

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]		
Name of facility: Avoyelles Correctional Center		
Physical Address: 1630 Prison Road Cottonport, LA 71327		
Date report submitted: August 18, 2015		
Auditor Information		
Address: 1393 State Road O Fulton, MO 65251		
E-Mail: dan.redington@doc.mo.gov		
Telephone number: 573-592-4040 extension 207		
Date of facility visit: July 21 – 23, 2015		
Facility Information		
Facility mailing address: (if different from above)		
Telephone number: 318-876-4220		
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 type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison		
Name of PREA Compliance Manager: Paul Gaspard	Title: Deputy Warden	
E-Mail Address: PGaspard@corrections.state.la.us	Phone Number: 318-876-4225	
Agency Information		
Name of agency: Avoyelles Correctional Center		
Governing authority or parent agency: (if applicable) Louisiana Department of Public Safety & Corrections		
Physical address: 1630 Prison Road Cottonport, LA 71327		
Mailing address: (if different from above)		
Telephone Number: 318-876-4220		
Agency Chief Executive Officer		
Name: James LeBlanc	Title: Secretary	
E-Mail Address: JLeBlanc@corrections.state.la.us	Telephone Number: 225-342-1597	
Agency-Wide PREA Coordinator		
Name: Michelle Dauzat	Title: Assistant Warden	
E-Mail Address: MDauzat@corrections.state.la.us	Telephone Number: 318-927-0400	

AUDIT FINDINGS

NARRATIVE:

The on-site PREA Audit of Avoyelles Correctional Center was conducted July 21 - 23, 2015. The audit team consisted of the Audit Chair, Dan Redington, MDOC/DOJ Certified PREA Auditor with two support staff consisting of Krista Helton, MDOC/DOJ Certified PREA Auditor; and Kelly Morriss, MDOC/DOJ Certified PREA Auditor. During the pre-audit phase, the team reviewed the standards and completed much of the file review. A detailed agenda was provided to the facility prior to the on-site audit.

Immediately upon entering the facility an entrance meeting was held in the Training Building. In attendance was: Nate Cain, Warden; Paul Gaspard, Deputy Warden; Kent Gremillion, Investigations; Beau Milligan, Investigations; James LaFosse, Col. Field Unit 2; Thomas Heptinstall, Col. Unit 1, Compound 1; Kenneth Dupuis, AW II, Compound 1; Blaine Villemarette, AW II, Unit II; Troy Poret, Deputy Warden; Andrea Bordelon, Deputy Warden's Secretary; Wayne Millus, Classification Manager; Casey Morace, IT Specialist; Donnie Bordelon, Major Unit 2; Clara LaFosse, Transition Specialist; Myrna N. Cooper, Assistant Warden; Sandra Sibley, Director of Nurses; Renee Carmouche, Chaplain; Pat Gentry, LCSW, Mental Health Director; Danielle Didies, HR Supervisor; Diane Williams, Classification Supervisor; Nikki Chenevert, ARDC Manager Records; Cathy Bonnette, ARDC Supervisor Records; Paige Juneau, ACA/Training; Melissa DeViney, Training Major; Greg Hernandez, K-9 Supervisor. The Warden introduced the auditing team and had the Audit Chair address the group. The tour of the facility, led by Blaine Villemarette, AW II followed the meeting and included programming areas, housing units, food service, medical, infirmary, education, maintenance, visiting room, and Administrative Segregation.

Specialized and Random Staff interviews were conducted on July 21, 2015 and July 22, 2015 and included the Facility PCM, Warden, Shift Supervisor, Classification, Education, human Resources, Contract Medical and Mental Health, Volunteers, Investigations, Intake, Segregated Housing, Incident Review, Retaliation Review, First Responders, Food Service, Maintenance, Laundry, Canteen and Counselors. Custody Staff from both shifts were interviewed. All staff was knowledgeable of AVC and agency policy in regards to their responsibility subsequent to a report of sexual abuse or harassment and seemed very comfortable answering questions from the auditors. Interviews were held at various locations throughout the facility that provided adequate privacy and comfort for both auditor and interviewee. Investigative and Human Resource file information was made available to auditors for review. SAFE/SANE exams are conducted off-site by the Avoyelles Hospital located in Marksville, LA. Staff from that facility were not interviewed.

Offender interviews were conducted on July 22, 2015 and included at least one offender from each housing unit, a non-English speaking offender, an offender who had reported sexual abuse, an offender who self-identified as bi-sexual, an offender identified as vulnerable during risk screening, an offender in segregated housing and offenders supervised by non-custody staff. Also, there was one letter received from an offender by the PREA Auditor, and that offender was interviewed as well.

Auditors were given complete access to all areas of the facility.

Each day at the facility concluded with a short out-briefing to the PCM that gave auditors time to ask questions, gather additional documentation if needed, and let the PCM know of any concerns. The auditors then met off-site to compare notes and to assess compliance with standards.

Members of this audit team have participated in other audits of Louisiana DOC facilities. During those audits interviews were conducted with the State PREA Coordinator and Agency Head/Designee, therefore new interviews were not conducted during this on site visit as previous interviews have been satisfactory.

DESCRIPTION OF FACILITY CHARACTERISTICS

Avoyelles Correctional Center (AVC) is located in Central Louisiana on approximately 1,187 acres of land. The main facility has a rated capacity of 1,871 offenders. On the date of the audit, they had a population consisting of 199 Minimum Custody Offenders, 1,373 Medium Custody Offenders and 199 Maximum Custody Offenders. Avoyelles Correctional Center employs approximately 350 staff. AVC does not house youthful offenders.

SUMMARY OF FINDINGS

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

An exit meeting was held on July 23, 2015 to brief the Warden and PREA Compliance Manager of the team's findings. Following the exit meeting in the Warden's office we again had an assembly with staff from the facility to discuss the findings. Staff were very receptive to our findings. The Audit Team felt that this showed not only their commitment to PREA, but also their professionalism. The Audit Team felt an overall sense of concern for offender safety and the staff's willingness to be open to our suggestions helped to reinforce that opinion.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

115.11

ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has written policy C-01-022 mandating zero tolerance towards all forms of sexual abuse within its facilities, although zero tolerance for sexual harassment was not mentioned in the policy. However, the policy defines sexual harassment.

The PREA Coordinator, Michele Dauzat and the PREA Compliance Manager, Paul Gaspard, Deputy Warden both have sufficient time and authority to develop and oversee compliance. Ms. Dauzat appears to have sufficient authority, as she reports to the Chief of Operations and Deputy Warden Paul Gaspard reports to the Warden which supports sufficient authority.

Recommendation: That zero tolerance for sexual harassment be added to policy.

115.12

CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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.

115.13

SUPERVISION AND MONITORING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy C-01-022 required a Staffing Plan be developed that provided for adequate levels of staffing and video monitoring (where applicable) to protect offenders against sexual abuse. This is

demonstrated by the Staffing Plan and review for Avoyelles Correctional Center, dated March 25, 2015. The Staffing Plan and Review noted that “officer vacancy rate of twenty percent is a significant deviation from the Staffing Plan, compromising the ability of the facility to prevent the sexual victimization of the offender population and is mitigated only through the use of overtime.”

Agency policy C-01-022 mandates unannounced rounds by supervisory staff “both intermediate-level or higher-level supervisors conduct and document unannounced rounds for the purpose of identifying deterring staff sexual abuse and sexual harassment. These rounds shall occur during both night and day shifts.” Housing unit log books were reviewed during the tour to ensure these rounds were being made.

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

AVC 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

During offender interviews they stated that all the officers could see into the restroom and shower areas within a majority of the facility living areas. Also, during the tour it was noticed that housing unit restrooms and shower areas had views where opposite gender staff could see in without obstruction. In the medical area, several inside windows needed higher barriers. All of these areas were pointed out to facility staff that documented the concerns. One housing unit had barriers constructed in the restroom to prevent opposite gender viewing. The newly constructed barrier provided adequate privacy for the offenders using the restroom with the exception of the shower entrance. Suggestions were given as to how to fix this. The warden seemed very willing to fix the restroom issue and indicated that they were waiting on the audit results to ensure that what they did was the correct actions. He indicated that they could fix this issue in the 180 day corrective period. The ad seg showers needed a barrier as well in the shower area and the warden again felt that they could make the corrections within the 180 day corrective period. The close watch cells in the medical unit had issues with the toilets. They could be viewed by female staff. Since the completion of the audit, new cameras have been put into place. These have blocked viewing of the toilet area on the monitors.

It was noted during staff interviews that females were not being trained on how to conduct cross gender pat down searches. New training has been developed and the curriculum was given to the auditors to review. It looked appropriate, and the new curriculum on cross gender pat downs needs to be implemented in training. All other areas of this standard appear to have been met and is addressed by policy.

Corrective Action:

- 1.) **Barriers need to be constructed in the housing units and Ad-Seg area. Pictures need to be provided to the Audit Team showing this has been done.**
This was completed and verified on 12/22/15
- 2.) **All current staff need to receive cross gender pat down training. Documentation should be provided that shows this has occurred.**
This was completed and verified on 12/23/15

115.16

INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Offenders with disabilities and offenders who are limited English proficient have equal access to PREA information. This was documented in policy and brochures were available in both English and Spanish formats. During the reporting period AVC has had no instances where an offender interpreter or reader or other type of offender assistance was utilized.

115.17

HIRING AND PROMOTION DECISIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Documentation submitted and interviews conducted indicated that policies were in place and the policy was being followed by the facility to ensure this standard was met. Also, the Personnel Manager appeared to be very aware of the policies and showed how this standard was being met.

115.18

UPGRADES TO FACILITIES AND TECHNOLOGY

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

AVC has had no substantial expansion or modification to the existing facility since January 2014. Documentation was provided that outlined the facility's camera inventory list. Policy and Procedure 03-01-015 was provided to indicate AVC shall give upgrades to facilities and technologies "when planning a substantial expansion or modification, AVC shall consider the effect of the design, acquisition, expansion, or modification upon the ability to protect offenders from sexual abuse. Also, when installing or updating the monitoring system, electronic surveillance system, or other monitoring technology AVC shall consider how such technology may enhance AVC's ability to protect offenders from sexual abuse."

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

Should the victim be transported to Avoyelles Hospital for a forensic exam, advocacy services would be provided by Evangeline Sexual Assault Center, located in Opelousas, LA. AVC provided documentation showing counseling staff received advocacy training and are available to provide advocacy services when requested by the victim.

Written notification to local law enforcement requesting that they are following PREA standards should they investigate an alleged incident within AVC and agreed upon by Sheriff of Avoyelles Parish on March 26, 2015 was provided.

115.22

POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency does ensure that an investigation is completed for all allegations of offender sexual abuse and that all substantiated investigations are referred for prosecution as outlined in agency policy C-01-022. AVC had no substantiated investigations during the auditing period. In addition, C-01-022 clearly explains “repeated” sexual harassment allegations and directs when sexual harassment allegations against staff will be forwarded for investigation. All investigations are tracked in a Lotus database.

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

Recommendation: A separate log should be maintained for PREA allegations. This would make it easier for tracking purposes.

115.31

EMPLOYEE TRAINING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

115.32

VOLUNTEER AND CONTRACTOR TRAINING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

115.33

INMATE EDUCATION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

115.34

SPECIALIZED TRAINING: INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

relevant review period)

Does Not Meet Standard (requires corrective action)

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

The facility ensures that investigators receive specialized training as indicated by staff interviews and certificates of completion. Also, policy #03-01-015 meets all the parts of the standard and documentation review indicated that it was being done.

115.35

SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency and facility policy and procedures C-01-022 and 03-01-015 mandates annual specialized training for medical and mental health staff. AVC has two (2) mental health staff, however they have three (3) positions and one (1) is currently vacant, 24 medical staff and 4 contracted staff. Documentation and interviews with staff support that staff received training on the elements outlined in 115.35 (a). Training courses included Sexual Violence & Intervention Training and Sexual Assault Victim Advocacy Training. Staff also signed the PREA Specialized Medical/Mental Health Training Acknowledgment form. AVC has medical staff that is SANE/SAFE certified however they have never completed any of these exams.

115.41

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

All new incoming offenders shall be screened at the reception and diagnostic centers for a history of predator sexual behavior, sexual abuse and the likelihood/potential of sexual abuse/victimization. Initial intake screening shall occur ordinarily within 72 hours of intake using the PREA Screening Checklist (DPS&C Form C-01-022-D). AVC staff shall reassess the offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days from the offender's arrival at AVC, based upon any additional, relevant information received after the intake screening.

Mental Health staff indicated they conducted intake screenings with appropriate follow-ups within time frames. A new screening instrument has been proposed but not utilized at this time.

Recommendation: The new screening instrument should be utilized.

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

At intake or any other time during incarceration, when an offender is confirmed/deemed as HRSP and/or HRSV either at reception or at AVC's Initial Classification Board, the offender shall be evaluated by the Classification Board for appropriate housing and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Potential victims who have a higher risk profile should be given extra consideration regarding their housing assignment.

AVC shall not place gay, bisexual, transgender, inter sex and gender nonconforming (LGBTI) offenders in a dedicated unit solely on the basis of LGBTI identification or status, unless such placement is pursuant to legal requirement for the purpose of protecting such an offender. Offenders shall be allowed to shower, perform bodily 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.

Documentation received from Training Manager DeViney indicates that during 2014 and 2015 no transgender and inter sex offenders chose to shower separately. Population movement sheets were submitted.

Recommendation: A document be created that reflects risk screening information utilization in bed, work, education, programs, assignments, etc.

115.43

PROTECTIVE CUSTODY

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

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

Agency policy and procedure C-01-022 and 03-01-015 states that 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. Documentation indicates in the last twelve months AVC has not placed any offenders in involuntary segregation housing who are at high risk for sexual victimization.

115.51

INMATE REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency procedures 03-01-015 and C-01-022 allow for multiple means of offender reporting sexual abuse, harassment, retaliation or staff neglect. This includes verbal or written reports to staff, the ARP process, writing to facility and calling a toll-free Crime Tips Hotline. A memorandum of understanding was initiated with Baton Rouge Crime Stoppers, an outside agency which fields reports from staff, offenders and the public and forwards them for investigation. The toll-free number for the entity was posted throughout the facility and painted on the walls in the housing units.

Both staff and offenders interviewed were aware of reporting options and how to file an allegation. Staff is aware that they may report offender sexual abuse privately by calling the Crime Stoppers Hotline, by speaking directly with the PREA Coordinator/Compliance Manager or Warden. This was also noted in agency policy.

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

115.52

EXHAUSTION OF ADMINISTRATIVE REMEDIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The B-05-005 Administrative Remedy Procedure covers and supports all aspects of 115.52. Documentation was provided that indicates any PREA related grievances would be treated as an Emergency Grievance. In addition, AVC has a practice in place that allows an offender to file a complaint with someone outside of the facility. Offenders may also be disciplined for filing frivolous or malicious sexual abuse complaints.

115.53

INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Avoyelles Correctional Center has a Memorandum of Understanding with the Evangeline Sexual Assault Center, located in Opelousas, LA to provide offenders with access to outside victim advocate services for emotional support services related to sexual assaults provided by the advocacy organization mailing address. During a tour of the facility posters were observed. AVC has staff that has been trained in victim advocacy that will serve as site advocates. The Memorandum of Understanding document was examined by auditors. The agency provided Certificates of Participation to document which employees participated in the staff advocacy training (Sexual Violence and Intervention) provided by OASIS.

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

Avoyelles Correctional Center has established a method to receive third party reports by posting Crime Stoppers posters within the facility which list telephone numbers in order to receive third party anonymous reports of sexual abuse and sexual harassment. Additional information about third party reporting is listed on the Louisiana Department of Corrections website (www.doc.la.gov).

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

Policy 03-01-015 states any allegation of sexual abuse shall be reported to the Department's PREA Coordinator immediately following the initial notification to the Warden. Such allegations shall be treated with discretion and confidentiality.

All allegations of sexual assault or sexual misconduct may be reported to any staff member. The staff member who receives such reports whether verbally, in writing, or from a third party, shall immediately notify their supervisor who shall ensure that an Unusual Occurrence Report (UOR) is completed. All PREA related UOR's shall be forwarded immediately up the chain of command. The appropriate supervisor shall immediately contact the PREA Investigator.

All staff and offender interviews indicated that PREA reports or concerns were reported immediately in a private manner. All parties knew that the facility investigators were responsible for conducting PREA investigations.

115.62

AGENCY PROTECTION DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

115.63

REPORTING TO OTHER CONFINEMENT FACILITIES

Exceeds Standard (substantially exceeds requirement of standard)

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

This agency has policy C-01-022 and 03-01-015 which indicates “upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden or designee that received the allegation shall notify in writing the Warden of the facility or designee's appropriate office of the agency where the alleged abuse occurred. Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.” AVC reported having no incidents reported to them that occurred at another facility during the last 12 months.

115.64

STAFF FIRST RESPONDER DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency policy C-01-022 addresses all the components required by 115.64. All facility employees have a laminated card attached to their ID card that outlines responses required of a first responder as a quick reference guide if needed. All staff interviewed could easily verbalize their response should they be a first responder. AVC has had no incidents during the auditing period that required the separation of the victim and perpetrator by a first responder.

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

AVC has a "PREA Coordinated Response Plan" dated July 07, 2015, signed by the Warden. The plan coordinates the actions to take in response to an incident of sexual abuse.

Recommendation: Staff need to be educated on the use of this form and to initialize it every time an incident occurs regardless of whether or not it is substantiated.

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 the Louisiana Public Employees Council No. 17. The Union Contract addresses the working environments for department employees who choose to join the union. The Union Contract does not prohibit the Department of Corrections from disciplining employees who have violated PREA up to and including termination and does not prohibit the Department from placing alleged staff perpetrators on immediate suspension pending investigation.

115.67

AGENCY PROTECTION AGAINST RETALIATION

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

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

Agency policy C-01-022 requires that staff report any offender claim of retaliation, but does not outline a review process for retaliation issues. The agency employee handbook references whistle blower protection for public employees provided by state statute. The statute prohibits retaliation or reprisal towards staff for reporting coworker misconduct.

Recommendation: The agency add the retaliation review process to existing policy as outlined in the standard and to maintain documentation of these reviews.

115.68

POST-ALLEGATION PROTECTIVE CUSTODY

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

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

Agency policy C-01-022 requires that alleged offenders aggressors be placed in segregation pending completion of the investigation. The policy also requires an assessment be made of available alternative housing prior to the alleged victim being placed in involuntary segregation. AVC has had no PREA allegations during this reporting period.

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

All allegations of sexual abuse and sexual harassment including third party and anonymous reports shall be investigated promptly, thoroughly, and objectively. When sexual abuse is alleged, the PREA Investigator which has received special training in investigating incidents of sexual assault and sexual misconduct shall be used to investigate the allegation. This training may include, but not limited to: sexual abuse investigations, crime scene management, elimination of contamination, evidence collection protocol, crisis intervention interviewing sexual abuse victims, proper use of Miranda and Garity Warnings, conducting investigations in confinement settings, criteria and evidence required to substantiate a case for administrative action or prosecution referral and crisis intervention.

Training Manager DeViney submitted documentation that stated during 2014 and 2015 no allegations of staff/offender sexual abuse or sexual harassment were reported.

115.72

EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy 03-01-015 indicates "AVC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The investigator interviewed understood preponderance of evidence and they reported they used preponderance of evidence in determining whether allegations of sexual abuse or harassment are substantiated.

115.73

REPORTING TO INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This agency policy C-01-022 shows following an investigation of sexual abuse offenders will be informed of the findings. AVC has not had any cases that would require follow-up notifications to be made to a victim.

115.76

DISCIPLINARY SANCTIONS FOR STAFF

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy 03-01-015 states staff who violate this policy may receive disciplinary action, up to and including termination. Appropriate steps shall be taken to ensure fairness and due process. Disciplinary sanctions for violations of AVC policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be presumptive disciplinary sanction for staff who has engaged in sexual abuse. All terminations of violation of AVC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Documentation received indicated that during 2014 and 2015 no staff member received a disciplinary sanction or were reported to law enforcement for sexual abuse.

115.77

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy 03-01-015 states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. AVC shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of the sexual abuse or sexual harassment policies by a contractor or volunteer.

Documentation received from Training Manager DeViney submitted documentation that during 2014 and 2015 no contractor or volunteer was reported to a relevant licensing board for sexual misconduct.

115.78

DISCIPLINARY SANCTIONS FOR INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency policy C-01-022 and 03-01-015 outlines procedures for processing disciplinary sanctions for sexual abuse. In particular that an offender must have their mental capacity evaluated prior to teaming the violation, and that an offender cannot be disciplined for consensual sexual contact. They were compliant in all other areas. Interviews with staff indicated that they were familiar with the standards and expectations as well.

115.81

MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

- Exceeds Standard (substantially exceeds requirement of standard)
- 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

Policy 03-01-015 states if the PREA screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, or that an offender perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Training Manager DeViney submitted documentation that indicated no consent to release information was completed in 2014 and 2015.

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

Policy 03-01-015 states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioner. Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to sexually abuse transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Training Manager DeViney submitted documentation that during 2015 no reports of offender sexual abuse were received. Staff and offender interviews indicate that medical and mental health services are available if needed.

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

The facility/agency has policy that supports medical and mental health services for victims for sexual abuse as well as perpetrators of sexual abuse. AVC provided documentation showing all medical and mental health care would be offered at no cost to the victim.

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

The agency policy C-01-022 addresses Sexual Abuse Incident Reviews. The agency has developed a form that covers all necessary sections of the standard, and a time limit is in place to ensure that reviews are completed within the allotted time frame. AVC has had no documented incidents during this reporting period.

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

This agency had a clear process for data collection and retention. The information was readily available on the Department's website. The agency appeared to be compliant with the standard.

115.88

DATA REVIEW FOR CORRECTIVE ACTION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

Recommendation: 2015 Annual Report has not been completed. This should be done within 90 days.

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 policies C-01-022 and 03-01-015 and practice assert that data is securely retained. Data is available via website (www.doc.la.gov) and can be viewed by the public. Personal information is redacted.

AUDITOR CERTIFICATION:

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

Auditor Signature

Date