear documentation of the facility's concern for the offender's safety and the reason no alternative means of separation was available. The form allows for limited documentation which is usually two or three words. The forms should be modified to allow for a more thorough assessment and should document the opportunities that have been limited, the reason for the limitations and the duration of the limitation.

Additionally, discussions and interviews with staff from all levels revealed that the standard practice was to place the victim in administrative segregation pending the completion of the investigation into the allegations and that there would be no alternatives other than placement in administrative

segregation. Each staff indicated there was no discussion held regarding housing alternatives whereby the offender could be released to general population as it was standard practice and belief the victim should remain in administrative segregation until the completion of the investigation into the allegations.

**Corrective Action Period:**

The Department has developed a 24 hour review/ status check form for offenders who are placed in involuntary segregation. While the form is still waiting on final approval by the Department, LSP will utilize the form should there be an incident that requires involuntary segregation. The form requires staff to articulate the reason for the offender’s placement in involuntary segregation as well as an assessment of the current situation, the offender’s statement and the recommended action regarding housing. Staff making the recommendation must contact the PREA Compliance Manager, Investigator or Duty Warden for verbal review/consult prior to further action. LSP reported they have received 102 PREA incidents since the time of the audit, and of those 102 events, no offenders have been placed in involuntary segregation.

**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**

Department Regulation C-01-022 and Penitentiary Directive 14.005 allows for multiple means for offenders to report sexual abuse, harassment, retaliation, and/or staff neglect. This includes verbal or written reports to staff and also the Administrative Review Procedure (ARP). In addition, LSP provided a memorandum of understanding with the Crime Stoppers, who accepts reports via a hotline accessible to offenders. The Crime Stoppers hotline is LSP’s outside reporting entity as required by this standard. During the audit, it was discovered that offenders housed in administrative segregation, working cellblock, death row, and the treatment center do not have free access to the phone to enable reporting to the outside entity.

LSP provided a memorandum indicating that they do not house offenders solely for civil immigration purposes. In the event that LSP should house an offender solely for civil immigration purposes, the institution has documentation available regarding consular officials and the Department of Homeland Security.

**Corrective Action Period:**

During the CAP, LSP entered into a MOU with Louisiana Foundation on Sexual Assault to give offenders who do not have routine phone access a place to write and report allegations of sexual abuse. Upon entering into a unit to where the offender phone access will be restricted, offenders are provided a flyer with the address of the company mentioned above. LSP provided documentation of staff signatures indicating they have read the directive that all offenders assigned to restricted housing will receive a copy of the flyer.

115.52

EXHAUSTION OF ADMINISTRATIVE REMEDIES

- 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)

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

Department Regulation C-01-022 indicates that an offender may use the Administrative Remedy Procedure (ARP) as a means to report sexual abuse and misconduct.

Department Regulation B-05-005 covers all components of the standard including the filing of an emergency complaint regarding risk of imminent sexual abuse. However, the regulation conflicts with the standard by stating, "If the offender has been secured and is no longer in danger or imminent harm, the grievance procedure shall proceed as outlined within the deadlines and time limits stated in the Administrative Remedy Procedure."

The standard dictates that offenders shall receive an initial response within 48 hours of the allegation and the agency shall issue a final response within 5 days of the allegation. Upon review of records and interviews with staff and offenders, it was determined that LSP had not responded within the designated time frames to any of the offenders who filed an ARP alleging risk of imminent danger of sexual abuse.

**Corrective Action Period:**

Since the audit LSP has established a protocol to address emergency grievance allegations within the designated time frame. LSP has provided examples of the grievances submitted and responses provided. The responses were issued to the offenders within the correct time frame with applicable information.

**Recommendation:** It is strongly recommended that the Department remove, "If the offender has been secured and is no longer in danger or imminent harm, the grievance procedure shall proceed as outlined within the deadlines and time limits stated in the Administrative Remedy Procedure" from their departmental regulation. This is in direct conflict with the standard.

115.53

INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

- 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)

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

The agency provides offenders with access to outside victim advocates for emotion support systems related to sexual abuse by giving offenders mailing addresses and telephone numbers. Offenders are provided the address and phone number of Just Detention International upon at intake however,

when placed in Administrative Segregation or a working cellblock, the offender's property is limited to legal documents and a bible.

Posters were seen throughout the facility but in talking with offenders they had no general knowledge of victim advocates. It is recommended that additional education be provided to offenders regarding advocacy services and their services.

Penitentiary Directive No. 14.005 documents the extent the conversations between the Victim Advocate and the offender shall remain confidential.

**Corrective Action Period:**

During the CAP, LSP instituted a protocol that requires staff to provide offenders assigned to restricted housing unit, such as cellblock areas, a flyer with the address to Just Detention International (JDI) when they enter the cellblock. Offenders may write JDI to receive outside victim advocacy services. LSP provided documentation of staff signatures indicating they have read the directive and understand that all offenders assigned to restricted housing will receive a copy of the flyer.

**115.54 THIRD-PARTY REPORTING**

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

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

LSP provides information regarding ways to report sexual abuse to visitors by posting information throughout the visiting room. Additionally, information regarding third party reporting can be found on the Louisiana Department of Corrections website ([www.doc.la.gov](http://www.doc.la.gov)). While talking with offenders it was determined that offenders felt confident their family or friends could contact the facility and their allegations would be addressed.

**115.61 STAFF AND AGENCY REPORTING DUTIES**

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

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

The agency has policies in place which address the components to the standard to include, Department Regulation No. C-01-022 and Penitentiary Directive 14.005. 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. Staff reporting procedures are covered in annual training. The sampling of staff interviewed indicated staff was aware of how to report an incident. Copies of Unusual Occurrence Reports (UOR) verified that



written notification did occur. Staff also verbalized that they were aware of the importance of confidentiality regarding incidents with others outside of the investigation.

**115.62 AGENCY PROTECTION 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)

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

LSP has procedures in place to ensure the protection of offenders who allege sexual abuse. It clearly outlines staff's responsibilities in regards to protection of offenders. The facility had no documented incidents within the last 12 months per PREA Compliance Manager for the facility. All staff interviewed reported they would take immediate action if they learned an offender was subject to a substantial risk of imminent sexual abuse. Staff was aware that they should immediately report any allegations brought to them to their immediate supervisor but could not verbalize what occurs after the allegation is reported to the supervisor.

**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)

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

Department Regulation C-01-022 and Penitentiary Directive 14.005 supports the components of this standard, which states 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. LSP provided documentation of one allegation that was received that was alleged to have occurred at Terrebonne Parish. The documentation indicates the information was passed on to Terrebonne Parish for investigation.

**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)

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

Department Regulation C-01-022 and Penitentiary Directive 14.005 support the components of this

standard. However, several staff interviewed was unable to articulate the actions to take should they be the first responder.

**Corrective Action Period:**

LSP provided all staff with a card outlining the role and responsibility of a first responder. LSP also conducted several trainings during roll call providing staff instructions and expectations should they serve as a first responder. Documentation was provided indicating all staff participated in the training.

**115.65**

**COORDINATED RESPONSE**

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

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

Department Regulation C-01-022 and Penitentiary Directive 14.00 clearly outline the guidelines for staff to follow when responding to allegations and occurrences of sexual abuse and sexual harassment. However, LSP only recently began utilizing a Coordinated PREA Response Checklist. A review of the form shows it includes the initial responsibilities of staff and a checklist for the notification of Medical, Mental Health, Investigators and facility leaders. The completed checklist is to be filed with the investigative packet.

**Corrective Action Period:**

LSP has provided examples of how they have integrated their Coordinated Response Checklist into practice. Numerous examples have been provided of staff utilizing the checklist to ensure the proper protocol is used.

**115.66**

**PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS**

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

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

The Louisiana Department of Public Safety and Corrections is a member of 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 an 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)

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

Department Regulation Number C-02-022 mandates that staff monitor for retaliation but does not specify a schedule for retaliation monitoring. The PREA Compliance Manager is charged with monitoring for retaliation; however, she was not meeting with the offenders to conduct status checks but was utilizing file material to determine whether the offender was being retaliated against as a result of his report. The Compliance Manager was reviewing files every 30 days for a minimum of 90 days. It is recommended that LSP obtain a signature from the offender as documentation that a status check was conducted.

**Corrective Action Period:**

LSP has provided documentation showing periodic status checks were being conducted with victims who report sexual abuse. This was demonstrated by requiring the offender to sign the retaliation monitoring form. Examples provided by LSP show monitoring is being conducted as required by this standard.

**115.68**

**POST-ALLEGATION PROTECTIVE CUSTODY**

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)

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

Department 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. Each department makes routine rounds and addresses any concerns and can offer correspondence and/or programming at the discretion of the Warden. The policy does not contain language that reviews should be conducted every 30 days to evaluate their continued need for separation from the general population as required by this standard.

The facility provided the auditor with the "Placement in Segregation" forms. This form includes a review of the offender's placement within 24 hours as well as, each review while the offender is assigned to segregation. The forms indicates that the review of alternative housing was conducted within 24 hours but contains no documentation to show there was an assessment made of other less restrictive housing considered prior to placing the victim in segregation. The standard also requires clear documentation of the facility's concern for the offender's safety and the reason no alternative

means of separation was available. The form allows for limited documentation which is usually two or three words. The forms should allow for a more thorough assessment and should document the opportunities that have been limited, the reason for the limitations and the duration of the limitation. The form provided does not allow for this type of documentation.

Additionally, discussions and interviews with staff from all levels revealed that the standard practice was to place the victim in administrative segregation pending the completion of the investigation and that there would be no alternatives placement, other than administrative segregation, considered. Each staff indicated there was no discussion held regarding housing alternatives whereby the offender could be released to general population as it was standard practice and belief the victim should remain in administrative segregation until the completion of the investigation.

**Corrective Action Period:**

The Department has developed a 24 hour review/ status check form for offenders who are placed in involuntary segregation. While the form is still waiting on final approval, LSP will utilize the form should there be an incident that requires involuntary segregation. The form requires staff to articulate the reason for the offender’s placement in involuntary segregation as well as an assessment of the current situation, the offender’s statement and the recommended action regarding housing. Staff making the recommendation must contact the PREA Compliance Manager, Investigator or Duty Warden for verbal review/consult prior to further action. LSP reported they have received 102 PREA incidents since the time of the audit, and of those 102 events, no offenders have been placed in involuntary segregation.

**115.71**

**CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS**

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

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

Department Regulation C-01-022 indicates the agency shall follow protocol and use investigators who have received specialized training in investigating sexual assaults and sexual misconduct. The guidelines listed in the policy list specific steps that shall be followed when an allegation of sexual abuse is made. Agency documents indicate the eight investigators at LSP have received the specialized training as required of 115.34. A review of sample investigations revealed the reports were well documented and substantiated cases are being submitted to the District Attorney’s office for criminal prosecution. The facility refers serious incidents to the West Feliciana Parish Sheriff Department and stay informed on the progress of the investigations. The agency maintains the files according to 115.71 (i). During interviews of the LSP investigators it was evident they were knowledgeable of the proper protocols and are following the required elements of 115.71 when conducting criminal and administrative investigations.

**115.72**

**EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS**

- 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)

**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 a standard no higher than preponderance of evidence is used to determine whether allegations of sexual abuse or sexual harassment are substantiated. Department Regulation C-01-022 defines the investigation outcome categories. A review of the investigation reports files support the policy as a practice. The training curriculum includes the appropriate information for burden of proof and preponderance of evidence as stated for this standard.

**115.73 REPORTING TO INMATES**

- 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)

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

Department Regulation C-01-022 and Penitentiary Directive No. 14.005 mandate that following an investigation involving an offender’s allegation of sexual abuse from staff or another offender, the PREA investigator shall inform the offender as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. LSP provided documentation demonstrating offenders are notified of the finding following the completion of an investigation to include the status of the abuser. The form requires the offender to sign to demonstrate they have received the notification.

**115.76 DISCIPLINARY SANCTIONS FOR STAFF**

- 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)

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

Department Regulation C-01-022 outlines staff that violates the agency sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. The Department’s Corrections Services Employee Manual also prohibits sexual abuse of an offender. Department Regulation No. 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. LSP has had no staff disciplined in the last 12 months violating the agency's sexual abuse or sexual harassment policies.

**115.77 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS**

- 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)

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

Department Regulation C-01-022 supports this standard regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months LSP reported no allegations for prohibited contact between a volunteer or contractor and an offender. The department has policy in place to ensure that all criminally substantiated allegations shall be forwarded to the local District Attorney for decision regarding prosecution or forwarded to the relevant professional licensing boards.

**115.78 DISCIPLINARY SANCTIONS FOR INMATES**

- 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)

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

Department Regulation C-01-022 outlines procedures for processing disciplinary sanctions following a substantiated offender on offender sexual abuse investigation. LSP has a process in place to ensure the hearing officer receives input from mental health prior to hearing the violation and ensure the hearing officers utilizes the information obtain from mental health with determining sanctions. The facility prohibits all sexual activity between offenders.

**115.81 MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE**

- 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)

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

Department Regulation C-01.022 and LSP Directive 14.005 support this standard. As outlined in this standard, offenders who report a prior history of past victimization or perpetration during a PREA Risk

Screening shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. To ensure compliance, the facility has implemented the PREA Interview Form which is utilized by mental health when meeting with an offender who reported past sexual abuse. This form clearly documents the offender was seen due to his report of past sexual abuse during a Risk Assessment.

**115.82 ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES**

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

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

Department Regulation C-01-022, Health Care Policies HC-01 and HC-02 and Penitentiary Directive 14.005 address the components of this standard. LSP is unique in that it has its own ambulance service and emergency room on the grounds with 24 hour medical staff coverage which ensures immediate care. Documentation demonstrates the alleged victims receive medical and mental health services in a timely manner. These services were offered at no cost to the victim.

**115.83 ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS**

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

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

Department Regulation C-01-022, Health Care Policies HC-09, HC-30 HC-36 and Penitentiary Directive 14.005 address the components of this standard. LSP conducts a medical and mental health evaluation and offers treatment, as appropriate, to offenders who have a history of sexual abuse. Services provided appear consistent with community level of care. Staff reported, when applicable, they set up continuity of care upon release. Records show offenders have the ability to access medical and mental health services as needed. Policy shows and documentation supports services being offered at no cost to the victim. LSP ensures all perpetrator of sexual abuse are assessed by mental health within 60 days.

**115.86 SEXUAL ABUSE INCIDENT REVIEWS**

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

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

Department Regulation C-01-022 and Penitentiary Directive 14.005 outline the actions needed to be compliant with this standard. The policy mandates that a sexual abuse incident review team will conduct a sexual abuse review at the conclusion of every sexual abuse investigation, substantiated or unsubstantiated; excluding unfounded. A review of the investigation files indicated the incident reviews are being conducted at the conclusion of the investigation by individuals of the review team one at a time, but not as a team. It is recommended that the review team officials convene as a team to conduct the Incident Review. Of the incident reviews the committee reviewed some showed corrective measures were recommended but there was no documentation of whether they were implemented as recommended.

**115.87 DATA COLLECTION**

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

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

Department Regulation No. C-01-022 and LSP Directive No. 14.005 indicates there is a PREA Allegation Database for the electronic collection of data to track all allegations of sexual abuse. This information is included in an annual report compiled by the Department's PREA Coordinator which is posted on the Department's website ([www.doc.la.gov](http://www.doc.la.gov)) for review by the public.

**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 regulation C-01-022 supports this standard. On a yearly basis the agency reviews the collected and aggregated data to identify areas in need of corrective action. Each year the PREA Coordinator develops an annual report which is approved by the Secretary and made available on the agency's website.

**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**

Agency policy C-01-022 requires that sexual abuse incident data be securely retained and that an annual report detailing the agency's sexual abuse data be made available on the agency's website ([www.doc.la.gov](http://www.doc.la.gov)). The agency's PREA incident data is tracked through a secured database. A review of the agency website revealed the 2012, 2013 and 2014 annual reports with the aggregated sexual abuse information available to the public. The personal identifiers and specific institutions were not included in the report. Agency policy C-01-022 provides for secure retention of the data.

