

**Prison Rape Elimination Act (PREA) Audit Report  
 Adult Prisons & Jails  
 Final Report  
 Date of Report June 30, 2021**

**Auditor Information**

<b>Name:</b> William Peck	<b>Email:</b>
<b>Company Name:</b> William Peck LLC	
<b>Mailing Address:</b> P.O. Box 10449	<b>City, State, Zip:</b> Fairbanks, AK 99710
<b>Telephone:</b>	<b>Date of Facility Visit:</b> May 11–13, 2021

**Agency Information**

<b>Name of Agency:</b> Louisiana Department of Corrections		<b>Governing Authority or Parent Agency:</b> State of Louisiana	
<b>Physical Address:</b> P.O. Box 94304		<b>City, State:</b> Baton Rouge, LA 70804	
<b>Telephone:</b> 225-342-3095		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<b>Agency Mission:</b> The mission of Corrections Services is to enhance public safety through the safe and secure incarceration of offenders, effective probation/parole supervision and proven rehabilitative strategies that successfully reintegrate offenders into society, as well as to assist individuals and communities victimized by crime.			
<b>Agency Website with PREA Information:</b> doc.la.gov			

**Agency Chief Executive Officer**

<b>Name:</b> James LeBlanc	<b>Title:</b> Corrections Secretary
<b>Email:</b>	<b>Telephone:</b>

**Agency-Wide PREA Coordinator**

<b>Name:</b> Michelle Dausat	<b>Title:</b> Deputy Warden; Agency PREA Coordinator
<b>Email:</b>	<b>Telephone:</b>

<b>PREA Coordinator Reports to:</b> <b>JERRY GOODWIN, WARDEN DWCC</b>		<b>Number of Compliance Managers who report to the PREA Coordinator: 8</b>	
<b>Facility Information</b>			
<b>Name of Facility:</b> David Wade Correctional Center (DWCC)			
<b>Physical Address:</b> 670 Bell Hill Rd Homer, LA 71040			
<b>Telephone Number:</b> 318-927-0400			
<b>The Facility Is:</b>	<input checked="" type="checkbox"/> <b>State</b>	<input type="checkbox"/> <b>Private for profit</b>	<input type="checkbox"/> <b>Private not for profit</b>
<b>Facility Type:</b>	<input type="checkbox"/> <b>Jail</b>	<input checked="" type="checkbox"/> <b>Prison</b>	
<b>Facility Mission:</b> See Agency Mission Above			
<b>Facility Website with PREA Information:</b> doc.la.gov			
<b>Warden/Superintendent</b>			
<b>Name:</b> Jerry Goodwin		<b>Title:</b> Warden	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Scott Cottrell		<b>Title:</b> COL	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Linda Bunch MD		<b>Title:</b> Health Services Administrator	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 1224		<b>Current Population of Facility:</b> 1090	
<b>Number of inmates admitted to facility during the past 12 months</b>			<b>84</b>
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			<b>N/A</b>
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> None	<b>Adults:</b> 18-86	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>NA</b>

<b>Number of youthful inmates housed during the past 12 months:</b>	<b>0</b>
<b>Average length of stay or time under supervision:</b>	<b>26.4 Yrs</b>
<b>Facility security level/inmate custody levels:</b>	<b>Min/Med</b>
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	<b>306</b>
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	<b>78</b>
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	<b>5</b>
<b>Physical Plant</b>	
<b>Number of Buildings: 20</b>	<b>Number of Single Cell Housing Units: 2</b>
<b>Number of Multiple Occupancy Cell Housing Units:</b>	<b>3</b>
<b>Number of Open Bay/Dorm Housing Units:</b>	<b>5</b>
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	<b>18</b>
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>	
<p>There are 17 exterior fixed and Pan-Tilt-Zoom (PTZ) cameras. The remaining 195 cameras are spread throughout interior areas where security violations are more likely to occur. Most retention times are around 30 days. The cell block monitors 26 suicide cells.</p>	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	<b>Infirmery, 8 beds, 3 isolation cells</b>
<b>Forensic sexual assault medical exams are conducted at:</b>	<b>Ochsner Medical Center Shreveport LA</b>
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	<b>158</b>
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	<b>3 at Facility</b>

## Audit Findings

## Acronyms:

<b>DPS&amp;C</b>	<b>Louisiana Department of Public Safety &amp; Corrections</b>
<b>DOC</b>	<b>Louisiana Department of Corrections</b>
<b>DWCC</b>	<b>David Wade Correctional Center</b>
<b>HQ</b>	<b>DOC Headquarters</b>
<b>PCM</b>	<b>PREA Compliance Manager</b>

## Relevant DPS&C Regulations and Policies:

A-01-011	Safety Plan
A-02-018	Institutional Staffing
A-02-022	Criminal Record Check
A-02-028	Training and Staff Development
B-05-001	Disciplinary Rules and Procedures for Adult Offender
B-02-020	Youthful Offenders
B-06-001	Health Care Manual Health Care Policy No. 14 Medical Level of Care HC-30 Sexual Assault
B-08-010	Americans with Disabilities Act
B-08-018	Effective Communication with the Hearing Impaired
C-01-022	<b>Prison Rape Elimination Act (PREA)</b>
C-05-001	Activity Reports/Unusual Occurrence Reports Operational Units
C-05-003	Headquarters Compliance Monitoring

## Audit Narrative

The David Wade Correctional Center (DWCC), Homer, LA, is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

The on-site PREA audit of the David Wade Correctional Center was conducted 11-13 May 2021 by Department of Justice Certified Auditor William Peck. Both an in brief and an out brief were held with the Warden. The in brief was followed by an extensive site review of the prison.

During the Pre-Onsite Audit Phase, the Auditor requested and reviewed PREA-related policies as well as the following data (some data was provided at time of arrival on-site):

- A comprehensive list of inmates, staff, volunteers, and contractors.
- Complete inmate roster based on actual population at the beginning of the onsite portion
- Inmates with disabilities (i.e., physical disabilities, blind, deaf, cognitive disabilities)
- Inmates who are Limited English Proficient (LEP)
- Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Inmates (identify by category)
- Inmates in segregated housing
- Inmates in Protective Custody (PC) or Involuntary Segregation for Safety or Protection
- Inmates who reported sexual abuse
- Inmates who reported sexual victimization during risk screening
- Complete staff roster (indicating title, shift, and assignment)

The site visit provided an opportunity for the Auditor to conduct a review of the different areas of the facility, observe procedures and interactions between staff and offenders, and conduct informal interviews with both staff and offenders. This aided in gaining an understanding of facility operations and practices as well as insight into the facility's compliance with PREA standards.

Staff Training receives significant emphasis and appears compliant at all levels. All staff receive initial training at the facility and also complete specialty training in their area (e.g., investigators, mental health, etc.). All staff receives annual Refresher training as well as routine training at shift turnover, providing more than the training requirement of every 2 years.

### Examination of Records

Reviewing documentation is a critical component of the audit process. Before and during the site visit review, the auditor reviewed the various files and documents noted below, to evaluate compliance levels of the policies and procedures. Documents were uploaded into the Paper-Based version of the OAS (Online Assessment System) and reviewed before arriving on-site, but some specific files were not reviewed until after arrival at the facility (personnel files, investigation data, control center, and unit logs, etc.) The facility has zero notices of non-compliance with local, state, or federal laws or regulations. The below files and documents reviews were integral to the triangulation of data following the on-site review.

Staff Handbook  
Inmate Handbook  
Investigator training certification  
Receipt records of admission education by inmates  
Volunteer and Contractor training guide  
Staff training topics and dates training received  
Volunteer and Contractor Training Records and Topics  
Medical and Mental health staff training certificates  
Staffing Plan  
Investigation folders  
Personnel Folders, random, including Volunteer and contractor folders  
Personnel Background Investigations results  
Inmate online confinement folders, random  
Standards, Policies  
Coordinated Response Plan  
Medical and Mental Health department Logs  
Housing Unit logs, random

In addition to the site visit and the extensive interview process, the Auditor reviewed the PAQ (Pre-Audit Questionnaire) submitted by the facility, the DPS&C policies related to PREA compliance, and reviewed randomly selected training, investigative, and human resource files. The post-audit phase consisted of triangulating all data and input received, reviewing interview data in detail, and a final review of the PAQ submission. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

## Facility Characteristics

The Louisiana Department of Public Safety and Corrections (LA DPS&C) David Wade Correctional Center (DWCC) is a 1224 bed facility, a combined maximum and medium-security correctional facility with 2 identifiable distinct designs and security capabilities, and the 2 sections of the facility are separated by a security fence within the perimeter. DWCC is designated as a high-level disciplinary prison within LA DOC and receives identified problematic offenders from other facilities throughout the state.

Higher custody offenders are normally housed at arrival in the cell-based housing located in the South unit and can earn their way to the more congregate living units in the North side through behavior and programming.

The facility currently consists of 20 buildings, including the Administration building. Inside the secured perimeter, DWCC has 3 multiple occupancy cell housing units, 2 single cell units, and 5 open-bay dormitories. There are 18 cells used for segregation.

There are 17 exterior fixed and Pan-Tilt-Zoom (PTZ) cameras. The remaining 195 cameras are spread throughout interior areas where security violations are more likely to occur. Most retention times are around 30 days. The cell block monitors 26 observation cells with cameras, cells utilized for suicide or high-risk offenders..

The Main Control Room location provides the perimeter observation capabilities and is highly restricted and individuals must log in and out.

## Site Review

Offenders were observed in the living, jobs, and recreation areas interacting appropriately with each other and staff and while they were engaged in various recreational activities. Offenders were also observed in education, vocational, and various other work areas. Information related to the scheduled Prison Rape Elimination Act (PREA) audit and also how to report sexual abuse was posted in all these housing and program areas. The Auditor visited the offender housing areas, both general and segregation, as well as the following departments to observe conditions relating to departmental policy and operations:

- Administration
- Mental Health
- Medical
- Education
- Classification
- Risk Management
- Food Service
- Law Library
- Human Resources
- Training

The areas observed included: living units, work areas, cells along with toilets and showers, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds. During the facility site, the auditor reviewed the only cells that have constant camera observation, cells utilized for constant watch/suicide watch when required. Cameras are monitored by same-gender staff.

The Auditor verified that higher ranking staff such as the Assistant Wardens, Major, and Captains make unannounced rounds, documented in the logbook by the control officer.

Staffing appeared adequate and well-positioned, including supervisory staff making random checks in housing areas. The Agency and facility have also demonstrated commitment to the PREA standards by providing some recent years' agency funding for new cameras.

The Auditor visited the Control Center, talked with post officers, and observed the coverage of CCTV monitors. Cameras are positioned to preclude remote viewing of inmates as they shower and perform bodily functions and any direct observation capability is the same-gender staff.

Each housing unit includes wall-mounted telephones for inmate use, and information about how to report allegations is posted in each unit.

## **Medical/Mental Health**

The infirmary is an open dormitory-type room housing eight beds and three medical isolation cells. All offenders are within sight or sound of staff. If required, emergencies and cases requiring forensic examination are sent to nearby Ochsner Medical Center in Shreveport, LA.

Medical and Mental Health staff participate in all intake processes and meets with each new arrival to determine if any situations need to be addressed. Offenders are asked mandated PREA questions by the Mental Health Staff. A reported 30% of DWCC offenders are Axis I Mental Health Disorders.

After completion of intake, medical staff determines if the offender has a situation that would require him to be scheduled for an appointment or handled immediately. Each offender is given information on how to access medical and mental health care services in English and Spanish, and if an offender is deemed to be illiterate, instructions are given orally by medical staff.

## **Religious Programming**

David Wade Correctional Center has available about 153 religious and non-religious volunteers. The chaplain posts a list of religious services that are offered in all offender housing units, however, programs were just resuming at the time of the site review, having been largely curtailed during the COVID pandemic.

The warden and the chaplain must approve all volunteers, and all must complete both volunteer and PREA training and undergo background records checks before being approved.

## **Interviews**

During the audit, the Auditor met with both staff and offenders to verify observations and/or to conduct the required interviews concerning facility operations.

The major portion of the site audit consisted of conducting these structured interviews with specialized and randomly selected staff and also with random and targeted categories of offenders (LGBTI, reported victims of abuse, disabled, etc.).

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

During the visit, in addition to PREA-related discussions with employees selected during the site visit, the Auditor conducted random and required interviews as noted below. The offenders and staff were aware of PREA and the zero-tolerance policy of the Agency. Offenders interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. LGBTI offenders interviewed reported that they felt safe and a significant number of older offenders responded in a similar vein.

### ***Offender Interviews***

There were 50 offenders interviewed during the audit visit, 27 random selections, and 23 from targeted offender categories. A few of the 23 targeted offenders were part of more than one category and represented 27 total targeted categories, and these 23 were interviewed for all categories they represented. The offenders interviewed are aware of DWCC PREA education programs. Offender interviews produced very few complaints and complaints were regarding individuals on the staff, not generic institutional issues.

The 27 offenders interviewed were randomly selected from rosters from all housing areas. It was communicated that offenders felt safe and did not feel that their sexual safety was at risk. A common theme was that the DWCC prison is high security and restrictive but that this also resulted in reduced opportunities for abuse issues to arise. All offenders felt that staff would take very seriously any report of sexual abuse, assault, harassment, or retaliation. Offenders who had made reports of sexual abuse stated that staff took immediate action to ensure they were safe, initiated an investigation, and provided information about the outcome. Those offenders interviewed said that they felt comfortable speaking with staff about this matter.

Transgender offenders reported no concerns regarding the procedures utilized for the searches of transgender offenders or the offering of showers at a separate/designated time.

#### **Offenders Interviewed (Targeted Categories and Randomly Selected)**

- 0 Youthful Offenders are not confined here
- 2 Inmates who reported victimization during risk screening
- 8 Offenders who identify as LGB
- 2 Transgender offenders
- 6 Reporting Abuse/Victimization
- 4 Physical Disability



2 Limited English Proficiency  
3 Cognitive Disability  
27 Random Offenders

### ***Staff Interviews***

The Auditor interviewed 50 staff in the course of the audit, 18 randomly selected staff; 20 specialized staff; 2 community agencies' personnel; 2 volunteer/contractors; and 8 HQ/Facility leadership staff. The officers on the shifts all had been through PREA training. In interviews, correctional officers and staff expressed satisfaction with their PREA training and felt they knew their required actions if incidents were to occur.

#### **Staff Interviewed**

1 Agency Head  
1 Agency PREA Coordinator  
1 PREA Compliance Manager  
1 Facility Contracting Officer  
1 Warden  
1 Assistant Warden/PREA Compliance Manager  
1 Human Resources Manager  
1 DOC HQ Investigator

2 Investigators, Facility  
2 Sexual Abuse Incident Review Team members  
1 Retaliation Monitor  
2 Staff who perform Risk Screening  
1 Intake Supervisor  
1 Medical staff Administrator  
2 Mental Health staff  
    \*Includes Transgender Team Chairperson  
    \*Includes Staff Victim Advocate

3 Intermediate or higher-level Supervisors who make Unannounced Rounds  
2 Staff Who Supervises Segregated Housing  
1 Contractor (Chaplain)  
1 Volunteer who has contact with offenders  
2 First Responders  
1 SAFE/SANE External Organization  
1 Crisis Agency/Victim Support Agency Manager  
18 Random Staff  
    • Includes Training Officer

All staff interviewed could explain their areas of responsibility regarding PREA and incident response, and affirmed compliance with PREA processes. DWCC Center uses the nearby Shreveport Ochsner Medical Center for SAFE/SANE and forensics. The staff was familiar with the procedures regarding reporting, responding, and evidence preservation.

## Conclusion

Following the on-site review, the Auditor reviewed all policies again, cross-walked them to interview data from staff and offenders, and matched that information to documents provided as well as observations from the site review of the facility. The triangulation of all data was consistent in providing evidence of a strictly operated higher-custody prison, one with strong use of cameras and staff supervision to provide a regulated environment with strong controls and relatively controlled offender movement.

The David Wade Correctional Center of LA DPS&C is compliant with PREA Standards.

On May 12, 2021, the Auditor conducted an out brief to the Warden to provide an overview of the process and thank him for the staff support during the audit participation. The timeline and expectations for the remainder of the audit were discussed. The chairperson expressed appreciation for the exceptional hospitality and cooperation of everyone involved.

The Auditor explained the procedures that would follow the completion of the audit., i.e. the triangulation of all data from the site visit and review, the documents/files submitted and reviewed, and the interviews completed. It was explained that any areas found not to meet standards would need to be corrected and the Auditor would work with the leadership and the facility PREA Manager to accomplish the needed corrections.

Warden Goodwin and members of his leadership team are sensitive to ensure this facility remains in compliance with PREA standards. The Auditor noted the quality of the Warden's leadership; the PREA process preparation led by the PREA Compliance Manager; and the professional oversight provided by DPS&C PREA Coordinator Michele Dausat.

The Auditor appreciates the courtesy and support extended during the audit process.

## Summary of Audit Findings

**Number of Standards Exceeded:** 0

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**Number of Standards Met:** 43

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**Number of Standards Not Met:** 0

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## PREVENTION PLANNING

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

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

### Auditor Overall Compliance Determination

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

The DPS&C Secretary has appointed a Department PREA Coordinator who has oversight of activities to develop, implement and oversee DPS&C's efforts to comply with the PREA Standards

in all units. She reports that she has adequate time for this function, in addition to her Deputy Warden duties at her facility. For PREA matters, she reports to the Agency Chief of Operations. Her information provided indicates that the agency has a system of routine telephone conferences, site visits regularly, and that there are routine mock audits and video conferences of both State facilities and local level (Parish) facilities per their contracts.

“It is the policy of David Wade Correctional Center to provide a safe, humane and appropriately secure environment, free from threats of sexual abuse and sexual harassment for all staff, volunteers, contractors, and offenders by maintaining a program of prevention, detection, response, reporting, investigating and tracking of all alleged and substantiated incidents of sexual abuse. DWCC leadership has zero-tolerance for incidents of sexual abuse and sexual harassment.” DWCC’s has a senior Colonel designated as the PREA Compliance Manager to coordinate efforts to comply with the PREA standards. The PREA Compliance Manager (PCM) reported in the interview that he has sufficient time and authority to coordinate the facility’s efforts to comply with PREA Standards.

The PREA Compliance Manager (PCM) serves as a liaison between David Wade Correctional Center and DPS&C’s PREA Coordinator and is responsible for monitoring PREA related activities. The PREA Compliance Manager (PCM) ensures that each requirement of Department Regulation C-01-022, on Prison Rape Elimination Act (PREA, including verification that all training, screening, assessments, reporting, and monitoring is accomplished in a timely manner.”

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

Staff who violate this regulation may receive disciplinary action, up to and including termination. It became clear during the pre-visit review that policy component sections were uniformly compliant and that the staff has drafted policy with the intent to be PREA-compliant for all Louisiana facilities. Policy parallels very closely, often verbatim, the PREA Standards and checklists for policy. The on-site visit, then, focused on actual compliance in operations and whether local training, process, and actual procedure mirrored policies.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **115.12 (a)**

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

### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No

### Auditor Overall Compliance Determination

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

The Agency does contract for confinement, but not David Wade Correctional Center per se. DWCC does contract for services and some personnel, however, and the contracting agent interviewed indicated that part of her job is to ensure every contract is totally clear on PREA requirements, training, etc. The DOC PREA Coordinator affirmed that they do contract out confinement and all PREA requirements are included in the contracts; further, she noted that all contractors are routinely audited by the Agency and includes PREA requirement compliance.

## Standard 115.13: Supervision and monitoring

### 115.13 (a)

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

findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

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

#### 115.13 (b)

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

#### 115.13 (c)

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

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

#### 115.13 (d)

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

#### Auditor Overall Compliance Determination

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

Department Regulation No. A-02-018 (Institutional Staffing) requires each facility to develop and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse. When designing new units, planning substantial expansions or modifications to existing units or when updating a video monitoring system, the Warden is tasked to consider how such expansions, modifications, or updates would enhance the unit's ability to protect offenders from sexual abuse.

Each Warden develops a PREA staffing plan and submits annual updates to DPS&C's PREA Coordinator. The staffing plans determine and document whether adjustments are needed to the staffing plan, deployment of video or other monitoring technologies, and the resources the facility has available to ensure adherence to the staffing plan.

The average daily DWCC population since 2018 has been 1149 and the staffing plan is based on an average of 1224.

The facility has added additional video cameras since the last monitoring to assist the effectiveness of the facility PREA program. Each year a review and evaluation are conducted to note any areas of need or best practice in the placement of cameras. Currently, all areas of offender housing and/or activity area are well supervised.

The Warden reported in his interview that it requires attention to ensure that priority and critical

billets are filled in each shift. When calculating adequate more long-term staffing levels and determining the need for video monitoring, each unit is required to take into consideration the items listed in §115.13(A):

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

Interviews with the Warden, PREA Compliance Manager, and senior staff also indicate that all incident data is considered in staffing reviews, but all interviews noted that there are few sexual assault incidents to actually review and the Sexual Assault Incident Reviews normally focus more on staffing, camera technology, blind spots and population characteristics. The PREA Coordinator, in her interview, indicated that she reviews every facility staffing plan annually. In circumstances where the staffing plan is not complied with, the Warden or designee has to document and justify all deviations from the plan. This document is forwarded to the Agency PREA Coordinator Compliance Manager for retention purposes.

The Warden or PREA Compliance Manager assesses, determines, and documents whether adjustments are needed to the staffing plan, deployment of video monitoring systems, or other monitoring technologies, and to determine the resources the facility has available to commit to ensuring adherence to the staffing plan.

In addition to other rounds, Supervisors are required to conduct and document unannounced rounds on both shifts to identify and deter staff sexual abuse and sexual harassment. Staff is prohibited from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to legitimate operational functions. The Auditor verified that higher ranking staff such as the Assistant Wardens, Major, and Captains make these unannounced rounds and that they are documented in the logbook by the control officer.

## Standard 115.14: Youthful inmates

### 115.14 (a)

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



### 115.14 (b)

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

### 115.14 (c)

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

### Auditor Overall Compliance Determination

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

This facility does not house youthful offenders.

All offenders under the age of 18 years housed in any state correctional facility are considered youthful offenders (YO) and Department policy statewide recognizes that:

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

## Standard 115.15: Limits to cross-gender viewing and searches

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No  NA (Added NA as we are a male facility)

### 115.15 (d)

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

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

## 115.15 (f)

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

### Auditor Overall Compliance Determination

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

Training is provided concerning cross-gender pat searches and these searches are presently conducted by female officers on this all-male population, as is allowable in both PREA and DPS&C policies and procedures. Strip searches are conducted by only male staff with the potential policy exception for exigent circumstances, which have not occurred thus far. Staff interviewed were all aware of the prohibition of physically examining a transgender or intersex offender to determine genital status.

Cross-gender strip searches or cross-gender visual body cavity searches (a search of the anal or genital opening) would not be conducted except in exigent circumstances. If done, such searches would be documented in the appropriate logbook and an Unusual Occurrence Report (UOR) would be completed. One hundred percent (100%) of security staff have been trained on conducting cross-gender pat-down searches as well as searches of transgender offenders.

Interviews with both staff and offenders stated that offenders can shower, perform bodily functions, and change clothes without a non-medical staff of the opposite gender viewing their buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine rounds. Upon entering a housing unit, all cross-gender staff announces their presence. During the facility site visit, opposite gender announcements were made in all areas. Staff were aware of the requirement to announce the presence of opposite gender staff and did so in all housing promptly; Interviews with offenders and staff supported that the facility ensures these announcements and that this practice is adhered to during daily operation It is additionally noted that opposite gender direct supervision in housing areas is rare, and this information was provided in both staff and offender interviews as well as documented on the staffing rosters.

No search or physical exam is permitted when the sole purpose of the search or physical exam is to determine the offender's genital status. Random staff and medical staff both stated in interviews that only medical staff could perform any similar examination.

All correctional security staff is trained to conduct cross-gender pat-down searches and searches of transgender and intersex offenders professionally and respectfully, in the least intrusive manner possible while maintaining good security practices.

The most common offender complaint regarding supervision is the lack of privacy walls in the toilet and shower areas and the resulting issues with perceived voyeurism.

No female offenders are confined here, this element segment is Non-Applicable.

All offenders communicated that appropriate announcements were made when opposite-gender staff entered their housing units, as required by the standard, and they were never naked in full view of staff, Numerous offenders also noted that opposite-gender staff rarely work in housing or showering/toileting areas.

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to

prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

Policies B-08-010 (Americans with Disabilities Act) and B-08-018 (Effective Communication with the Hearing Impaired) are two of the major pieces of guidance from the Departmental level.

DPS&C Policy is that all facilities take appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the DPS&C's efforts to prevent, detect and respond to sexual abuse and sexual harassment. DWCC meets these requirements and takes some additional steps due to the growing number of older offenders with numerous challenges throughout LA DOC.

- David Wade Correctional Center provides interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. (§115.16(B)). In the past 12 months, there were no reported cases where an offender was used as an interpreter.
- Certified offender interpreters may be used to explain the policies and procedures for reporting; however, the Department does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first- response duties or the investigation of the offender's allegations. Inmate interpreters have not been used to obtain information regarding an allegation.

DPS&C utilizes the LinguaLinx Interpreting services for the foreign language interpreting needs when interpreters are unavailable and each facility has provisions to access this service. Every DOC facility also has the option of using widely available programs such as Google Translate.

Appropriate steps are required to ensure that offenders with disabilities deaf, hard of hearing, blind, have low vision, intellectual disabilities, psychiatric disabilities, speech disabilities, limited English proficient, or limited reading skills), have an equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect and respond to sexual abuse and sexual harassment. Written materials are provided for offenders with hearing disabilities, for non- or limited English proficient offenders, and video presentations are available for offenders with limited reading skills as well as staff assistance. The use of the above-noted language services is available as needed to ensure that any offender with limited English proficiency can communicate as needed and to ensure clear effective communication of any needs or concerns. During interviews with two offenders who were limited-English proficient, both expressed that they received and understood all information provided regarding PREA requirements, safeguards, preventative actions, reporting, and response procedures and that staff took appropriate time to ensure all needs were met and a clear understanding of the facility's policy regarding PREA was communicated.

The PREA information pamphlet is available in braille as well as in audio format for offenders that are blind or have low vision.

## **Standard 115.17: Hiring and promotion decisions**

### 115.17 (a)

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

### 115.17 (b)

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

### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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



As indicated by interviews with the PREA Compliance Manager and the Human Resources (HR) staff member, DWCC does not hire, promote, or enlist the services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institutions. Per policy, there shall be no hiring, detail, or promotion of an applicant, employee, or contractor who:

- Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- Has been civilly or administratively adjudicated to have engaged in the above conduct.

Any incidents of sexual harassment are a determining factor as to whether to hire or promote, or to enlist the services of a contractor.

Before hiring, detailing, or promoting any employee/applicant or enlisting services of a contractor who may have contact with offenders DWCC conducts criminal background checks in accordance with Department Regulation A-02-022.

Before hiring, the Human Resources Office contacts each applicant's prior community confinement facility, jail, lockup, and/or prison employers. An Authorization to Contact Previous Employers is required and completed by all applicants before the effective date of hire. Applicants for hire, detail to special duty, or direct promotion must also answer these questions before the effective date of hire or promotion.

All applicants (including promotions) are required to answer verbal and written questions relative to previous misconduct described in 115.17(a), according to interviews with supervisory and HR staff. Applicants must notify Human Resources if or when such charges have been brought against them. Current employees must notify their immediate supervisor. The form "PREA Requirements for Applicants and Employees Being Considered for Hire, Detail to Special Duty and/or Promotion" is utilized upon hire for this purpose.

Each employee has a personal responsibility to disclose to the Warden within 72 hours, any such conduct of which he/she accused, charged, and/or convicted. Applicants and employees who fail to disclose this information are subject to disciplinary action up to and including termination.

Unless prohibited by law, information regarding substantiated allegations of sexual abuse or sexual harassment involving current or former employees upon receiving a request from a community confinement facility, jail, lockup, prison, juvenile facility, or other institutions for whom such employee has applied to work is provided.

Human Resources staff ensures a criminal history check is conducted at the time of application submission and at least once every five years for employees. Business office staff ensure annual criminal history checks are conducted on all contractual employees. The Volunteer Services Coordinator (Chaplain) ensures that, before approval as a volunteer, a criminal history check is conducted on volunteers and every two years thereafter.

There were 78 persons hired this past year who had criminal background checks and there were also 5 service contract staff where criminal background checks were conducted. Both random staff interviews and contractors interviewed indicated these had been done and they were aware of them when they occurred.

## Standard 115.18: Upgrades to facilities and technologies

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

The prison has received recent years' State DOC funds for some PREA upgrades and one funding priority has been to add additional cameras, although the facility is already a strong user of camera technology. Each year a review and evaluation are conducted to note any areas of need or best practice in the placement of cameras.

When designing expansions or modifications to existing units or when updating a video monitoring system, the Warden stated he does consider how such expansions, modifications, or updates would enhance the unit's ability to protect offenders from sexual abuse.

<b>RESPONSIVE PLANNING</b>
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## Standard 115.21: Evidence protocol and forensic medical examinations

### 115.21 (a)

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

### 115.21 (b)

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

### 115.21 (c)

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

### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

There have been no forensic medical examinations performed with DWCC offenders in the past 12 months.

**Evidence Protocol and Forensic Medical Examinations Policy:**

- The Investigative Service Office investigates allegations of sexual abuse and follows evidence collection protocols as outlined in David Wade Correctional Center policy 02-01-007 – Crimes Committed on the Grounds of DWCC.
- All victims of sexual abuse have access to a forensic medical examination either on-site or off-site at a local hospital at no cost to the victim, where evidentiary or medically appropriate.
- Examinations performed will be conducted by individuals that have received Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) training or by qualified medical practitioners.
- SAFE and SANE training certificates are provided to the Training Department for training credit and documentation of training.
- Offenders who are victims of sexual abuse have access to victim advocates on staff and to staff at the local community rape crisis center, Project Celebration.
- Offenders may request a victim advocate on staff or from a community-based organization to accompany and support through the forensic medical examination, investigatory interview, and to provide emotional support, crisis intervention, information, and referrals.
- Any investigations that cannot be handled at the facility are transferred to either the DOC HQ Investigations Office or Parish Sheriff's Office for handling. Both investigative offices use the same standards of investigation as 115.21 (a) – (e)).

Victim Advocates are qualified Internal staff members or community-based staff from a rape crisis center who have been screened for appropriateness to serve in the role of a victim's advocate and have received education concerning sexual assault and forensic examination issues in general. The assigned investigator immediately notifies a Victim Advocate (but no later than the next business day), that an alleged sexual abuse has occurred.

The Victim Advocate consults with the assigned investigator and offers assistance to the alleged victim as is appropriate. Interviews with the PCM, an Advocate, and the investigator, clarified that a facility Advocate assists in the facility, and community Advocates can be available at the hospital and follow on as needed.

As requested by the victim, the Advocate may participate in supporting victims throughout the forensic medical examination process (ensuring compliance in confidentiality laws) and investigatory interviews and provide emotional support, crisis intervention, information, and referrals.

The Victim Advocate does not prepare or submit reports or Unusual Occurrence Reports based upon conversations or functions performed while in the role of Victim Advocate. All conversations

between the Victim Advocate and the alleged victim remain confidential except when:

- Disclosure of confidential information is necessary to protect the victim or another (staff or offender) from potential harm; or
- The identity of an otherwise unknown alleged sexual predator is revealed.

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### 115.22 (a)

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

### 115.22 (b)

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

### 115.22 (c)

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

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

The Department has adopted a zero-tolerance policy toward victimization and sexual abuse through the PREA Program. Full investigations, appropriate reporting, and compliance to the standards program are treated as a top priority by administrators and investigators. During the past 12 months, there were 67 allegations of sexual abuse or harassment, and all received administrative investigations, none received a criminal investigation. All 67 investigations were completed and the outcomes were provided to the offenders making the allegations.

Claims made which are out of the scope of the training provided to DWCC investigators would be referred for investigation to either the Parish Sheriff's Office or DOC HQ.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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



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

The facility has 306 staff who have contact with offenders and all received required PREA training. New custody staff is required to attend a 3-week pre-service Training Academy, and non-custody staff attends training for 1 week.

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

- Zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- The rights of offenders and employees to be free from sexual abuse and sexual harassment;
- The rights of offenders to be free from sexual abuse and sexual harassment;
- The rights of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with offenders;
- How to communicate effectively with offenders including, gay, bisexual, transgender, intersex, or gender nonconforming;

DWCC training is geared to adult male offenders. Any employee who transfers from a female institution receives a 40-hour orientation to acclimate them to the differences in gender protocols.

All employees train annually on PREA and the current sexual harassment policies and procedures and are required to sign a training roster to verify their attendance and understanding of the training. All current staff and new hire employees sign the Sexual Assault and Sexual Misconduct with Offenders Acknowledgement Form and the Malfeasance in Office Form and both forms are maintained in the employee's personnel file.

Employee training in PREA issues is evident as observed during staff and offender interviews. All staff, volunteers, and contractors are well versed in the PREA policy and required response procedures. Many staff had a card that is carried on their person listing the required steps if a PREA allegation is reported. All staff is aware of the requirement to report immediately and maintain confidentiality concerning allegations. Staff is aware of the requirement to take all allegations seriously and the procedures required for reports from other confinement facilities.

The Department provides Correctional Officers and all other staff with refresher training annually to ensure that all employees are aware of current sexual abuse and sexual harassment policies and procedures.

All security staff is trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex offenders, professionally and respectfully, and in the least intrusive manner possible, consistent with security needs.

During orientation and annually thereafter, all staff are trained in the prevention, detection, response, reporting, and investigation of sexual abuse.

Training also includes specialized training for medical and mental health staff, as well as for Investigators. Medical staff employed by the agency have received appropriate training to assist them in arranging for the conduct of forensic examinations but they do not perform them. The agency documents that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Medical and mental health care practitioners also receive the training mandated for employees under §115.31 or for contractors and volunteers under §115.32, depending upon the practitioner's status at the agency.

It was evident from interviews that all staff receive appropriate training concerning PREA and the zero-tolerance policy during initial training as well as annual and also regular refresher training. All staff could define their responsibilities for reporting sexual abuse, sexual harassment, staff negligence, and any retaliation for reporting. Staff interviewed were very familiar with the expectations of their duties as well as with the procedures for evidence preservation. Training is a strong point in this facility due to the mission of being a more secure program that receives dangerous and problematic offenders from prisons throughout the State and the DOC.

## **Standard 115.32: Volunteer and contractor training**

### **115.32 (a)**

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

### **115.32 (b)**

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

### **115.32 (c)**

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

## Auditor Overall Compliance Determination

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

All 153 volunteers and 5 contractors who have offender contact have been trained in the required PREA procedures and policies, however, the volunteer program was essentially inactive during COVID and is only now resurfacing and becoming more active. A substantial retraining program is planned as the volunteer program reopens.

The Department ensures that all volunteers, interns, and contractors who have contact with offenders have been trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

All volunteers, interns, and contractors sign the Sexual Assault and Sexual Misconduct with Offenders Volunteer Acknowledgement Form stating that they understand that any violation shall result in disbarment from the prison and may include the filing of criminal charges as warranted.

The Chaplain oversees volunteer training, and the Training Department oversees contract staff and interns training and is also responsible for ensuring that all who have contact with offenders have received training on their responsibilities.

Interviews with the Chaplain, random staff, and the PCM indicated that contractors and volunteers are informed, before the awarding of the contract and before they are approved, of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Contractors and volunteers are required to sign the Sexual Assault Sexual Misconduct with Offenders form (kept in their personnel files). Violations of this policy serve as grounds for revoking the contract and terminating the volunteer(s) access. Contractors and volunteers are also responsible for reporting incidents of sexual abuse and sexual harassment.

The facility maintains documentation confirming the training the volunteers, interns, and contractors received. Forms for volunteers are maintained by the Volunteer Services Coordinator (Chaplain), and by the Business Office for contractors. The level and type of training provided to volunteers, interns, and contractors are based on the services provided and level of contact they have with offenders, but all who have contact with offenders are notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures to follow to report such incidents.

## Standard 115.33: Inmate education

### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

At intake, offenders receive information on the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and all 84 offenders admitted this past year received this intake education and process. Intake is also where arriving offenders are screened with PREA-related abuse and harassment questions.

At intake, and not later than the day after intake, (excluding holidays), offenders are scheduled for orientation where they receive required information on their right to be free from sexual abuse and sexual harassment; to be free from retaliation for reporting incidents, and procedures for responding to incidents.

Each time an offender transfers, this information is repeated at the new institution, and the offender signs a new Intake Sheet, and this was verified in numerous offender interviews as well as offender file reviews. Each offender orientation includes verbal and written training information regarding sexual assault and sexual misconduct, including:

- Prevention;
- Self-protection;
- Multiple channels of reporting sexual assault and sexual misconduct;
- Protection from retaliation;
- Treatment and counseling;
- DPS&C zero tolerance for sexual assault and sexual misconduct.

The facility utilizes different formats to ensure offenders understand the information that is being presented, including;

- Offenders who are limited English proficient;
- Offenders who are deaf;

- Offenders with visual impairment; and
- Those offenders who show signs of other disabilities including those with limited reading skills.

Classification staff documents these education sessions and this information is readily available via posters and in the offender handbook.

Offenders received at David Wade are there for longer terms, and short turnovers are relatively rare. Of the 84 offenders received in the past year, all 84 received comprehensive education since their stays were all 30 days or longer. The policy requires that offenders at all institutions receive information concerning sexual abuse during offender orientation at their respective permanent housing unit upon intake. In addition, each offender receives one hour of annual training regarding sexual abuse and reporting.

During the site review, randomly selected staff and offenders were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. Offenders and staff both knew how they could report sexual safety issues and were well aware of external addresses and phone numbers of potential sources to report or gain assistance with their issues. Posters reporting information were uniformly and conspicuously placed.

Offenders are very familiar with the facility PREA program as well as the methods of reporting, hotline number, and ways to prevent. It was noted that the majority of the offenders interviewed outlined the frequency of the training provided to them which is above and beyond the requirement. Information provided to the offenders concerning PREA is provided verbally and in hard copy format in the offender handbook, handouts, and posters. Several offenders with cognitive difficulties were interviewed and they expressed that staff spent additional time to ensure they explained all requirements and that they understood.

The Department will not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first- response duties or the investigation of the offender's allegations.

The Department utilizes LinguaLinx Interpreting Services for all foreign language interpreting needs.

## **Standard 115.34: Specialized training: Investigations**

### **115.34 (a)**

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

### 115.34 (b)

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

The 3 Investigators receive DOC HQ training in conducting sexual abuse and sexual harassment investigations in a confinement facility. Interviews with the DOC Investigations Head, local Investigators, and Deputy Warden interviews confirmed that this training includes:

- Techniques for interviewing sexual abuse victims;

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

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

## Standard 115.35: Specialized training: Medical and mental health care

### 115.35 (a)

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

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

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



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

#### **Auditor Overall Compliance Determination**

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

The 30 medical/mental health staff were all (100%) trained in current agency and PREA policy, including the following:

- To detect and assess signs of abuse;
- To preserve physical evidence of sexual abuse;
- To respond effectively and professionally to victims of sexual abuse and sexual harassment;
- How to report allegations or suspicions of sexual abuse and sexual harassment.

In addition to their professional specialized training requirements, and the requirement to complete NIC training related to this area, medical and mental health staff receive the annual refresher training required for all staff, as do contract medical and mental health personnel. During orientation and annually thereafter, all staff receives training in the prevention, detection, response, reporting, and investigation of sexual abuse. Non-uniformed staff receives a one-week initial training rather than the 3-week training for uniformed staff.

The agency maintains documentation that medical and mental health practitioners have received the required training referenced in this standard either from the agency or elsewhere.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

#### **115.41 (a)**

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the

inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  
 No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

At intake, all offenders are screened to assess their risk of being sexually abused or abusive toward other offenders. The screening is normally conducted the day of arrival but no later than 72 hours after arrival at the facility and utilizes DPS&C PREA intake forms and processes. Interviews with the medical and mental health staff, and the Warden, indicate that Intake is an area that has increased in importance as DWCC has increased its disciplinary population via reception of problematic offenders from other prisons throughout the State. The PREA screening was completed as required for all 84 new offenders received in the last 12 months.

Several staff members interviewed about this area, both random and specialized, and including intake and mental health staff, believed that DWCC is necessarily becoming more strict and disciplined than in previous years due to the changing nature of the population. The intake process includes staff from Medical, Dental, and Mental Health meetings with each new arrival to determine if any situations need to be referred for treatment or expeditiously addressed.

DPS&C's PREA Screening Checklist is a strong tool that includes the following:

- Whether the offender has a mental, physical, or developmental disability;
- The age of the offender;
- The physical build of the offender;
- Previous incarcerations;
- Exclusively nonviolent criminal history;

- Whether the offender has prior convictions for sex offenses against an adult or child;
- Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Has the offender previously experienced sexual victimization;
- The offender's perception of vulnerability;
- Whether the offender is detained solely for civil immigration purposes.
- Prior acts of sexual abuse;
- Prior convictions for violent offenses;
- When known, to the facility: history of prior institutional violence or sexual abuse.

The mental health supervisor interviewed indicated that, at the 14-day mark, each offender is reassessed by mental health for risk of victimization or abusiveness, possibly earlier based upon any additional, relevant information received by the facility since the intake screening.

An offender(s) risk is always reassessed when warranted due to referral, request, an incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

No offender is disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked on the PREA Screening Checklist. Offender(s) are informed that any information given in response to questions asked are confidential and will not be disseminated in any way that will be exploited to the offender's detriment.

All 84 offenders received were here longer than 72 hours received the required reassessment within less than 30 days, the standard for the Mental Health staff being 14 days. It is noted that the 84 offenders received is a large reduction in the numbers of offenders received and this is due to COVID impacts and reductions on transfers throughout the DOC system.

The facility uses the LA DPS&C **PREA Screening Checklist**, an assessment tool utilized to assess an offender's probability of being a PREA Blue High-Risk Sexual Victim (HRSV), a PREA Red High-Risk Sexual Predator (HRSP), or, if neither, classified as PREA Green.

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

Decisions concerning housing assignments, jobs, and group activities for PREA Blue HRSV and PREA Red HRSP offenders are the responsibility of the Initial Classification Board at each receiving institution and are based on the Checklist, record review, prior facility behavior, and current behavior. If mental health intervention is indicated, a referral is made to a mental health professional.

Transgender or intersex offender housing and programming assignments are considered on a case-by-case basis as to whether a placement would endanger the offender's health and safety

or present management or security problems. Transgender offenders can shower separately and each unit documents a Shower Preference Statement. Questions regarding the identification of a transgender or intersex offender's genital status are referred to DPS&C's Medical/Mental Health Director for review and, if needed, determine if a physical examination in a private setting by a health care provider is necessary.

Reception center staff enter results of the Checklist in the Offender Management System. Consideration concerning housing, including possible single-cell placement, is determined by the Classification Board based on initial screening information for those offenders confirmed/deemed PREA Blue HRSV and/or PREA Red HRSP. Security considerations are the overriding determinant to ensure safety.

MH (Mental Health) Screening, including PREA assessment, is conducted on all transfers, at the time of admission to DWCC, by mental health trained or qualified MH care personnel. MH Appraisals are conducted within 14 days of admission to a DOC reception center. Offenders designated by the reception center appraisal process, or who exhibit mental health symptoms upon arrival at a new institution, receive a comprehensive evaluation by a Licensed MH professional. in addition to the required mental health screening.

## Standard 115.42: Use of screening information

### 115.42 (a)

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

those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  
 No

**115.42 (b)**

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

**115.42 (c)**

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**

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

**115.42 (g)**

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

placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

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

### **Auditor Overall Compliance Determination**

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

Once an offender is determined as a PREA Blue HRSV and/or PREA Red HRSP at any time during incarceration, the offender is evaluated by the Classification Board for appropriate housing and programs and referred to a mental health professional. The mental health professional meets with the offender upon receipt of the referral to offer services and encourage programming.

The screening information is used as follows to keep separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive:

- Housing assignments;
- Bed assignments;
- Work assignments;
- Education assignments; and
- Program assignments.

To achieve effective management of these offenders, each time a PREA Blue HRSV and PREA Red HRSP offender's housing location is changed, his PREA designation will be provided by the sending housing unit to the receiving housing unit. This information is verified before the offender is moved.

Individualized determinations are made to ensure the safety of each offender by the Reception and Diagnostic Centers, which determine placement in an LDPS&C facility. Once at DWCC, the facility does not place lesbian, gay, bisexual offenders on a tier solely based on such identification or status, and the Auditor found them located across the entire housing spectrum.

Placement and programming assignments for transgender and intersex offenders are reassessed twice each year to review threats to safety that may have been experienced by the offender. DPS&C C-01-022 Form O (Transgender/Intersex Reassessment) is utilized. The views of the offender concerning their safety are given consideration.



Mental health staff interviewed indicated that services for PREA Blue HRSV offenders focus on issues related to treatment for and prevention of victimization.

Mental health services for PREA Red HRSP offenders focus on alleviating the offender's propensity for predatory or aggressive sexual behavior and sex offender treatment is often offered to these offenders if it would be appropriate.

Classification staff interviewed indicated that the Director of Classification is notified at intake by the Initial Board or by any staff member thereafter who identifies an offender as a PREA Blue HRSV and/or PREA Red HRSP. The Director of Classification ensures that this information is entered into the offender's Annual Assessment, Master Record and in the mental health section of the offender's medical record for monitoring purposes. Each facility reviews the offender's PREA designation before any housing, job, or program reassignment to make an individualized safety determination.

## Standard 115.43: Protective Custody

### 115.43 (a)

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

### 115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

Offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. There were no uses of involuntary segregated placement of offenders for their safety in the past 12 months.

If the need arose, both DOC and DWCC have compliant policies for accomplishing this process. If the facility were to restrict access to programs, privileges, education, or work opportunities, the

facility would comply with PREA guidance to document this information.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

Offenders may report sexual abuse and sexual harassment, retaliation by other offenders or staff, or staff neglect that may have contributed to an incident through the Administrative Remedy Procedure (ARP), via letter through institutional internal mail, regular mail, filing a grievance, by calling Crime Stoppers, or by contacting the respective Consulate for foreign nationals if any are received. Crime Stoppers Baton Rouge is the reporting agency for David Wade's offender victim telephone reports.

Offenders may verbally, in writing, or anonymously report sexual abuse and sexual harassment. Staff who are notified by an offender of sexual abuse and/or sexual harassment will follow directions provided on PREA cards which include first responder steps and also require completing an Unusual Occurrence Report detailing the incident.

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

Offenders were able to communicate multiple methods of reporting and many stated that they would feel comfortable directly telling a staff member at any time. Offenders reported that they knew how to access services and the grievance process. They were aware of multiple methods of reporting, including telling any staff member, utilizing the hotline, reporting to an outside third party, writing to outside agencies, and submitting anonymous reports. All offenders were aware of the posters' reporting information. This information is also available in facility policy as well as the offender handbook.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

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

#### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

Within the past 12 months, there was the use of the ARP (Administrative Remedy Procedure) grievance process for 31 allegations of sexual abuse, and responses were all within the 90-day window allowed. DWCC policy is to treat every ARP related to sexual abuse or harassment as an emergency grievance, so there were also a reported 31 grievances treated as if they were alleging the danger of imminent sexual abuse. All 31 received a response within the mandated 48-hour or 5-day period. No offender was disciplined this past year for filing a grievance in bad faith.

Offenders may use the Administrative Remedy Procedure (ARP), grievance, or any informal method to report sexual abuse and/or sexual harassment. The offender's report does not have to be submitted to any staff member who might be the subject of the complaint. Grievances may also be placed in institution mail. The investigation of the accusation(s) is not referred to the staff member referred in the grievance.

A decision on the grievance relating to sexual abuse and/or sexual harassment is required to be made within 90 days of the initial filing of the grievance. The offender is notified in writing of any extension in time that is needed to respond and the approximate date. If a response is not received at any level of the grievance process an offender should consider this as a denial at this level. No extensions beyond 90 days were needed in the past 12 months.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates are permitted to assist offenders in filing requests for administrative remedy as it pertains to sexual abuse or sexual harassment. Third-party reporting filed on behalf of the offender requires the offender to agree to proceed as a condition of processing the request. If the offender declines to have the request processed the offender will complete the ARP Drop Form.

DWCC has in place a procedure for filing emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse. These grievances are given to the Unit Manager, who speaks with the offender to determine the nature and severity of the threat. The Unit Manager provides the offender with a response within 48 hours and the facility a response in 5 calendar days, excluding weekends and holidays. The decision on the grievance determines whether the offender is at substantial risk of imminent sexual abuse.

The facility documents the actions taken in response to the emergency grievance and the final decision of actions taken.

If determined that an offender filed the grievance with malice, the offender can be disciplined. The Department does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

## **Standard 115.53: Inmate access to outside confidential support services**

### **115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.53 (b)**

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

### **115.53 (c)**

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

### **Auditor Overall Compliance Determination**

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



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

Offenders may request at the time of the allegation to have access to receive outside assistance from victim advocates for emotional support. Those offenders detained for civil immigration receive mailing addresses, telephone numbers, and toll-free numbers to national immigration services agencies.

Offenders are placed on notice that all telephone calls are monitored except for properly placed privileged calls between an offender and his attorney. Reports of abuse are always forwarded to Investigations.

DWCC has an agreement with Project Celebration in Shreveport, LA. for Victim support. DWCC also publishes the addresses of LaFASA (LA Foundation Against Sexual Abuse) and Just Detention International, organizations that can also provide crisis counseling and, potentially, reporting avenues. This information is published daily in Notification Bulletins (DNB) on both the North and South Compounds, primarily for offenders who do not have routine access to telephones. All staff and offenders are supposed to read the DNB every day.

## Standard 115.54: Third-party reporting

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

Third parties (which may include other offenders, unit staff, family members, attorneys, and outside advocates) may also assist offenders by making sexual abuse harassment reports, and/or initiating formal grievances. However, once this formal grievance process has been initiated by a third party, the offender must authorize the request for remedy and must continue

the process in accordance with Department Regulation No. B-05-005 "Administrative Remedy Procedure." The prison documents offenders who decline to continue with the grievance once a third party initiates the process.

DWCC has methods in place to receive third-party reports of sexual abuse and sexual harassment. Individuals may call Crime Stoppers, file a grievance, the PREA Hotline, use institutional mail, or use regular postal mail. Posters and the PREA handbook provide information to access third-party reporting. Crime Stoppers then contacts the facility Warden or Deputy Warden.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

Staff is required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to an incident or sexual harassment or retaliation that occurred in the facility.

Apart from reporting to their designated supervisor, staff has been directed to refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in this policy, to make treatment, investigation, and other security and management decisions.

Medical and mental health practitioners are required to report sexual abuse as referenced above and the offender is informed of this requirement at the initiation of services and the limitations of confidentiality. All allegations of sexual abuse and sexual harassment are reported to Investigations, including third-party and anonymous reports.

LA statute requires that the facility report on behalf of adults who are considered vulnerable under the aforementioned statutes, any allegations to the designated State or local service agency under mandatory reporting laws.

All allegations of sexual assault, sexual misconduct, or sexual harassment by either staff or offender may be reported to any staff member. The staff member who receives such reports,

whether verbally or in writing, immediately notify the supervisor who ensures that an Unusual Occurrence Report (UOR) is completed. All PREA related UOR's go immediately up the chain of command.

Any allegation of sexual abuse is reported to DPS&C's PREA Coordinator and PREA Investigator immediately following the initial notification to the Warden.

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

## Standard 115.62: Agency protection duties

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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

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

## Standard 115.63: Reporting to other confinement facilities

### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

The facility has received one allegation of sexual abuse from another facility in the past 12 months. Allegations received from other confinement facilities that an offender was sexually abused while confined at DWCC are reported directly to the Warden and the Warden ensures that allegations are thoroughly investigated in the same manner as are all other allegations.

Upon receiving an allegation from an offender that he was sexually abused while confined at another facility, the Warden stated in his interview that he notifies their executive in writing. An email is usually sent from the warden to the other warden, or from investigator to investigator of the facility where the alleged abuse occurred. Notification is provided as soon as possible, but no later than 72 hours after receiving the allegation, and documentation is placed in the offender's Master Record. Documentation of the notification is also logged in the "case" logbook.

Immediate steps are taken when it appears that an offender might be subject to a substantial risk of imminent sexual abuse. PREA time limits of 48 hours for initial response and 5 days for resolution are observed in the process.

### Standard 115.64: Staff first responder duties

#### 115.64 (a)

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

There were no allegations in the past year that an offender was sexually abused.

All staff interviewed, including non-uniformed staff, were familiar with proper steps and procedures for initial responses to an incident, and all had their PREA card with the required steps in their possession.

The first staff member receiving the report/allegation and/or the appropriate supervisor advises the victim not to shower or otherwise hygienically clean; or, if the assault was oral, not to eat,

drink, or brush their teeth or otherwise take any action that could damage or destroy physical evidence pending completion of the gathering of that evidence and/or the initial investigation.

First responders secure the alleged crime scene if feasible and if forensic evidence may exist. The only persons allowed to enter a secured crime scene are the assigned investigator(s), medical staff, and/or the Warden, as needed. The crime scene remains secured until released by the investigator.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Louisiana law requires all biological evidence collected in cases involving homicide and rape to be held in secure custody indefinitely or turned over to the local Sheriff's Office if they are handling the criminal investigation.

The alleged victim is to be promptly escorted under appropriate security to the infirmary for assessment. If transporting the alleged victim to the infirmary or a hospital emergency room, the victim is instructed to undress over a clean sheet to collect any potential forensic evidence that may fall from his person. The sheet, along with the victim's clothing, is collected as evidence and placed in a paper bag with an appropriate chain of evidence form attached.

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

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

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

DWCC conducts a mental health evaluation of all known abusers within 60 days of learning of such abuse history and after treatment when deemed appropriate by mental health practitioners. This is documented utilizing the Mental Health Evaluation for Substantiated Cases of Sexual Assault Form.

In every case where the alleged aggressor is a staff member, there is no contact between the alleged aggressor and the alleged offender/victim without the approval of the Warden.

## **Standard 115.65: Coordinated response**

### **115.65 (a)**

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

### **Auditor Overall Compliance Determination**

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

Each supervisor and senior staff member interviewed was aware of the steps required by the various parties following any incident and, as would be expected, most line staff were aware of just their own position requirements and some of the requirements of their supervisors.

### **Actions Required After Report of Sexual Abuse**

- A. When staff learns that an offender is subject to a substantial risk of imminent sexual abuse, take immediate action to protect the alleged victim. Staff report and respond to all allegations of sexually abusive behavior and sexual harassment. Assume all reports of sexual victimization, regardless of the source of the report (third party, anonymous, verbal, etc.) are credible and respond accordingly.
- B. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy.
- C. All allegations of sexual abuse are to be handled confidentially throughout the investigation.
- D. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental.

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

- Intervene in any assaults and separate the alleged victim and abuser.
- Detain the abuser.
- Call for emergency medical care for the victim, if necessary.
- Immediately notify the supervisor and remain on the scene until relieved by responding personnel.
- Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence.
- Request that the alleged victim does not take any actions that could destroy physical evidence, including bathing, brushing teeth, changing clothes, defecating, smoking, drinking, or eating.



- Ensure that the alleged victim does not take any actions that could destroy physical evidence, including bathing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- If the first responder is not a correctional officer the responder is still required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify security staff.
- Apart from responding to designated supervisors, employees are not to reveal any information related to the incident to anyone other than to the staff involved with investigating the alleged incident.
- Document detailed description of:
  - Victim and abuser locations and affect (emotions, appearance, etc.)
  - Wounds and where they are
  - Anything the victim or abuser reported to you

**B. Shift Supervisor will follow the below procedures:**

- Notify immediately the warden or designee, the PREA Compliance Manager, and the Investigator. The Investigator assumes control.
- Assign an officer to remain at the crime scene to protect the area.
- Attend to the victim. Ensure the alleged victim is assessed by medical staff and housed in the Infirmary Isolation cells. Do not speak loudly or call unnecessary attention to the victim.
- A security staff member is placed outside the cell or area for direct observation to ensure these actions are not performed. The alleged victim must not be left alone until evaluated by Mental Health Staff for suicide risk.
- The alleged abuser remains in the dry cell/area under the direct supervision of a same-sex correctional officer to ensure he does not destroy potential evidence.
- After the investigator has completed the interview, separate and apart from the alleged victim, the alleged abuser is referred to medical for further assessment and treatment as deemed necessary by healthcare providers. Visible injuries are documented both photographically and in writing and placed in the abuser's medical record.
- Thereafter, the alleged abuser is held in segregation pending further investigation.
- A brief inquiry will be made to each individual separately and apart from each other to determine if the sexual contact was consensual or non-consensual. Note: Designated staff interpreters will be used when communicating with victims with limited English proficiency unless exigent circumstances exist which will be fully documented.
- Ensure all persons who played an active role in the response document their actions, providing as much detail as possible, and ensure that they remain on duty until properly debriefed and relieved as appropriate.

- Ensure referrals to EAP for staff in need of crisis intervention counseling.
- Incidents are fully documented.
  - Log Book
  - Security Video
  - Photos

**C. Facility Crime Scene**

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

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

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

For allegations of sexually abusive behavior in which an employee is the alleged abuser, only the Warden and investigator are notified of the specifics of the allegation. They make notifications and referrals to outside law enforcement agencies and licensing boards as appropriate.

Note: In every case where the alleged abuser is an employee, contractor, or volunteer there is to be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation.

**IV. Evidence Protocol**

If the abuse occurred within 72 hours, procedures will be followed per DWCC policy 02-01-007-“Crimes Committed on Grounds of DWCC”.

**V. Responsibility when Sexual Harassment is Alleged**

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

- Ensure that the alleged victim and abuser are separated.
- A brief inquiry will be made to each individual separate and apart from each other to ascertain if the sexual behavior was consensual or non-consensual.
- Ensure that the supervisor and the investigator are notified.
- Incidents of this sort are fully documented.
- The incidents are investigated and the alleged abuser may be segregated pending the outcome of the investigation.
- The alleged victim is referred to Mental Health for re-assessment to determine if any issues need to be addressed.
- If the allegation is substantiated, the abuser is referred for administrative disciplinary sanctions and re-assessed to determine if any issues need to be addressed.

## VI. Responsibility When Sexual Activity is Alleged

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

- Ensure that the involved individuals are separated.
- A brief inquiry will be made to each individual independently to ascertain if the sexual encounter was consensual or nonconsensual
- Notify the supervisor and the Investigator.
- If the Investigator determines the behavior is sexual activity, the involved offenders are referred for administrative disciplinary sanctions. The disciplinary board refers the offender to mental health for an assessment as to whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
- The involved individuals are always re-assessed to determine if any issues need to be addressed.

In other cases, there may be insufficient reason to proceed (the alleged victim credibly recanted, or the alleged abuser was not in the facility on the date of the allegation, etc.) and the response protocol may be terminated. Incidents of this sort are still reported.

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

### Standard 115.67: Agency protection against retaliation

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:

Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Retaliation is prohibited in DPS&C policy. If detected or alleged, the appropriate supervisor is directed to immediately contact the facility investigative section. There were zero reported instances of retaliation in the past 12 months.

Staff is trained to also report any claims of retaliation against offenders and other staff for reporting abuse, as well as any staff neglect or violation of responsibility that may have contributed to an incident or retaliation. Designated Mental Health staff is responsible for collaborating with the Investigator to monitor retaliation. Interview of the PREA Coordinator, PCM, and the Retaliation Monitor indicates a system of informal checks and maintaining sensitivity to housing changes, disciplinary reports, job changes, etc. He indicated he maintains some contact even in cases determined to be unfounded. Further, his interview and the PCM interview both indicated that the 90 days was a guideline and had been exceeded on occasion when it appeared advisable.

There are multiple protection measures in place for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with an investigation. To the maximum extent possible, staff referenced in an offender's grievance or ARP are moved until the conclusion of the investigation. Mental health services are always available to offenders by writing to mental health.

Except in instances where DWCC determines that a report of sexual abuse is unfounded, the facility does the following for at least 90 days following a report of sexual abuse:

- Monitor the conduct and treatment of offenders or staff who report sexual abuse to see if there are changes that may suggest possible retaliation by other offenders or staff;
- Monitor the conduct and treatment of offenders who suffered sexual abuse to see if there are changes that may suggest possible retaliation by other offenders or staff;
- Act promptly to remedy any retaliation;
- Monitor offender disciplinary reports;
- Monitor offender housing changes;
- Monitor offender program changes;
- Monitor negative performance review of staff;
- Monitor reassignments of staff;
- Continue monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Offenders receive a periodic status check for at least 90 days following a report of sexual abuse, and the investigator monitors the conduct and treatment of offenders or staff who reported the sexual abuse and offenders who were reported to have suffered sexual abuse. If any changes suggest retaliation, the investigator discusses them with the PREA Compliance Manager and Deputy Warden to act promptly to remedy any such retaliation. Items monitored include offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff.

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

## Standard 115.68: Post-allegation protective custody

### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

No offenders were held in involuntary protective custody for assessment during the past 12 months and all required standards/protocols are in existing policy if it occurs.

## INVESTIGATIONS

## Standard 115.71: Criminal and administrative agency investigations

### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

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

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No



- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

The DPS&C Secretary has appointed a senior headquarters staff member to serve as DPS&C's major PREA Investigator, a position that oversees all investigations for the Department and works in conjunction with the Wardens and individual investigators. All investigation case reports are required to be concluded, reviewed, and forwarded to Headquarters within 30 days of receiving the initial allegation. In the event an extension of the 30-day time period is needed, a request is submitted to the Headquarters Director of Investigations. This HQ position also tracks SAFE/SANE evaluations and enters required data into the annual State report on investigations.

There were 67 administrative investigations conducted this past year and all 67 offenders were notified of the outcomes of the investigation; the 67 investigations include the 31 ARP grievance requests filed.

*The 67 investigative cases' findings broke out as follow:*

Staff/Offender Sexual Misconduct (abuse) – Unsubstantiated – 11 / Unfounded -4  
Staff/Offender Sexual Harassment – Unsubstantiated – 25 / Unfounded – 24  
Offender/Offender Sexual Harassment – Unsubstantiated -2  
Offender/Offender Attempted Non-Consensual Sex Act (abuse) – Unsubstantiated – 1

*The 67 investigative cases' origin of allegations broke out as follow:*

Grievance Process via ARP (Administrative Remedy Procedure) -31  
Health Care -Sick Call – 13  
Letter to staff – 10  
Crime Stoppers – 9  
Reported to Staff – 3  
Reported by another institution – 1

The agency refers cases of sexual abuse to the Parish Sheriff's Office for investigation as necessary but there were zero such cases in the past year. On-site investigators have received training regarding investigating sexual abuse in a confinement setting, including evidence collection and crime scene preservation. All allegations of sexual abuse/assault or sexual harassment are investigated and are referred administratively or for criminal prosecution. Both the Agency Chief and the Chief Investigator indicated that the DOC preference for criminal cases is to use the local Sheriff, with whom they then coordinate for information and processing.

Each local law enforcement agency will work with the HQ Director of Investigations in addition to the facility investigators per the PREA coordinator and Investigator interviews, and this keeps all levels informed regularly.

Incidents involving criminal acts of sexual assault and sexual misconduct where local law enforcement is not conducting the investigation should be investigated by an investigator who is acting under the authority of DPS&C's HQ-level PREA Investigator. If an investigator is not assigned to the reporting prison, one is assigned to the facility by the Chief of Operations.

Staff is aware of the procedures required for an immediate first responder as well as those necessary to secure a crime scene following an allegation. Prompt attention is given to providing objective and thorough investigations about sexual abuse and/or sexual harassment that are conducted regardless of how they are reported. When sexual abuse is alleged, DWCC uses

investigators who have received special training in sexual assault and sexual misconduct investigations; crime scene management; elimination of contamination; evidence collection protocol; and crisis intervention.

Investigations include the collection of and preservation of direct and circumstantial evidence as well as interviews with the victim(s), the suspected perpetrator(s), and any witnesses. Investigators also check for prior reports or complaints that may have been filed against the suspected perpetrator. Any physical and DNA evidence is collected following DWCC policy 02-01-007 – Crimes Committed on the Grounds of DWCC.

Per the investigator interview, investigators are trained to be objective and consider the facts of the allegation(s) and not weigh the individuals' status as an offender or as an employee. Offender victims are not subjected to a polygraph examination as a condition of preceding with an investigation.

Investigations (both criminal and administrative) review all details including what staff actions or inactions may have led to the sexual abuse and/or sexual harassment and these later receive Sexual Assault Incident Reviews per DOC policy. Investigative reports are compiled following DPS&C Form E (Standardized Case Report Format) which includes descriptions of the physical evidence and testimonial evidence as well as the reasoning behind credibility assessments and facts and findings.

There were no substantiated allegations of sexual abuse needing to be referred for criminal prosecution this past year. Investigative reports of unsubstantiated or unfounded claims are maintained per the Department Records Management Program, which requires that reports from the active year plus 6 years be archived.

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

The Warden reports he is always notified and an investigation initiated as directed. Based upon the initial inquiry and/or evidence that the allegation represents possible criminal activity, the Warden notifies local law enforcement and the facility investigative section. At the initiation of the investigation, the alleged victim(s) and alleged aggressor(s) are immediately separated if not already done. The Warden or PREA Compliance Manager coordinates with the assigned investigator in decisions regarding the housing and management of the alleged offender/victim(s), alleged offenders, and any alleged offender/witness(es) so as not to inadvertently interfere with the criminal investigation.

Investigations of sexual abuse occurring more than 72 hours after the incident is relatively similar, except that a determination is made based upon the amount of time that has passed since the alleged incident as to whether the alleged offender aggressor should be placed in a dry cell to preserve forensic evidence.

Substantiated allegations are forwarded to the local District Attorney for a decision regarding prosecution, and the PREA Investigator works with the District Attorney's Office to ensure appropriate criminal prosecution of substantiated cases of sexual assault. Cases sent for criminal prosecution are maintained as long as the alleged abuser is incarcerated or the employee is still employed, plus five years. The release of the accused abuser (offender or staff) does not constitute grounds for termination of an investigation.

## Standard 115.72: Evidentiary standard for administrative investigations

### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

Per policy and interviews with the investigator, Warden, and PCM, neither DPS&C nor the facility imposes a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

## Standard 115.73: Reporting to inmates

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

DPS&C policy is that offenders shall be notified of the outcome of investigations into allegations made by the offender that he suffered sexual abuse. Following the conclusion of an investigation, the investigator interviewed stated that he informs the offender as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. If the prison did not conduct the investigation, it requests the relevant information from the investigative entity to inform the offender of the investigative findings. All 67 of the investigations of alleged sexual abuse had documented results reported back to the inmate after completion of the administrative investigations; there were no external agency investigations. All notifications are signed by the offender when received.

Following an offender’s allegation that an employee has committed sexual abuse against him unless it has been determined that the allegation is unfounded or unless the offender has been released from custody, the offender is informed of the following:

- The employee is no longer posted within the offender’s housing unit;
- The employee is no longer employed;
- The facility learns of the employee’s indictment on charges related to sexual abuse;
- The facility learns of the employee’s conviction on charges related to sexual abuse.

Following an offender’s allegation that an offender has committed sexual abuse against him, he is notified of the following:

- The alleged abuser has been indicted on a charge related to sexual abuse;
- The alleged abuser has been convicted on a charge related to sexual abuse.
- These notifications are documented in the case report.

The investigator indicated that all notifications use the Notification of “Outcome of PREA Allegation” form for substantiating the delivery of the notice.

<b>DISCIPLINE</b>
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**Standard 115.76: Disciplinary sanctions for staff**

**115.76 (a)**

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

There were no staff disciplined for violation of agency sexual abuse or sexual harassment policies this past year.

All employees are subject to disciplinary sanctions up to and including termination for violating Department Regulations regarding the "Prison Rape Elimination Act" and regarding "Sexual Harassment and Unlawful Discrimination based Upon Sex". Termination is the presumptive disciplinary sanction for an employee who engages in sexual abuse.

The seriousness of the conduct is taken into account in determining the appropriate response according to the interview with the Warden. Regarding sexual harassment, "repeated" for the purpose of counseling sessions is more than three complaints. A third alleged sexual harassment complaint against a staff member requires a formal counseling session with the appropriate supervisor to discuss the complaint. Serious sexual harassment complaints, even if committed once, are still addressed by the Warden or leadership designee.

Substantiated cases of sexual abuse and/or sexual harassment are reported to local law enforcement regardless of whether the employee is terminated or resigns to avoid termination. Those employees with licensure are reported to the appropriate licensing boards.

## Standard 115.77: Corrective action for contractors and volunteers

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

Contractors and volunteers who engage in sexual abuse are prohibited from having contact with offenders and banned from the institution indefinitely. Violations of this policy by contractors and volunteers are reported to law enforcement and the respective licensing board. There were no such cases in the past year.

## Standard 115.78: Disciplinary sanctions for inmates



**115.78 (a)**

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

**115.78 (b)**

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

**115.78 (c)**

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

**115.78 (d)**

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

**115.78 (e)**

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

**115.78 (f)**

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

**115.78 (g)**

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

**Auditor Overall Compliance Determination**

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

Offenders found guilty according to a formal disciplinary of engaging in offender-on-offender sexual abuse are written up on a rule violation as enumerated in Disciplinary Rules and Procedures for Adult Offenders. All sexual contact between offenders is prohibited and violators will be charged with the appropriate rule #21 (a-e) violation. Sanctions are commensurate with the nature and circumstances of the abuse committed and include the offender's disciplinary history and comparable offenses by other offenders. There were no such findings of such abuse within the past year, either criminal or administrative.

Offenders are disciplined for violations of rules for engaging in sexual conduct with an employee. Offenders and staff are informed that there is no consenting to sexual activity in the Department of Corrections between an employee and offender.

Mental health staff interviewed indicated that the disciplinary process takes into consideration the mental faculties of the offender who perpetrated the act when determining the sanctions. In these cases, a referral to mental health is made and the report is deferred until the completion of the mental health evaluation. Reports of sexual abuse and/or sexual harassment made in good faith and based on a reasonable belief that the alleged conduct occurred is not false reporting or considered lying. Decisions are based on the preponderance of the evidence.

**MEDICAL AND MENTAL CARE**

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

**115.81 (a)**

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

**115.81 (b)**

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

All offenders (100%) who reported prior victimization, or who were determined to have previously perpetrated sexual abuse, during screening were offered follow-up meetings with mental health staff. If the PREA screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, or that an offender perpetrated sexual abuse, whether it occurred in an institutional setting or the community, mental health staff interviewed state they ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Classification Department completes an Availability of Mental Health Counseling Form upon intake for those offenders with a history of sexual victimization or who have previously perpetrated sexual abuse and this form is forwarded to the Mental Health Director for completion and placement into the Mental Health Section of the Medical Record.

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

Medical and mental health practitioners stated they obtain informed consent from offenders before reporting information regarding sexual victimization that did not occur in an institutional setting. This would not apply to offenders under the age of 18 if they were received here.

## Standard 115.82: Access to emergency medical and mental health services

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

## Auditor Overall Compliance Determination

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

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

The policy is that offenders receive timely, unimpeded access to emergency medical treatment and crisis intervention services following the professional judgment rendered by medical and mental health practitioners. The medical staff supervisor interviewed supports this and it also appears very evident at DWCC, especially with their significant number of aging offenders.

All PREA incident cards (carried by every staff member) list the preliminary steps to protect the offender victim and include the immediate notification of medical and mental health staff.

Victims of sexual abuse or sexual harassment are evaluated and treated, and also receive follow-up services that include treatment plans and referrals upon discharge.

DWCC offers all victims of sexual abuse forensic medical examinations at an outside facility, without financial cost to the victim, when evidentiary or medically appropriate. Medical staff on-site have training regarding Sexual Assault Forensic Examiners, and the availability of a rape kit, but facility procedure remains to transfer the offender to the outside medical center. Such examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) when possible. If SAFEs or SANEs cannot be made available, the examination is performed by other qualified medical practitioners. DWCC documents efforts it has made to provide SAFEs and SANEs and these personnel are, in fact, normally available at the hospital used in Shreveport, Ochsner Medical Center .

Testing for sexually transmitted diseases and other diseases as determined by the attending physician and counseling are made available to the alleged victim when appropriate. Referral to MH always occurs and after-incident support is offered.

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

### **115.83 (a)**

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

### **115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

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

**115.83 (e)**

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

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

Community-level care is the David Wade Correctional Center target performance level for medical and mental health services rendered to victims. Random and specialized staff interviewed all felt that this is achieved and likely surpassed.

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

Mental health evaluations are conducted on offender-on-offender abusers within 60 days of learning of the abuse. DWCC can offer a sex offender program to such offenders when appropriate.

Victims of sexual abuse are offered tests for sexually transmitted infections as appropriate. Services are at no cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

The prison conducts a Sexual Abuse Incident Review within 30 days of the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded. There were 12 such reviews during the past 12 months, all within the prescribed 30 days. The review team includes upper management officials, (Warden, Deputy Warden, or Assistant Wardens, and PREA Compliance Manager, etc.) with input from line supervisors, investigators, and medical or mental health practitioners. The Warden and PCM (PREA Compliance Manager) review every investigation regardless of the outcome. The review team prepares a Sexual Abuse Incident Review Form that follows the elements of the Standard. The completed form is maintained in the investigative file and a copy is sent to the Warden and the PREA Compliance Manager.

The incident review team members interviewed all agreed that the review considers the following:



- A need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Was the abuse motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification status or the perceived status;
- An examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Adequacy of staffing levels in the area;
- Considers whether monitoring technology should be deployed or augmented;
- A report of the findings is submitted to the Warden.

Recommendations for improvement that are in the Warden's control are considered and normally implemented. Documentation is provided if a recommendation from the Incident Review team is not implemented.

There were 67 administrative investigations of alleged sexual abuse or sexual harassment in the last 12 months. Twenty-eight (28) of those were determined to be unfounded and were not referred to the Incident Review process. Of the remaining 39, there were 27 that were cases of harassment and not sexual abuse; and the remaining final 12 were followed by an incident review within 30 days.

Case dispositions total 67 and are as follows:

S/O Sexual Misconduct (abuse) – Unsubstantiated – 11 / Unfounded -4

S/O Sexual Harassment – Unsubstantiated – 25 / Unfounded – 24

O/O Sexual Harassment – Unsubstantiated -2

O/O Attempted Non-Consensual Sex Act (abuse) – Unsubstantiated – 1

The 67 investigative cases' origin of allegations broke out as follow:

Grievance Process via ARP (Administrative Remedy Procedure) -31

Health Care -Sick Call – 13

Letter to staff – 10

Crime Stoppers – 9

Reported to Staff – 3

Reported by another institution – 1

## Standard 115.87: Data collection

### 115.87 (a)

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

### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

The LA DPS&C PREA monitoring instrument is used to collect and track uniform data of sexual abuse at facilities. This incident-based data instrument includes all data necessary to answer questions from the Survey of Sexual Violence conducted by the Department of Justice's Bureau of Justice Statistics. An aggregated assessment is made of the data annually and included in a compiled report by the PREA Coordinator for placement on the DOC website, and the PREA Coordinator and PCM interviews state that this is the procedure that is followed.

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

- DPS&C's PREA Investigator prepares the annual Survey of Sexual Victimization (SSV Report) for State Prison Systems report, containing required statistics for DPS&C owned and

operated facilities.

- A separate Incident Form is prepared for each substantiated sexual victimization allegation reported at a Department facility and is created by the PREA Investigator at the facility where the incident occurred.
- These forms are submitted by the PREA Investigator to the United States Department of Justice by September 1<sup>st</sup> of each year for the statistics accumulated the prior calendar year.
- A second report is completed by DPS&C's PREA Investigator which includes all privately-operated prisons and transitional work programs under contract to or under cooperative endeavor agreement with the DPS&C.
- The Department's PREA Investigator maintains any reports concerning a substantiated sexual victimization allegation occurring at all state privately operated prisons and all transitional work programs under contract or cooperative agreement with the DPS&C.
- The Department's PREA Investigator submits copies of both SSV reports to the Secretary and the Chief of Operations before September 1<sup>st</sup> of each year.
- The aggregate numbers of the SSV reports' statistics from the state facilities, privately operated prison facilities, and transitional work programs are posted on DPS&C's website by October 1<sup>st</sup> of each year.
- The Department maintains sexual abuse data collected according to La. R.S. 115.87 for at least 10 years after the date of initial collection.

## Standard 115.88: Data review for corrective action

### 115.88 (a)

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

### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

Reviews of all data collected are used to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas in DPS&C. DWCC's annual report contains statistics for the fiscal reporting year and can be compared to the previous year data.

Investigations (both criminal and administrative) review all details, including what staff actions or inactions may have led to the sexual abuse and/or sexual harassment, and these are reviewed at each successive level per DOC policy. Investigative reports are compiled following DPS&C's Standardized Case Report Format, which includes descriptions of physical and testimonial evidence as well as the reasoning behind credibility assessments and findings.

The Warden and PCM stated that the Warden approves the Annual Reports and submits them to the parent agency (DPS&C). Reviews of this data are accomplished at each level for analysis, determining trends or needs, etc.

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

### Standard 115.89: Data storage, publication, and destruction

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

DPS&C's PREA Coordinator makes an annual report regarding all sexual abuse data from DPS&C facilities available to the public through DPS&C's website [www.doc.la.gov](http://www.doc.la.gov). The report consists of data only and does not include personal identifiers or specific institutions. DWCC provides its data to the PREA Coordinator. All reports are available through public records request via the la.gov website.

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

Investigations (both criminal and administrative) review all details including what staff actions or inactions may have led to the sexual abuse and/or sexual harassment, and these are later reviewed for potential changes to policy or operations. Investigative reports are compiled per DPS&C Standardized Case Report Format, which includes descriptions of the physical evidence and testimonial evidence as well as the reasoning behind credibility assessments and facts and findings.

Cases sent for criminal prosecution are maintained as long as the alleged abuser is incarcerated or the employee is still employed, plus five years. The release of the accused abuser (offender or staff) does not constitute grounds for termination of the investigation.

The PREA Coordinator and investigator report that unsubstantiated or unfounded claims are maintained per the Department Records Management Program, which requires the active year plus 6 years to be archived.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the Auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

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

#### **Auditor Overall Compliance Determination**

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

The Warden, PREA Compliance Manager, and staff were very supportive and made all efforts to ensure full access and ease of audit operation for the Auditor, both before and after the site visit and during the time at the prison.

### **Standard 115.403: Audit contents and findings**

#### **115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by the Auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the Auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal according to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  
 NA

#### **Auditor Overall Compliance Determination**

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

The LA DPS&C PREA Coordinator publishes all required reporting data and makes an annual report regarding all sexual abuse data from DPS&C facilities available to the public through DPS&C's website [www.doc.la.gov](http://www.doc.la.gov)

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

William E. Peck  
**Auditor Signature**

June 30, 2021  
**Date**