

**Prison Rape Elimination Act (PREA) Audit Report**

**Adult Prisons & Jails**

**Final Report**

**Date of Report** November 10, 2019

**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> October 24-26 2018; Mar 24-29 2019

**Agency Information**

<b>Name of Agency:</b> Louisiana Department of Corrections	<b>Governing Authority</b> State of Louisiana		
<b>Physical Address:</b> 504 Mayflower	<b>City, State:</b> Baton Rouge, LA 70804		
<b>Telephone:</b> 225-342-2211	<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

**Agency mission:** 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.

**Agency Website with PREA Information:** 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 Dauzat		<b>Title:</b> Assistant Warden; Agency PREA Coordinator	
<b>Email:</b>		<b>Telephone:</b>	
<b>PREA Coordinator Reports to:</b> Seth Smith, Chief of Operations		<b>Number of Compliance Managers who report to PREA Coordinator:</b> 8	
<b>Facility Information</b>			
<b>Name of Facility:</b> Louisiana State Penitentiary			
<b>Physical Address:</b> 17544 Tunica Trace Angola, LA 70712			
<b>Telephone Number:</b> 222-655-4411			
<b>The Facility Is:</b>		<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private for profit
			<input type="checkbox"/> Private not for profit
<b>Facility Type:</b>		<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
<b>Facility Mission:</b> We respect the need for public safety and operate our programs and services in a way to ensure a better Louisiana. We respect our employees and understand the challenges inherent in their provision of public service. We respect the dignity of our offenders and work hard not only to comply with federal, state and other mandates but also to provide an environment that will enable them to live a productive life upon release as a means to reduce recidivism. Louisiana State Penitentiary strives to maintain an environment where high ethical standards are expected and performance accountability is a critical element of our success.			
<b>Facility Website with PREA Information:</b> doc.la.gov			
<b>Warden/Superintendent</b>			
<b>Name:</b> Darrel Vannoy		<b>Title:</b> Warden	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility PREA Compliance Manager</b>			
<b>Name:</b> Shirley Coody		<b>Title:</b> Assistant Warden	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility Health Service Administrator</b>			
<b>Name:</b> Tracy Falgout		<b>Title:</b> Asst. Warden IV	
<b>Email:</b>		<b>Telephone:</b>	
<b>Facility Characteristics</b>			
<b>Designated Facility Capacity:</b> 6312		<b>Current Population of Facility:</b> 5508	
<b>Number of offenders admitted to facility during the past 12 months</b>			422

Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		422	
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		422	
Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:		3870	
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-86	
Are youthful offenders housed separately from the adult population?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful offenders housed during the past 12 months:		0	
Average length of stay or time under supervision:		87.9 Yrs.	
Facility security level/offender custody levels:		Min-Med-Max	
Number of staff currently employed by the facility who may have contact with offenders:		1548	
Number of staff hired by the facility during the past 12 months who may have contact with offenders:		688	
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:		18	
<b>Physical Plant</b>			
Number of Buildings: 401		Number of Single Cell Housing Units: 6	
Number of Multiple Occupancy Cell Housing Units:		6	
Number of Open Bay/Dorm Housing Units:		19	
Number of Segregation Cells (Administrative and Disciplinary):		560	
Description of any video or electronic monitoring technology: DVR Cameras are in every housing unit and at key exterior points at all facility sites. exterior yards, hobby shop and program areas such as Reentry Program and vocational shops, etc. LSP has 1810 cameras and more are being added. The fewest cameras are located in medical areas due to HIPAA concerns and medical privacy needs. Retention is 31 days.			
<b>Medical</b>			
Type of Medical Facility:		Full Treatment Center with 24/7 RN coverage/ Health Care Practitioners on site 24/7	

Forensic sexual assault medical exams are conducted at:	R. E. Barrow Treatment Center on site
Other	
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:	1928
Number of investigators the agency currently employs to investigate allegations of sexual abuse: PREA Investigators physically located at LSP:	3

## Audit Findings

### Acronyms:

<b>DPS&amp;C</b>	<b>LA. Department of Public Safety &amp; Corrections</b>
<b>DOC</b>	<b>LA. Department of Corrections</b>
<b>LSP</b>	<b>Louisiana State Penitentiary</b>
<b>PCM</b>	<b>PREA Compliance Manager</b>
<b>LaFASA</b>	<b>Louisiana Foundation Against Sexual Assault</b>
<b>STAR</b>	<b>Sexual Trauma Awareness and Response Organization</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
- HC-47 Identification and Management of Intersex Offenders, Transgender Offenders and Offenders Diagnosed With Gender Dysphoria
- B-08-010 Americans with Disabilities Act
- B-08-018 Effective Communication with the Hearing Impaired
- C-01-022 Prison Rape Elimination Act (PREA)
- C-05-001 Activity Reports/Unusual Occurrence Reports Operational Units
- C-05-003 Headquarters Compliance Monitoring

Penitentiary Directive No. 14.005 October 26, 2018 (PREA)

## Audit Narrative

The Louisiana State Penitentiary, Angola, LA, is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

### Review Prior to On-site Phase

The PREA audit of the LSP Angola was conducted on-site 25-29 March 2019 by Department of Justice Certified Auditors William Peck and Emileé Beach. Initial contact and working with the facility staff had begun in June 2018 and a detailed physical plant site review was conducted 24-26 October 2018 due to the size and complexity of the penitentiary, the largest in the U.S. The initial (driving-only) site review took 4 hours and the next 2 days were spent with both auditors visiting and reviewing each individual site area in detail. An additional follow-up site review was conducted as part of the March 2019 site visit but not to the depth of the multi-day October 2018 site review process.

The October 2018 site review provided an opportunity for the Auditors to conduct in-depth observations of the different areas of the facility, observe staff conduct and interactions between staff and offenders, and conduct informal interviews with both staff and offenders to gain an understanding of facility operations and practice as well as insight into the facility's compliance with PREA standards. 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.

The auditors conducted 3 phone coordination calls prior to the October on-site visit and an additional 5 prior to the on-site visit in March 2019 to ensure data and personnel were identified and would be provided. Numerous requested documents, Standards files, etc. were provided to auditors and reviewed during this October-March timeframe. It became clear during the pre-visit review that policy component sections were uniformly compliant, and that the DOC 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 final version of the PAQ was received 3/10/19 and reviewed, followed by several email queries and an additional 2 phone calls to clarify and discuss the data presented. The Penitentiary opted out of utilizing the Online Assessment System and preferred the paper-based audit process.

Prior to conducting the on-site visit to the facility, the auditor requested that the facility identify a comprehensive list of offenders, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the auditor would sample during the on-site portion of the PREA audit. From these listings, the auditor selected representative samples for interviews (i.e., offender and staff) and document reviews during the on-site portion of the audit.

The personnel listings requested by the auditor in the pre-on-site audit phase included:

**INMATES:**

Complete offender roster provided based on the first day of the on-site portion of the audit

Inmates with disabilities (cognitive or physical), blind, deaf, hard of hearing  
Inmates who are Limited English Proficient (LEP)  
Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Inmates  
Inmates in segregated housing for protective custody  
Inmates who reported sexual abuse  
Inmates who reported sexual victimization during risk screening  
Female offenders

**STAFF:**

Complete staff roster (indicating title, shift, and post assignment)

Specialized staff which includes:

Agency contract administrator  
Intermediate-higher-level facility staff responsible for unannounced rounds  
Medical staff  
SAFE and/or SANE staff  
Mental health staff  
Non-medical staff involved in cross-gender strip or visual searches (None at this Facility)  
Administrative (human resources) staff  
Volunteers who have contact with offenders  
Contractors who have contact with offenders  
Criminal investigative staff (e.g., at the agency level, facility level, external entity, etc.)  
Administrative investigative staff (e.g., at the agency level, facility level, external entity, etc.)  
Intake staff  
Staff who perform screening for risk of victimization and abusiveness  
Staff who supervise offenders in segregated housing  
Staff on the sexual abuse incident review team  
Designated staff member charged with monitoring retaliation  
First responders

The listings of relevant facility records requested by the auditor included:

All grievances made in the 12 months preceding the audit  
All PREA incident reports from the 12 months preceding the audit  
All allegations of sexual abuse and sexual harassment investigated in the preceding 15 months

**On-site Audit Phase**

From the first introduction to the facility and initial contacts with facility staff and offenders, the facility appeared very clean and well-maintained. Signage regarding the scheduled audit, victim reporting, and contacting advocacy groups and support were everywhere in evidence and prominently displayed.

Video monitoring systems were observed and noted; and housing zones, day rooms, offender programs areas, work areas and all other offender accessible areas at the numerous sites were reviewed. During the facility site review, cells that have constant camera observation were all

reviewed. These observation cells are utilized for constant watch/suicide watch only when required and they are also monitored by same-gender staff; Monitors observed by other parts of the unit that are cross-gender supervised have these monitors blocked out from access.

While reviewing all site areas, numerous 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 that 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 and data on advocacy organizations were uniformly excellent and were conspicuously placed.

The Auditors verified that higher-ranking staff such as the Warden, Assistant Wardens, and Colonels and below through the Lieutenant level make unannounced rounds, documented in the logbook by the control officer.

Staff were aware of the requirement to announce the presence of opposite gender staff and did so in all housing in a timely manner; interviews with offenders and staff supported that this practice is adhered to during daily operations. Although they noted a few exceptions, these were in areas with female staff immediately assigned in the unit already, and all offenders reported that, even in those units, female staff always alerted them when they were entering a shower or toilet area and gave them the opportunity to cover themselves.

It was also 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. Interviewed staff were well-versed in 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. All staff carry a "PREA" card with outlined responsibilities regarding reporting and incident management responses. Training is a strong point in this facility, a very important issue here due to routinely large losses of personnel due to retirements and continuing challenges with recurring vacancies. HR and Warden interviews stated that it was routine for LSP to remain around 10% short of authorized staff levels.

Staffing appeared sparse but well-positioned, to include supervisory staff making random checks in housing areas. The Agency and facility have also demonstrated their commitment to compliance to the PREA standards by providing some recent-years' agency funding for appropriate privacy barriers in the toilet areas, security curtains in the shower areas, and new cameras. At the beginning of 2016, LSP had 1435 cameras and, at the time of the audit, there were 1810 cameras, a growth of 375 cameras in 3 years. In all areas of the facility, shower and toileting areas have been updated with barrier screens to reduce the opportunity for non-security required observation.

No concerns related to sexual safety were noted while visiting these areas although the impact on the auditors of the sheer large number of offenders present was significant. Auditors reviewed all Control Centers and spaces, talked with the post officers, and observed the coverage of the CCTV monitors. The cameras are positioned in a way that precludes viewing of offenders as they shower and perform bodily functions and the leadership has also eliminated cross-gender monitoring/staffing in areas where that is more difficult to accomplish.

Unoccupied rooms and closets that could provide concealment were randomly checked and were locked at the time of the site review, the exception being areas in use during cleaning details, food preparation, etc. being used at that time. Each housing unit includes wall mounted telephones for offender use, and information about how to call or write for PREA reporting or assistance is posted in each unit.

Training is provided concerning cross-gender pat searches and these searches are presently routinely conducted by female officers on the male population, however, there is no cross-gender search of females. as is allowable in both PREA and DPS&C policies and procedures. Strip searches are conducted by only the same gender staff with the emergency 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.

Staff Training receives significant emphasis due to routine staff shortages and hiring difficulties at this remote location and appears more than compliant at all levels. It is not uncommon to have 60 resignations and 60 new staff hired in a given month. 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.

New custody staff are required to attend a 3-week pre-service Training Academy located at Angola, and non-custody staff attends training for 1 week.

Reviewing documentation is a critical component of the audit process, so throughout the pre-audit review and the on-site audit, the auditor reviewed various documents including personnel records, investigation files, mental health records, training, and PREA education records, assessment and screening tools, policies and procedures, and related materials relating to PREA standards.

In addition to the site review and the extensive interview process, auditors reviewed the PAQ (Pre-Audit Questionnaire) submitted by the facility, DPS&C policies related to PREA compliance, and spot-checked 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.

### Document Sampling and Review

The facility provided the auditor the requested listings of documents, files, and records. The investigative files were reviewed the day prior to beginning the interviews at the on-site review. From this information, the auditor selected and reviewed a variety of files, records, and documents summarized in the following table and discussed in detail below.

Personnel and Training Files. The facility has 1548 full and part-time staff. Auditors selected 14 random personnel files to review for hiring, background investigation and training documentation. Twelve of the random personnel records included 3 individuals hired within the past 12 months as well as 9 existing staff members. Additionally, the auditor reviewed 2 files of staff who received promotions in the last year. The sample included a variety of job functions and post assignments, including both supervisory and line staff. Files for 2 volunteers who have contact with offenders were sampled.



Grievances. In the past year, the facility received 26 grievances; the facility identified that two of those grievances were PREA-related and alleged sexual abuse and one alleged sexual harassment. The auditor reviewed those three PREA grievances.

Investigation Files. The number of allegations and cases has decreased over the past three years and continues to decrease significantly. There has been a substantial decline in allegations as a whole, which the PREA Coordinator states she attributes to the overall implementation of the PREA standards and completion of required audits. Forty mental health and medical records were reviewed in all investigation cases an additional 6 files were randomly selected in addition to the 40.

A total of 121 administrative investigation records were provided to the auditor for incidents of sexual abuse and sexual harassment that occurred in all of 2018 and also included an additional 3 months of records from the first calendar quarter of 2019. Most were of sexual harassment, but there were twelve allegations of sexual abuse and all were referred to outside law enforcement agencies for criminal investigations. Forty-two investigations were reviewed, including all determined to be substantiated or unsubstantiated, as well as a sample of unfounded cases. In 2019 so far, 24 allegations have been received, 18 alleging staff misconduct and 6 alleging offender-on-offender misconduct. In both groups, there were 3 unsubstantiated cases and the remainder were determined unfounded. The majority of allegations originate in the 'booth tiers', offender housing in which cells have small foyer-like areas that cannot be readily observed or filmed from the front of the cellblock. During the on-site review, the Warden approved the removal of the exterior walls that create the foyer areas in these 'booth' tiers, and this change is expected to reduce allegations significantly once those tiers are clearly camera monitored and observed by post staff for movement throughout out the unit.

It appeared to the auditors that a facility and an area of this population size and geographic scope would inevitably have incidents occur, much the same as would occur in any population of a similar size. The on-site visit, then, focused on actual compliance in operations, intake processing, information postings, and PREA education, in responses, in investigations, in advocacy and offender support, and whether local training, process and procedure mirrored policies.

## Facility Characteristics

The Louisiana State Penitentiary (LSP) Angola, LA, is a unique penitentiary in several areas and these will be briefly addressed prior to presenting the Audit Narrative below.

Louisiana State Penitentiary (LSP) is a maximum-security prison located in West Feliciana Parish. LSP is the largest prison in the United States, with a capacity of some 6000 offenders, housing some 5500 offenders currently and with about 1600 staff within some 18,000 acres surrounded on 3 sides by the Mississippi River, with the specific confinement units fenced but also with large areas of open space. The facility has 6 fenced camps and housing areas, with the remaining acreage devoted to farming.

- It is not unlike a small town and, indeed, the entry from the fourth side of the prison gives the feeling of entering a small rural community. LSP has its own zip code and the nearest actual small town of any size is about 25 miles away. The Mississippi River forms some 12 miles, or about

three-fourths, of the perimeter. The penitentiary is surrounded on three sides by the Mississippi River and the fourth side is the Tunica hills and include the front gate of the prison grounds. The prison grounds include housing for 400 staff.

- LSP was originally placed on the present site for the land to be used as a farm and that role continues to the present day. Most offenders are involved in farm work assignments. Farming is a significant function of the facility and that fact permeates much of the local terminology (“farm mail” rather than “request chit” or “kite” etc.). It became the State Penitentiary in 1901. The majority of offenders work eight-hour days, five days a week on the farm. Crops are grown that are consumed by the offender population both here and at 5 other DOC facilities.
- LSP is an all-male facility, however, due to 2016 flooding that closed the LA Correctional Institute for Women, 5 high security or death row female offenders are currently housed here. There are no youthful offenders at LSP.
- LSP housing spaces are divided into either Main Prison or Camp sub-units, each with an Assistant Warden, and all report to the LSP Warden. In several states, LSP would be defined as a correctional complex since there are smaller physically discrete facilities on the grounds but at LSP they all have the same Warden, the same management and budget oversight structure, and the same DOC and LSP policies and procedures; and it operates as a single penitentiary. The unit differences that do exist are driven by design or the presence of unique populations such as medical needs offenders, hospice or ‘retired’ offenders, Death Row, farm workers, etc. Excepting these few special populations, there is little difference in the general population located throughout the different LSP sites. The prison is essentially divided into the Main Prison of some 2400 offenders spread between 2 separated sides (Main East, Main West); 2 close-by camps of about 1100 each; and an additional camp of about 800. The remaining offenders are situated across several smaller units and special populations or programs such as the medical treatment facility, etc.
- In this large an institution, housing (and type of housing) is a significant issue. The general progression is from CCR (Closed Cell Restriction) to general cell assignment and eventually to dormitories. Dormitories are kept full but remain the most popular housing choice for most offenders due to the increased socialization opportunities. Dormitories are by far the largest source of bed spaces, followed by single cells, and then 2-person cells.
- LSP is moving aggressively into the new American Correctional Association (ACA) Restricted Housing approach, an initiative to improve segregation and mental health management in segregation areas, and changes so far have been most immediately evident in the Death Row area, where operations have been significantly overhauled. Inmates in this area now have much greater time out of their cells, participate in group meals and exercise, and have access to time for socialization, and to classes and programs.
- All units, camps, etc. have administrative segregation (restricted housing) capability but the designated Protective Custody unit is operated by Mental Health and has a different focus than traditional isolation/segregation units. Only if an offender victim requests protection does he go into a single cell while the investigation proceeds. After a Mental Health evaluation, the Protective Custody Committee decides the safest housing assignment for the offender. Victims of sexual harassment or assault are not placed in Protective Custody, absent their request, but might be relocated to a new housing unit if they request it. Aggressors, however, are removed from the unit and segregated while the investigation is conducted. During the past year, there were no cases of a sexual abuse victim being placed in Protective Custody.

- Cultural environments here are unique and reflect the fact that many staff and offenders have been here together for 20-40 years. Many offenders occupy 'trustee' roles that provide them more freedom of movement, such as helping teach in vocational shops, being responsible for remote food service operations, etc., however, it may take 10-15 years to achieve that status, 10 years at a minimum. Trustee status is also restricted depending on whether or not an offense allows you to work outside the secure perimeters, e.g. charges involving abuse of children.
- An additional cultural factor is the ongoing changes being brought into the institution by an increasing number of young offenders who create some conflicts with older and longer-serving offenders due to differences in attitude and views on, for example, drugs and violence.
- Of the offender population, 88% are violent offenders. About 70% of the offenders here are serving life without parole or death penalty sentences. Nearly 4000 who are serving life sentences will never be released from prison under current law that precludes parole for a life sentence offender. Many have been here for decades and will spend the remainder of their lives here.
- A significant number of offenders who were sentenced to confinement with no chance of parole have been here long enough that they are of advanced age and reside in units that are essentially retirement housing, medical units (e.g., dialysis) or hospice programs. A number of these older offenders, including some now cognitively challenged, are still given non-critical work assignments so that they remain active and feel productive.

Capacity and population of offenders fluctuate between 5500 and 6000, with the offender number on the first day of the on-site review being 5508. There are 5 females housed here due to a 2016 flood closing the Louisiana Correctional Institute for Women (LCIW) and the women offenders there being dispersed statewide. LSP accepts no youthful offenders. Total staffing fluctuates between 1400-1800,

Housing for offenders at LSP includes the Main Prison as well as 6 out-camps. Out-camps are prison units located on the grounds of LSP and, with a few exceptions, all units confine the same general population as the Main Prison. Each out-camp is somewhat self-contained with its own Assistant Warden, security staff, classification staff, primary medical and mental health staff as well as commissary, kitchen, laundry facility, and clothing warehouse.

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

**Population at time of audit shown by Unit, Camp or Main Prison Area**

- **Camp J is closed and may be re-purposed.**

<b>AREA</b>	<b>MIN</b>	<b>MED</b>	<b>WCB</b>	<b>MAX</b>	<b>UNIT CAPACITY AND COMMENTS</b>
CAMP C	61	474	52	255	<b>877 TOTAL (536 IN 2 DORMS; 296 IN 2 CELLBLOCKS)</b>
CAMP D	158	531	188	113	<b>1035 TOTAL (723 IN 2 DORMS; 309 IN 2 CELLBLOCKS)</b>
CAMP F	441			5	<b>419 TOTAL (2 MINIMUM DORMS)</b>  (There are 5 females housed on the cellblock from Louisiana's female prison due to loss of that prison from 2016 flooding)
DEATH ROW				93	<b>94 TOTAL</b> 68 SENTENCED TO DEATH 26 ASSIGNED TO CLOSED CELL RESTRICTION (MAX SINGLE CELLS)
DOG PEN	14				<b>12 TOTAL (1 DORM)</b> THESE OFFENDERS CARE FOR AND WORK WITH THE FACILITY DOGS
REBTC-Medical Center					<b>50 TOTAL (2 WARDS)</b> HOUSED ON OPEN WARDS (WARD 1 is TEMPORARY; AND WARD 2 is LONG TERM CARE); AND IN LOCKED ROOMS
TRANSITION UNIT				171	<b>175 TOTAL (12 TIERS OF 15 BEDS EACH)</b>
MPE-MAIN PRISON EAST	626	611			<b>1232 TOTAL (4 DORMS, 325 BEDS EACH)</b>
MPW- WEST and CELLBLOCKS	184	1094	264	105	<b>1657 TOTAL (4 DORMS 325 BEDS EACH; 400 IN CELLBLOCKS)</b>
INTRANSIT					<b>17 Total</b> OFF GROUNDS FOR COURT ORDERS OR TO OUTSIDE HOSPITAL

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- MIN – MINIMUM CUSTODY
- MED – MEDIUM CUSTODY
- WCB – WORKING CELLBLOCK (2 TO A CELL)
- MAX – MAXIMUM CUSTODY – EXTENDED LOCKDOWN
- FG- Front Gate
- REBTC – R. E. BARROW TREATMENT CENTER
- TU – TRANSITIONAL UNIT (MENTAL HEALTH PATIENTS/EXTENDED LOCKDOWN)
- MPE – MAIN PRISON EAST YARD
- MPW/CB – MAIN PRISON WEST YARD (Primary LSP cellblocks are located here)

Each Unit is capable of and authorized to house Restricted Housing offenders. This type of segregation is used primarily after disciplinary hearings for offenders found guilty of violating one or more serious rules; offenders who are a danger to themselves or others; offenders who are serious escape risks; or offenders who pose a clear threat to the security of the facility.

As of 12/26/18, LSP had 1,720 cameras through the Institution, over 1300 of them interior to the facility; that number increased to 1810 by the time of the March 2019 audit. The cameras utilized in the exterior areas are bullet cameras; and Dome cameras are utilized in the interior areas. The kitchen areas are in the process of receiving camera coverage and exterior walks camera coverage is pending after kitchens are complete.

At Camps C and Camp D, the Entrance Building officers have monitors to view interior cameras and Tower 1 monitors the perimeter fences. The Supervisor's office can also monitor all cameras. The security offices for the dormitories at these camps have a monitor to view the interior cameras for their unit only.

The Camp F office security officer monitors the perimeter fences, interior cameras and also monitors the cellblock area where 5 female offenders from LCIW are currently housed. Staff in this unit is all female. Death Row has a control room where 2 security officers monitor perimeter fences as well as all interior cameras.

Main Prison Tower 1 monitors the rodeo ground cameras, as well as all perimeter cameras located on the backside of Main Prison. Tower 15 (in front of the Treatment Center) monitors all of the perimeter cameras on the front side of Main Prison.

A camera room is located in the Main Prison A Building that can access every camera on the grounds as needed but primarily monitors interior cameras at Main Prison. The security booth on each unit monitors their own interior cameras only.

In addition to the perimeter cameras and the interior cameras, there are exterior cameras located in various areas of the Institution that can also be monitored in the Main Prison camera room.

Monitors located in the offices of the Warden, Deputy Warden and Assistant Warden of Security can access all cameras, as can LSP and PREA Investigators' offices.

## Site Review

Offenders were observed in the living 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 Prison Rape Elimination Act (PREA) and how to report sexual abuse was posted in all these housing and program areas. The auditors visited the following departments:

All Main Prison housing and Camp units and specialized housing (transitional, etc.)  
Medical Treatment Center  
Mental Health  
Classification  
Administration  
Food Service  
Human Resources  
Training  
Industry/Hobby Shops  
Programs/Education  
Seminary  
Reentry program  
Dog Pens

### Sanitation

The entire institution was clean, orderly and free of clutter. Offenders, under the supervision of staff or on individual work assignments, provide sanitation services. Both staff and offenders took pride in the cleanliness of the facility.

### Security

LSP secure areas are surrounded by a 12-foot-high double perimeter fence with 1 roll of razor wire on the inner fence, 5 rolls of razor wire on the outer fence and 48 digital recording cameras situated strategically to cover the entire perimeter. Although a large facility, the 1184 security staff (as of 3/29/19) provides positive controls on movement in units and throughout the facility.

Officers exhibited solid and accurate knowledge when explaining the operation of their respective areas of responsibility. Inmate movement is highly controlled through the use of connecting sidewalks with locked gates at each housing unit. Officers actively supervised offender movement and activity in all areas. Offender access into restricted areas requires staff authorization.

Security doors in offender housing areas are operated from unit control centers located immediately adjacent to those areas. Housing unit control room officers working in the offender housing units have a direct view of their area of responsibility except in "Booth Tiers" where each cell has a small sally port-like area and cannot be readily observed from any control center areas.

### Medical

One issue readily observable at LSP is the advanced ages of many of the prison population and

the resulting significant resources expended on their medical issues. There are 50 inpatient beds and medical care is provided here 24/7 by medical staffs who are state employees, though some specialized medical services are provided via medical contracts.

Medical services staff at LSP consists of:

- 5 Physicians
- 4 Dentists
- 1 Psychiatrist
- 1 Psychologist (eight hours/month)
- 17 Social Workers
- 4 Medical Technology staff
- 5 Radiology staff
- 30 EMT staff
- 2 Assistant Directors
- 31 RN staff
- 30 LPN's
- 1 Respiratory Care specialist

All offenders in the medical treatment units are within sight or sound of staff and cameras are not present in the ward sleeping areas due to facility HIPAA concerns.

The facility does provide forensic examinations. All nurses have completed an abbreviated SAFE/SANE training program, so they are familiar with required protocols, but actual examinations are completed by the physicians on staff. Testing, prophylactic treatment, and follow-up for sexually transmitted diseases are provided if indicated. All victims and predators are referred to Mental Health following any incidents.

Health care services are provided at the R.E. Barrow, Jr. Treatment Center (REBTC) and in satellite clinics located at each camp. The Main outpatient clinic area has provider exam rooms, radiology, lab, dental, mental health, medical records, central supply, pharmacy, and an optical lab. An Assessment and Treatment Unit (ATU) located in the REBTC is staffed 24 hours a day, seven days a week by RN's with support from a total of about 30 EMT's provide emergency care. Security staff is the trained first responders for emergencies, however, EMS staff respond to every emergency for medical support. Directly across the road from the ATU, an EMS/Fire Department houses seven licensed advanced life support ambulances which are used for facility emergencies and hospital transfers.

Access to the sick call is done in each unit LSP daily but is based on urgency of need on weekends. Emergencies are seen at any time and provided appropriate care either on-site or at the local hospital. If required, emergencies are sent to nearby hospitals, the selection of which depends on the urgency or the specialized service need. Patients in need of off-site emergency services are transported via facility ambulance to either the West Feliciana Hospital at St. Francisville, located 25 miles from the facility. Our Lady of the Lake in Baton Rouge is the primary facility used for most routine hospital services, but medical needs are largely met on-site.

Louisiana State Prison at Angola provides formulary and pharmaceutical services for LSP and 2 other area DOC prisons. Pharmacy staff includes a Supervising Pharmacist, three Pharmacists, and eight Pharmacy Technicians. There are over 4,450 offenders at LSP who are prescribed medications.

The intake process includes staff from Medical, Dental, security and Mental Health meeting with

each new arrival to determine if there are any situations that need to be addressed. Offenders are asked mandated PREA questions by the classification staff and, as part of intake, and medical and mental health staff also determine if the offender has a situation that would require him to be scheduled for an appointment with the doctor or another provider. Emergent situations are handled immediately, and any non-emergent situation is handled by scheduling appointments for the offenders. Each offender is given information on how to access health care services in English and Spanish, and if an offender is deemed to be illiterate, instructions are given orally by medical staff.

There are two Nursing Units (Units I and II) which provide housing for acute care, long term care, hospice, and palliative care. Nursing Unit I has 29 beds, 21 occupied at the time of the site visit and includes three positive pressure rooms and six negative pressure rooms. Nursing Unit II has 34 beds, 33 filled during the site visit and includes six hospice beds. Trained offender orderlies assist patients with activities of daily living, perform janitorial duties, and there are offenders trained as Hospice Volunteers who assist hospice patients. The hospice program is licensed by the Louisiana Department of Health and Hospitals. A nurses' station allows staff to be within sight and sound of all patients.

Chronic care patients are seen every two-three months or six months, depending on the control and severity of their chronic condition or their multiple diagnoses. Physical exams are completed annually on offenders over the age of 50.

A wide range of specialty clinics is provided on-site by contracted providers. Ultrasound, CT, MRI are also conducted twice monthly. There is close monitoring of offenders diagnosed with infectious diseases. An RN and two LPN's are responsible for infection control duties. A Respiratory Services contractor performs pulmonary assessments and services.

Telemedicine is utilized for some specialty services not provided on-site and offenders are transported to providers throughout the state for some specialty appointments. New hires receive 40 hours of training at the training academy and 40 hours of training annually. Medical staff also receives on-the-job mentoring when hired and additional training is provided by a Nursing Educator on an ongoing basis.

A Transitional Unit (TU) provides 16 mental health beds for offenders who are in need of monitoring for stabilization of their condition with the goal for their transition into the general population. Other offenders are trained as Tier Walkers who are scheduled 24-hours a day, seven days a week to make rounds in the TU to assist in suicide prevention. There are four camera cells in the TU that are used for suicide watches. Offenders who are in need of inpatient admission are transferred to the mental health unit at the Elayn Hunt Correctional Center in St. Gabriel. Special Housing Units are located in all main and camp sites and have video Surveillance camera systems and intercom systems. The offenders housed in this setting receive the same medical, mental health, recreation and program access as general population offenders.

## **Dental**

All offenders are seen at intake, and if there are dental conditions that need to be addressed, appointments are made for the offender. Any procedures that are required but cannot be handled



at the clinic are referred to the Louisiana State University Oral Surgery Department.

## **Mental Health**

Mental health staff includes a Director, a psychiatrist, Assistant Director/Social Worker, 17 Social Workers, one Psychologist, and support from two RNs with specialized training. Approximately 1646 requests for mental health services are received each month and referrals for mental health services are seen within three-five days. The mental health department provides services in Crisis Intervention, Groups (Substance Abuse, Domestic violence, Sex Offender, and Anger Management), Individual Counseling (According to Treatment Plan and as needed), Substance Abuse (Living in Balance), Multi-Disciplinary Team as needed, and Individual Treatment Plans. Most mental health offenders are dual diagnosis, and intervention plans are tailored for this.

General Population offenders access Mental Health services by request. Segregation offenders access mental health by request to the Social Worker during their routine visits to segregation. Offenders are generally seen per treatment recommendations and Psychiatrist at two-month intervals. All emergencies are responded to within 30 minutes. If an offender states that he may harm himself or is having feelings of suicide, security will declare a mental health emergency and the Social Worker on call will give a verbal order to place the offender on suicide watch within a 30-minute response time. During working hours, the offender is evaluated face-to-face within 30 minutes. Suicidal offenders are housed at the unit until a determination is made about whether he needs to be transferred to a facility with accommodations to handle that particular situation. Offenders can be placed in restraints as determined by the Mental Health Department, following a policy that dictates how and when restraints can be used.

The Master's Level Social Workers share on-call responsibilities after clinic hours. Mental health services are provided for in the REBTC and in the medical clinics at each camp. There are currently 1,226 offenders receiving mental health services with 1037 of them on prescribed psychiatric medications. Mental Health services include evaluation, individual and group counseling, crisis intervention and discharge planning; and, currently, Anger Management, Sex Offender and Substance Abuse groups are offered.

A Transitional Unit (TU) provides 16 mental health beds for offenders who are in need of monitoring for stabilization of their condition with the goal for their transition into the general population. Other offenders are trained as Tier Walkers who are scheduled 24-hours a day, seven days a week to make rounds in the TU to assist in suicide prevention. There are four camera cells in the TU that are used for suicide watches. Offenders who need inpatient admission are transferred to the mental health unit at the Elayn Hunt Correctional Center in St. Gabriel, LA.

The Special Housing Units are located in all main and camp sites and have video Surveillance camera systems and intercom systems. The offenders housed in this setting receive the same medical, mental health and program access as general population offenders. There is outdoor recreation for offenders housed in restricted housing.

## **Recreation**

There is a wide variety of recreational activities. There are outside exercise yards that provide basketball, volleyball, walking area, softball, tennis, football, horseshoes, boxing, and soccer. There are exercise weights and other outside opportunities for exercise. There is a full-size gymnasium with a regulation size basketball court. There are additional recreation yards for the offenders adjacent to each housing units with basketball courts and weights. Televisions are provided in the day room adjacent to the housing areas.

Additionally, there are over 35 offender organizations for which an offender may join. Such organizations include Fatherhood, Literary Arts, CPR Team, Lifer's Association, Re-Entry, and Vets Incarcerated. Each group is assigned a staff sponsor.

## **Religious Programming**

The Senior Chaplain for LSP has duties related to both the ministry and the college level ministry program. In addition to the Senior Chaplain, three full-time Chaplains (one of whom is a Professor at the Bible College) and four contract chaplains service all faith-based programs and they are, in turn, supported by approximately 1900 active religious and non-religious volunteers, primarily religious. There are currently more than 720 scheduled organized religious and non-religious services and classes per month. The chaplains and volunteers provide offender religious and faith-based programming seven days each week, ranging from traditional worship to contemporary praise and worship services. Pastoral counseling is available to offenders who request this service. The chaplain posts a program list of services that are offered in all the offender housing units and in other offender access areas.

LSP originated a unique program through the New Orleans Baptist Theological Seminary which has graduated about 324 offenders as ministers and these offender ministers are now spread across the various statewide LA DOC facilities performing their ministry.

There is a Brother's Keeper Program that provides supplies bi-monthly to indigent offenders; provides individual bible studies; visits sick offenders in the infirmary and elderly offenders on the tiers; and escorts the sick and elderly to church when requested.

The chaplain must approve all volunteers and they must complete an NCIC background check and both volunteer and PREA training, and sign statements regarding training and acknowledgment of PREA requirements prior to having contact with the offenders.

## **Offender Work Programs**

LSP has internal and external industry, farm and support offender job slots and employs virtually all offenders with job/education assignments in the facility. LSP requires all able-bodied offenders to have a job, attend programs, or be enrolled in education if their duty status allows.

The Field Operations Department oversees the planting and productions of 300 acres of

vegetables utilized at this and other facilities. The production area of this department cleans, separates, and packs the produce for storage and transit.

### **Academic and Vocational Education**

LSP has academic and vocational education programs ranging from literacy classes to post-secondary education. Post-secondary opportunities consist of job life skills classes, vocational programs and college correspondence classes at the offender's expense.

There is a unique program at this facility offered and accredited by the New Orleans Baptist Theological Seminary. It offers two college-level degree programs-- an Associates Degree or a Bachelor of Arts degree in Christian Ministry-- and is pursuing a potential Master's degree level program in a Pastoral ministry area. These offender graduates become ministers and facilitate prison bible studies, worship services, and prayer group. Some offenders have relocated to other prisons around the State to assist in religious programs at those sites.

### **Social Services**

LSP provides social services and counseling through classification staff, social worker staff, chaplaincy staff, health care staff, and volunteer-staffed programs.

LSP Re-entry initiatives provide assessment, identification, and linkage for offenders with services specific to their reentry needs. Offenders began preparing for release from their point of entry in the facility. Classification and Treatment staff, with assistance from outside agencies, conduct educational workshops with offenders preparing for reintegration into society. Offenders receive 100 hours of instruction which includes communication skills, victim awareness, value development, health and wellness, substance abuse, money management, job seeking skills and information concerning conditions of parole prior to release.

The Re-Entry club is one organization that is very popular with the offenders. The Re-entry Club supports the rehabilitation process by providing Mentors and by assisting the Corrections Court Re-Entry Program with support. This program focuses on education, vocational training and moral rehabilitation with a goal to produce a "well balanced " man who can re-enter society.

## **Interviews**

During the course of the audit, team members met with both staff and offenders to verify observations and/or to ask the Standards' interview questions 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, reported perpetrators of abuse, etc.).

## ***Offender Interviews***

During the visit, the Auditors conducted random and targeted offender interviews as required. The offenders interviewed were well aware of the LSP zero-tolerance policy and were knowledgeable about how and where to report sexual abuse and sexual harassment. The few offenders who could not remember the reporting information stated they knew where to go to find it if needed. They all indicated they had received written information, either at their arrival or on the housing units for those that have been at the facility for a considerable amount of time. Offenders review annually the PREA informational video, provided both in English and Spanish. LGBTI offenders interviewed reported that they felt safe and the significant number of older offenders responded in a similar vein. All offenders interviewed were very cooperative during the interview process.

There were 88 offenders interviewed during the audit team's visit, 61 random selections (not including 6 offenders who refused to be interviewed), and 27 offenders from targeted offender categories. A few targeted offenders were part of more than one category and were interviewed for both (e.g., cognitive and physical disability both). The offenders were aware of and supportive of the PREA efforts by the Warden and the administrative staff. There were no general population complaints about staff treatment or fairness. The offenders interviewed are aware of, and have positive feelings about, the PREA education programs. Offender interviews produced very few complaints and most of those were not related to PREA issues.

Auditors were initially advised to select a larger-than-normal number of random interview offender names since many of the older, longer-term offenders had been there for such long periods that they might refuse interviews but only 6 offenders did refuse. The offenders who did decline an interview were older, had been here many years, did several times refer to themselves as 'convicts', and stated they had no interest in participating in any interviews of any type.

Offender interviews were conducted in all housing areas as well as program, recreation, work, and medical areas. During all interviews, it was evident and well communicated that offenders felt safe, secure and at no time had they felt that their sexual safety was at risk. All offenders felt that staff would take very seriously any report of sexual abuse, assault, harassment or retaliation. Offenders effectively communicated multiple methods of reporting and many stated that they would feel comfortable directly telling a staff member at any time. All offenders made mention of the reporting phone numbers (many could provide the number from memory) and the location of the posters and that they received information in regard to PREA upon intake and were asked questions in regard to their history on a regular basis. Numerous interviewed offenders had been in the facility long enough that their confinement preceded the adoption of PREA but they could remember when they began receiving information, most of them reporting that having occurred about 5-7 years ago.

Upon reviewing the frequency of assessments, it was found that offenders are reassessed more frequently than required, exceeding that requirement of the standard. All offenders communicated that appropriate announcements were made by opposite gender staff as required by the standard and they were never naked in full view of cross-gender staff, although they noted that opposite-gender staff rarely work in housing or showering/toileting areas. Through interview and observation, it was verified that privacy screens are used in the shower and toileting areas and there were no cases of viewing that were non-security related. All offenders were aware of services available, such as mental health contacts and counseling, and had received information in multiple formats concerning the facility PREA program.

Upon conducting targeted offender interviews, it was found that there were no concerns in regard to the procedures utilized for transgender offender searches or the offender being offered showers at a separate/designated time, with the exception of one offender who was documented as transgender during the on-site audit, and these issues were resolved at that time during the onsite visit.

Offenders who had made reports of sexual abuse stated that staff took rapid action to ensure they were safe while initiating an investigation and providing information about the outcome. Those reporting said that they felt comfortable speaking with staff about this matter.

Interviews were conducted with the two offenders submitting letters to the auditors about concerns related to the PREA program. One incident occurred at a previous facility and the other was a complaint previously raised by the offender. Both incidents were investigated and the results reported back to the offender.

The offenders were respectful and talked freely with the audit team and described their treatment by staff members as fair. All offenders interviewed said they felt safe and they knew how to access services and the grievance process, that they were aware of multiple methods of reporting available, to include telling any staff member, utilizing the hotline, reporting to an outside third party, writing to outside agencies, and submitting anonymous reports in writing. This information is also available in facility policy as well as the offender handbook.

Based upon the offender population of 5508 at the facility on the first day of the on-site portion of the audit, the PREA Auditor Handbook recommends that a minimum of 50 total offender interviews must be conducted; a minimum of 25 random offenders and 25 targeted offender interviews. This number was adjusted to allow for the absence of youthful offenders in this facility; the self-identification of only two transgender offenders; and the policy that avoids placing offenders at risk into protective custody. This reduced the targeted offender totals available by 8 persons, so the auditors increased the numbers of targeted offenders interviewed in the disabled categories as well as in the category of individuals who had reported any abuse either during or before confinement, arriving at a total of 27 offenders. Finally, due to the size of the penitentiary, the auditors felt that results from interviews of randomly selected offenders would be improved by a number larger than the required 25 and interviewed a total of 61 offenders.

The PREA Compliance Manager and other staff facilitated interviews of all offenders in private settings on each housing unit. The auditor conducted the following number of offender interviews during the on-site phase of the audit:

Category of Inmates	Number of Interviews Conducted
Random Inmates (Total)	61
Targeted Inmates (Total)	27
Total Inmates Interviewed	88

Breakdown of Targeted Inmate Interviews:

Youthful Inmates	<u>No Youthful Inmates are sent to LSP.</u>	0
Inmates with a Physical Disability		4
Inmates who are Blind, Deaf, or Hard of Hearing		2
Inmates who are LEP		2
Inmates with a Cognitive Disability		2
Female Inmates		2
Inmates who Identify as Lesbian, Gay, or Bisexual		3
Inmates who Identify as Transgender or Intersex		2
Inmates in Segregated Housing for High Risk of Sexual Victimization		0
<u>No offenders have been housed in Segregation in the past 12 months for being at risk for sexual victimization. Policy is to segregate the alleged predator but not a victim.</u>		
Inmates Who Reported Sexual Abuse		6
Inmates Who Reported Sexual Victimization During Risk Screening		4
Total Targeted Inmate Interviews		27

**Staff Interviews**

The audit team interviewed 83 staff in the course of the audit: 6 Agency/facility leadership and Victim Advocacy organization staff; 31 random staff; and 46 specialized staff.

The officers on the shifts stated they feel safe working at LSP and all had been through PREA training. The officers generally felt that the reason that there are not a lot of incidents at the facility is that support staff and officers make sure they talk with the offenders whenever the offenders have issues or questions. 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 at LSP is professional in their interaction with the offenders and other staff. The audit team observed a sense of pride in all levels of staff in the facility regarding their jobs. Officers the audit team talked with said they were involved in the PREA Audit preparation process and committed to the success of the facility. Staff and officers feel that their contributions are recognized, that they make a difference, and their interviews supported that LSP is a safe place to work. There was a great deal of support for the current Warden and administration.

The Auditor conducted interviews with the following agency leadership:

- 1 DOC Agency Head
- 1 LSP Warden
- 1 DOC PREA Coordinator
- 1 LSP PREA Compliance Manager
- 2 Advocacy Agency Representatives

The Auditor conducted the following number of specialized staff interviews during the on-site phase of the audit:

Category of Staff	Interviews Conducted
Agency Leadership/Advocates	6
Random Staff (Total)	31
Specialized Staff* (Total)	46
Total Staff Interviewed	83

Breakdown of Specialized Staff Interviews:

Contract Administrator	1
Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	9
Line staff who supervise youthful offenders, if any	0
Education staff who work with youthful offenders, if any	0
Program staff who work with youthful offenders, if any	0
Medical staff	4
Mental health staff	5
Non-Medical staff involved in the cross-gender strip or visual searches	0
Administrative (human resources) staff	1
SAFE and/or SANE staff	1
Volunteers who have contact with offenders	2
Contractors who have contact with offenders	1
Investigative staff – agency level	1
Investigative staff – facility level	2

Staff who perform screening for risk of victimization and abusiveness	3
Staff who supervise offenders in segregated housing	2
Staff on the sexual abuse incident review team	2
Designated staff member charged with monitoring retaliation	1
First responders, security staff	6
First responders, non-security staff	0
Intake staff	5
Total Specialized Staff Interviews*	46

Auditors 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 random employees selected during the site review, the Auditors conducted targeted interviews of specialized staff as noted. All staff interviewed were well-versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. The staff was well aware of PREA requirements and the zero-tolerance policy of the Agency, and the majority stated it had received extensive coverage at the training academy. All uniformed staff are trained as first responders and were familiar with their duties and with the procedures regarding reporting, responding and evidence preservation. All staff interviewed were forthcoming and positive during their interviews.

## Conclusion

The LSP of LA DPS&C has made significant and continuing efforts and devoted extensive resources to improve their accomplishment of PREA standards in the 3 years since their initial audit found them compliant in 2016. LSP was largely compliant with PREA Standards at the time of the 2019 on site review and developed a Corrective Action Plan to address the areas noted below that were identified during this audit. These were discussed between the institution and auditors and the facility's plans to address these issues were agreed upon.

On 3/29/2019 the auditors conducted an out-brief to the Warden and the PREA Compliance Manager to give them an overview of the process and thank them for their participation. The timeline and expectations for the remainder of the audit were discussed. The auditors expressed their appreciation for the exceptional hospitality and cooperation of everyone involved.

The Auditors explained the procedures that would follow the completion of the audit., i.e. the triangulation of all data from the site review, the documents submitted and reviewed both pre-visit and during the site visit, 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 Compliance Manager to accomplish the needed corrections.

The willingness of all senior staff involved to accomplish PREA compliance was acknowledged and their determination to become compliant was evident. The Auditors appreciate the courtesy and support extended during the on-site visit.

Warden Darrel Vannoy, his leadership team, and members of the staff are all sensitive to ensure this facility remains in compliance with PREA standards. The final briefing indicated that this sensitivity and attention will continue.

The auditors were impressed with the strength and quality of the Warden's personal commitment to the safety and security of his staff and offenders, and with his strong leadership of his executive team. The high quality of coordination among the staff throughout the prison was noted, as was the PREA team preparation, led by the Compliance Manager, Assistant Warden Shirley Coody; and the highly professional oversight and assistance provided by LA DPS&C PREA Coordinator Michele Dausat.

The Louisiana State Penitentiary, Angola, LA, is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

## Summary of Audit Findings

<b>Number of Standards Exceeded:</b>	0
<b>Number of Standards Met:</b>	43
<b>Number of Standards Not Met:</b>	0

In view of the size and complexity of LSP, this audit will also note Corrective Actions the 2016 Auditors determined to be needed where appropriate in the report. Many of the 2016 corrective actions and requirements were due to the age of the penitentiary and the LSP staff achieved significant success in completing all the 2016 corrections and achieving compliance at that time. The staff interviews, both line, and senior leadership reflect that they believe they have integrated those changes, and have built on the 2016 audit, and are now focused on refining their prevention processes and operational responses.

### Summary of 2019 Audit Findings

1. Outside Reporting (115.53): Although contact information for outside agencies, CrimeStoppers and LaFASA (Louisiana Foundation Against Sexual Assault) is well provided

to the population and very well known, many offenders were unaware that they could call the posted '1-800' (i.e., toll-free) number from the phone system, believing that they needed to have the number entered into the list of approved numbers they could call. Although many were able to recite the phone number from memory due to a large number of postings, as well as being painted near facility phones, the majority of offenders assumed that they could not call because directives given were that most outside toll-free numbers are not allowed on an approved offender phone list.

---The facility provided the population through a posting and broadcasts on the offender radio station and television stations with information that all offender phones have the ability to complete these calls without having to add them to the offender's phone list. The appropriate Memoranda (English and Spanish) were posted April 4, 2019 in all areas of the Prison for offender viewing, and stated clearly that the phone numbers used for reporting are permitted in the telephone system, are confidential, and are not recorded or tracked. These letters have also been, and continue to be, read on the LSP radio station and on LSP television station, Channel 21. This corrective action is acceptable and compliant.

2. 115.53; 115.67 Currently, the on-property medical center is utilized for medical evaluation, forensics, and treatment following an allegation of sexual abuse, and facility mental health staff are being utilized as Victim Advocates if one is requested by the offender victim. Outside advocates are allowed by Memorandum of Understanding but, given the facility's remoteness, would not normally be able to reach LSP before the medical treatment and testing were completed. In addition to their normal mental health functions and Victim Advocate duties, mental health staff are also used as retaliation monitors, a decision made due to their continuing relationship with the offenders after an incident.

The auditors believed that there could potentially be too much overlap of functions for a given mental health staff member and recommended some separation to avoid any potential conflict of interest and any dilution of providing primary mental health services. Auditors noted that 17 providers respond to 1646 requests for mental health services a month and are probably better focused on those referrals than other collateral, though important, duties since these can be successfully accomplished by other staff as well.

The Warden and PREA Coordinator accepted the recommendation, and the Coordinator worked with the leadership of the Mental Health Department to separate out and clearly define specific staff to serve as Retaliation Monitors and to ensure overlap prevention among the various mental health staff assigned duties. Due to a large number of mental health staff being available at the facility, the administration decided to designate specific staff responsible for each task. Following the on-site review, the auditors were advised that three social service counselors have been designated as monitors for retaliation and are performing those duties now. Five eight-hour nurses and eight twelve-hour nurses (two on each of the four shifts) have been designated as Victim Advocates. These assignments were made following victim advocate training by the LaFASA and STAR Advocacy agency staffs (Louisiana Foundation Against Sexual Assault; and Sexual Trauma Awareness and Response organizations) and Mental Health providers will no longer be called upon (unless in an emergency) to act as victim advocates. The Advocacy Agency representative has confirmed that the training occurred and the facility has provided the certificates of completion. Specific nursing

staff has been reassigned as advocates and social service staff to monitor duties as planned. This item is compliant.

3. (115.13) Two housing tiers used for Administrative Segregation (a total of 26 cells), remained as "booth cells" in which there is a sally port-like area in front of each individual cell door's bars. A direct line of sight could not be maintained from the officer's tier post and without staff walking down the tiers to view into each cell. Camera coverage is provided on the tier walk and within the first two cells (used for observation as incidents require). However, once staff step inside the doorway (the sallyport area) of any other cells, visual coverage is lost to the other tier staff at the tier entrance post. These two "booth tiers" are the source of a significant number of PREA allegations against staff as it is well-known to both staff and offenders that when staff enter the sally port area between the doorway and cell entrance area, secondary or backup visualization is lost.

While on-site, and after discussion and with the approval of the Warden for a physical modification, the facility began the process of removing the outer barrier area blocks of the cells, thus eliminating the sally port-like spaces altogether. The subsequent completion of the project has enabled staff and camera coverage that provides an appropriate direct line of sight and eliminates these identified blind spots. LSP provided photographs to the auditors upon completion of the alterations. The officer at the head of the tier now has a clear line of sight of the officer walking on the tier at all times while they are making rounds. This is a significant achievement in increasing safety and was a difficult and expensive initiative but one that will result in increased facility safety, a significant reduction in allegations, and an increased availability of evidence needed to determine accuracy of an allegation.

4. (115.21) The review of investigative files found that a large number of the case outcomes were noted as "unfounded", some 96 of 121 total cases. Upon review of these files, it appears that the evidence utilized to determine outcome can sometimes become somewhat subjective due to lack of adequate verifiable information. It would appear that more cases would be found to be unsubstantiated rather than unfounded, especially in view of the large number of allegations related to the 'booth' tiers where observation has been so difficult.

Investigator training developed by the Departmental Investigations office was conducted by the LA DPS&C Chief Investigator October 11, 2019 and addressed PREA topics. The facility reports that the training was extensive (376 slides), timely, pertinent and well-received by Agency investigators. Training documentation was provided to auditors upon completion. This item is compliant.

5. (115.41) Per audit requirements, specialized offender interviews were conducted with offenders of all required categories. During interview and file review of one offender noted as transgender, it was found that a diagnosis of Gender Dysphoria Disorder had been noted in October 2016 and referred by the LSP Medical Department to State Headquarters in October 2016, as required by DOC policy, but with no further evidence in the file of any action being taken. DOC policy that became effective in October 2017 outlines the actions to be taken upon the diagnosis or potential diagnosis of Gender Dysphoria Disorder and

these actions include the referral to the DOC Gender Dysphoria Disorder Clinical Management Team (GDCMT) at Headquarters.

-The facility conducted a follow-up evaluation of the offender and re-initiated the referral to the GDCMT for consideration. In the event the diagnosis is confirmed, a treatment plan meeting the acceptable standard of care will be prepared. It is noted that the only accommodation requested thus far is for private showers and that has been arranged. According to LSP medical staff, as of November 7, 2019, counselling with a psychiatrist is the first phase, and the counselling sessions are complete, and they are proceeding to the next step. Headquarters is working with an endocrinologist to contract for services and the offender is being kept apprised of each step taken and the status of the process.

Dr. Lavespere will have to me (he said) by this afternoon a letter outlining what has been done so far, about negotiating the contract with the doctor and what the future plans are. As soon as I get that letter (hopefully today), I will send it to you.

During the review, one interview was with an offender who had declared transgender status to staff but Mental Health did not consider the offender transgender. Since an offender's status of transgender is a personal sense of identification, there is no specified mental health diagnosis or authorization required and this was reviewed with leadership. The facility conducted a follow-up review with the offender, designating their status in offender files as transgender. The offender's housing and program assignments were further reviewed to ensure the offender's health and safety and to ensure no safety, management or security problems. Reassessments have been scheduled twice yearly. The offender has been provided the choice to shower separately from other offenders.

6. During the initial accreditation audit in 2016, auditors recommended the removal of a curved mirror in the restroom/shower area of the Upper and Lower housing areas of Dorm 3 at Camp F, due to the possibility of cross-gender viewing of offenders in the toilet area. Upon review of this area in the 2019 audit, it was reported to auditors that the removal of the mirror was detrimental to the security operation of the dorm. With the removal of the mirrors, staff are walking into an area without the knowledge of what may be ahead due to the creation of a significant blind spot.

The administration has designated Dorm 3 as requiring supervision and staffing by only same-gender staff, so there is no longer any potential for cross-gender viewing, excepting a possible exigent emergency response. As the placement of a mirror in this area would not violate cross-gender viewing standards, the determination and final decision is now appropriately dependent upon the Warden's assessment of LSP's security needs.

7. Observation regarding LEP (Limited English Proficient) translators. In this penitentiary, where the vast majority of offenders are serving life sentences, there are few who do not speak English. For the few who are here or have arrived relatively recently, inmate language and sign-language interpreters are still utilized to some extent in various activities around the facility but generally only for mundane daily tasks or at an offender's own request or volition. Inmate interpreters are never used for any PREA, medical or investigative issues or where privacy is needed. While there are a number of Spanish speaking staff, the facility has added and utilizes Lingualinx for any language other than English. Interviews with the medical staff, investigators, mental health personnel and

senior leadership all stated that Lingualinx is readily available and is routinely and increasingly used throughout the Penitentiary.

Although a number of offenders have learned signing, to include several Seminary students, LSP has also initiated a contract with a Baton Rouge firm that provides ADA certified interpreters to be available for offenders with hearing or deafness issues. Lingualinx is being utilized during medical clinics and disciplinary proceedings in increasing numbers. There have been no instances, thus far, where they were needed for PREA allegations. This item is in compliance.

8. 115.18 During the site review of cells for suicidal offenders, one auditor noted that one camera/watch cell had 2 offenders housed together and appeared to be partially unclothed. In response to the auditors' request for further information and follow-up, the Warden and PREA Compliance Manager placed the unit under specific monitoring and staff logs report that staff have observed no offenders unclothed. The PREA Compliance Manager has also made numerous visits unannounced to verify the situation. Staff has reported that many offenders on suicide watch reportedly do utilize their paper gown and/or paper sheet as a "skirt", leaving their upper body bare, but are not naked in the cells.

When an offender is placed on suicide watch, per Mental Health guidance, they are given a paper gown and a paper sheet to prevent self-harm. The paper gown and paper sheet are replaced daily after their shower. If an offender tears up his paper gown or paper sheet, he is given a new one at that time.

The Mental Health Department position is that, by placing two offenders on watch in the same cell, the likelihood of an offender doing bodily harm is reduced because of increased socialization and because the second offender can also alert staff if there are any safety issues. An offender tier walker makes continuous rounds down the tier, observing all cells and security officers make 15-minute rounds down the tier when there is an offender on any watch status. This area is compliant.

## 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 reported in her interview that she has adequate time for this function, in addition to performing Assistant 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 on a regular basis, and that there are routine mock audits and video conferences of both State DOC facilities and local level (Parish) facilities per their contracts.

Department regulation C-01-022 mandates zero tolerance towards all forms of sexual abuse and sexual harassment at all state-operated facilities to include privately operated facilities. The Agency Wide PREA Coordinator and the PREA Compliance Manager both stated that they have the time and the authority to develop and oversee compliance to the PREA standards. Organizational charts were provided which indicated the Agency PREA Coordinator reports directly to the Chief of Operations and the PREA Compliance Monitor reports directly to the Deputy Warden of Programming at LSP who directly reports to the Warden of the facility confirming that each has the authority to oversee compliance to PREA.

"It is the policy of LSP 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. LSP leadership has zero tolerance for incidents of sexual abuse and sexual harassment.” LSP’s Assistant Warden for Administrative Services serves as the PREA Compliance Manager to coordinate efforts to comply with the PREA standards. The PREA Compliance Manager (PCM) reported in the interview that she 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 LSP and DPS&C’s PREA Coordinator and other appropriate Headquarters staff and is responsible for monitoring PREA related activities, etc. 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 are to be treated as a top priority by administrators and investigators. Staff who violate this regulation may receive disciplinary action, up to and including termination.

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

#### **115.12 (a)**

- If this agency is public and it contracts for the confinement of its offenders 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 offenders.)  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 offenders 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 LA DOC Agency does contract for confinement, but not LSP per se. LSP 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 and specific on PREA requirements and training, etc. The Agency PREA Coordinator affirmed that they do contract out confinement to outside facilities and all PREA requirements are included in every DOC contract. Further, she noted that all contractors are routinely audited by the State agency and the audit 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 offenders 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 offenders 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 offenders 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 offender 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 C-01-022, A-02-018 and Penitentiary Directive 14.005, 09.023 and 03.010 address the components of this standard. Department Regulation C-01-022 requires a staffing plan be developed to provide adequate staffing levels to protect offenders against sexual abuse as well as an annual review of the staffing plan which includes the consultation of the DOC PREA Coordinator. When developing the staffing plan, the agency and facility are mandated to take into consideration the eleven components as outlined in the PREA standard. When calculating adequate 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):

- Generally accepted detention and correctional practices;
- Any judicial findings of inadequacy;
- Any finding of inadequacy from Federal investigative agencies;
- Any findings of inadequacy from internal or external oversight bodies;
- All components of the unit's physical plant (including "blind spots" or areas where staff or offenders may be isolated);
- The composition of the offender population;
- The number and placement of supervisory staff;
- Institution programs occurring on a particular shift;
- Any applicable State or local laws, regulations or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
- 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, and all interviews noted that the Sexual Assault Incident Reviews normally focus on staffing, camera technology, blind spots and population characteristics. The DOC PREA Coordinator, the Warden and the PREA Compliance Manager all, in their interviews, indicated that the PREA Coordinator reviews and approves every facility staffing plan annually after institutional review and approval. This security staffing summary is issued quarterly but is reviewed in conjunction with the approved staffing plan.

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 and along with other rounds, Supervisors conduct and document unannounced rounds on the night and day shift 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 Warden's interview explained that he, with his senior staff, develops the PREA staffing plan and submits an annual update to DPS&C's PREA Coordinator. The staffing plans consider and document whether adjustments are needed to the staffing plan, deployment of video monitoring systems or other monitoring technologies and the resources the facility has available to commit to ensuring adherence to the staffing plan.

When designing new units or additions, 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.

The facility has added 375 additional video cameras since the last audit 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, and the auditors support the Warden and PREA Coordinator's comments regarding their plans for LSP to continue to enhance its video surveillance through 2019 and 2020 as aggressively as the budget allows.

Turnover and vacancies are ongoing staffing problems due to the remoteness of the facility and low salary. The Warden reported in his interview that it requires continuing attention to ensure that priority and critical billets are filled in each shift.

In addition to rounds specified in the institutional policy, the Warden requires both intermediate-level or higher-level supervisors conduct and document unannounced rounds on all shifts for the purpose of identifying and deterring staff sexual abuse and sexual harassment. Policy prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the unit. Interviews with staff and offenders indicated that unannounced security rounds are in fact conducted by intermediate-level and higher-level staff on all shifts. This was supported by documentation in the shift logs in all units.

Two housing tiers used for Administrative Segregation (a total of 26 cells), remained as "booth cells" in which there was a sally port-like area prior to the actual cell door bars. A direct line of sight could not be maintained without staff walking down the tiers to view in each cell. Once stepping into the doorway area and up to the cell, visual coverage was lost to the tier staff at the head of the tier entrance. These two "booth tiers" are the source of a significant number of PREA allegations against staff as it is well-known that when a staff member enters between the doorway and cell entrance area, secondary or backup visualization is lost.

While on-site, after discussion and with the approval of the Warden for a physical modification, the facility began the process of removing the outer barrier area blocks of the cells, thus eliminating the sally port-like spaces altogether. Upon completion of the project, the current camera coverage provided an appropriate line of sight and eliminated the identified blind spots. LSP provided photographs to the auditors upon completion of the alterations.

During the initial accreditation audit in 2016, auditors recommended the removal of a curved mirror in the restroom/shower area of the Upper and Lower housing areas of Dorm 3 at Camp F, due to the possibility of cross-gender viewing of offenders in the toilet area. Upon review of this area, it was reported to auditors that the removal of the mirror was detrimental to the security operation of the dorm. With the removal of the mirrors, staff would be walking into an area without the knowledge of what may be ahead and the creation of a significant blind spot. The administration has designated Dorm 3 as requiring supervision and staffing by only same-gender staff, so there is no longer any potential for cross-gender viewing, excepting a possible exigent emergency response. As the placement of a mirror in this area would not violate cross-gender viewing standards, the determination and final decision is appropriately dependent upon the Warden's assessment of LSP's security needs and purpose.

## Standard 115.14: Youthful offenders

### 115.14 (a)

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

### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].)  Yes  No  NA
- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <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, this standard is non-applicable. All offenders under the age of 18 years housed in any LA DOC 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 requires facilities 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 offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female offenders’ 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 offenders 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 offenders?  Yes  No  NA (Added NA as we are a male facility)

### 115.15 (d)

- Does the facility implement a policy and practice that enables offenders 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 offender housing unit?  Yes  No

### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status?  Yes  No
- If an offender's genital status is unknown, does the facility determine genital status during conversations with the offender, 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 offenders 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*)

During the earlier 2016 site review, areas throughout camps were identified as cross-gender viewing concerns and LSP addressed all cross-gender viewing concerns. All cameras were removed from cells except at the Transitional unit. There, LSP installed a switch that allows cameras in cells to be turned on when utilized for suicide watch. An LSP directive requires shift supervisors to document, at the beginning and end of their shift, which cameras are disabled and whether any cameras are being utilized for suicide watch. LSP provided the auditor's documentation demonstrating the directive is in practice at LSP.

Cross-gender strip searches and cross-gender visual body cavity searches are not being done but would be documented in the unit logbook and an Unusual Occurrence Report (UOR) would be completed if an exigent circumstance occurred and a search was done.

Interviews with both staff and offenders stated that offenders are able to 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 toilet or shower area, all cross-gender staff announce their presence and pause for a moment to allow offenders to cover themselves.

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 examination of this type.

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

Since no female offenders are normally confined here, this element is normally Non-Applicable, however, 5 high-security female offenders are temporarily here after the Louisiana facility for women was closed by flooding and the womens' facility offenders were dispersed across the state. All their supervision here at LSP is by female staff.

Cross-gender pat searches are authorized for use with male offenders and staff is trained to perform them, however strip and body cavity searches are not authorized except in exigent circumstances.

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

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that offenders 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: offenders who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that offenders 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: offenders who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that offenders 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: offenders who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that offenders 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: offenders who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that offenders 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: offenders who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that offenders 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 offenders 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 offenders with disabilities including offenders 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 offenders with disabilities including offenders 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 offenders with disabilities including offenders 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 offenders 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 offender interpreters, offender readers, or other types of offender assistance 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 under §115.64, or the investigation of the offender'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*)

Department Regulations C-01-022, B-08-010, B-08-16, and B-08-018 address the components of this standard.

As would be expected in a penitentiary where the vast majority of offenders are serving life sentences, there are few who do not speak English, however, there are always a few who have arrived relatively recently. Auditors reviewed this issue in more detail and discussed it with additional staff and in interviews to gain a better knowledge of the level of use. Inmate language and sign-language interpreters are utilized to some extent in various activities around the facility but generally for mundane daily tasks or at the offender's own request or volition. Inmate interpreters are never used for any PREA, medical or investigative issues or where privacy is needed. While there are a number of Spanish speaking staff, the facility has added and utilizes Lingualinx for any other language and in fact for most Spanish language issues as well. Interviews with the medical staff, investigators, mental health personnel and senior leadership all stated that Lingualinx is readily available and is being routinely and increasingly used throughout the Penitentiary. Although a number of offenders have learned signing, to include several Seminary students, LSP has also initiated a contract with Sign Language Services International, Inc in Baton Rouge, LA to provide sign language services to offenders, a contract that provides ADA certified interpreters to be available for offenders with hearing or deafness issues. The auditors conclude that the area is compliant and that the low level of offender interpreter use does not endanger anyone or create any privacy violations.

The 2016 audit found that offender interpreters had assisted with PREA investigations however that has been corrected and offenders are never involved in PREA investigations or any medical area in any kind of interpretive role.

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. LSP meets these requirements and takes a number of additional steps due to the growing number of older offenders with numerous challenges.

LSP provides interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. (§115.16(B))

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 in regard to an allegation.

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, access is

provided through Lingualinx interpreter access program for non- or limited English proficient offenders and video presentations are available for offenders with limited reading skills as well as staff assistance. The facility has contracted for the use of the above-noted language line to use as needed to ensure that any offender with limited English proficiency has the ability to communicate as needed and to ensure clear effective communication of any needs or concerns. During interviews with multiple offenders who were limited-English proficient, all expressed that they received and understood all information provided in regard to 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 offenders 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 offenders 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 offenders 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 offenders 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 offenders 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 offenders 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 offenders?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with offenders, 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 offenders?  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 offenders 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 offenders 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 offenders 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*)

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

LSP reported that the five-year criminal background checks were conducted in 2018 and this was verified in the random staff HR files checked.

As indicated by interviews with the PREA Compliance manager and the Human Resources (HR) staff member, LSP 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.

Prior to hiring, detailing or promoting any employee/applicant or enlisting services of a contractor who may have contact with offenders LSP conducts criminal background checks in accordance with Department Regulation A-02-022. Eighteen contractor checks were done in the past year.

Prior to 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 prior to the effective date of hire. Applicants for hire, detail to special duty, or direct promotion must also answer these questions prior to 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, prior to approval as a volunteer, a criminal history check is conducted on volunteers and every two years thereafter.

There have been 688 persons hired this past year who had criminal background checks and there were also 18 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.

Turnover is significant right now because it is being impacted by higher-paying oil/energy field hiring cycles and also because many staff have been at LSP for years and are simultaneously reaching their retirement eligibility milestone. Further, staffing is perennially difficult here due to the isolated location.

## 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 offenders 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 offenders 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*)

Although not a significant expansion in the same sense as full new construction, the prison has received State DOC funds for some PREA upgrades. The Warden and PREA Coordinator both indicated that part of the funding was used for visual barriers in shower and restroom facilities and the remainder was used to add a few needed cameras, all in accord with the 2016 PREA audit recommendations. In all areas of the facility, shower and toileting areas have been updated with barrier screens to reduce the opportunity for non-security required observation. Each year, a

planning review and evaluation are conducted to note any areas of need or best practice in the placement of cameras. The 2018 review occurred July 2.

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

During the onsite portion of the audit, the facility began the process of removing the outer barriers of 2 tiers of cells with obstructed views, a source of many allegations where evidence was difficult to obtain due to the obstacles to visual coverage. The Warden decided to eliminate these sally port-like spaces altogether to resolve this issue and improve safety of both staff and offenders. The subsequent completion of the project has enabled staff and camera coverage that provides an appropriate direct line of sight for both cameras and post staff and eliminates these blind spots. LSP provided photographs to the auditors upon completion of the alterations.

At the beginning of 2016, LSP had 1435 cameras and, at the time of this 2019 audit there were 1810 cameras, a growth of 375 cameras in 3 years and more are planned as funds become available. DVR Cameras are in every housing unit and at key exterior points at all facility sites. exterior yards, hobby shop and program areas such as Reentry Program and vocational shops, etc. The fewest cameras are located in medical areas due to HIPAA concerns and medical privacy needs. Retention is 31 days.

## RESPONSIVE PLANNING

### 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 evidentiarily 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*)

Upon review of investigative files, it was found that a large number of the case outcomes were noted as “unfounded”, some 100 of 121 total cases. Upon review of multiple files, it appears that the evidence utilized to determine outcome can be somewhat subjective due to lack of adequate investigatory information. It would appear that more cases should be found to be either substantiated or unsubstantiated rather than unfounded.

The facility has completed extensive additional training for investigative staff to include information presented by the headquarters agency-wide Chief Investigator. Training documentation and certificates of completion were provided to auditors.

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

- The Investigative Service Office investigates allegations of sexual abuse and follows evidence collection protocols as outlined in DOC policy C-01-003 – Crimes Committed on the Grounds of Correctional Facilities.
- All victims of sexual abuse have access to a forensic medical examination conducted on-site, at no cost to the victim, where evidentiary or medically appropriate.
- Examinations performed will be conducted by individuals who have received Sexual Assault Forensic Examiners (SAFE’s) or Sexual Assault Nurse Examiners (SANE’s) training or by qualified medical practitioners. Three sexual assault examination was provided in the past year were performed by an LSP physician, a qualified medical practitioner.
- Any investigations that cannot be handled at the facility, and any criminal investigations, are transferred to the West Feliciana Parish Sheriff’s Office for handling. The Sheriff’s Office uses the same standards of investigation as 115.21 (a) – (e)). LSP has a Memorandum of Understanding with the West Feliciana Sheriff’s Department for them to abide by the PREA standards while conducting sexual abuse investigations.
- The assigned investigator immediately notifies a Victim Advocate immediately that an alleged sexual abuse has occurred.

Offenders who are victims of sexual abuse have access to victim advocates on staff and to staff at the statewide rape crisis agency, LaFASA. In practical terms, the immediate Advocate is usually a staff member since the forensic exam is done on-site in a very short time; the LaFASA role then is often one of moral and emotional support as the process evolves and following the forensic exams. LSP staff Victim Advocates are qualified Mental Health staff members who have been screened and have received education concerning sexual assault and forensic examination issues in general. (Project Celebration staff, 2017, certificates were viewed in staff folders). Auditors also noted that 17 providers respond to 1646 requests for mental health services a month and are probably better focused on responding to those referrals than other collateral, though important, duties, duties which can be successfully performed by other staff as well.



The Victim Advocate consults with the assigned investigator and aids the alleged victim as is appropriate. According to interviews with the PCM, an Advocate, and the investigator, a facility Advocate assists in the facility and is available at the treatment center 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.

All conversations between the Victim Advocate and the alleged victim remain confidential except when disclosure of the 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. The Victim Advocate does not prepare or submit an Unusual Occurrence Report based upon conversations or functions performed while in the role of Victim Advocate.

Department Regulation C-01-022 supports this standard. In addition, the LSP policy dictates how the regulation is to be applied. The training records revealed all of three PREA investigators received the specialized NIC training and some have received state-wide training for investigating sexual abuse inside correctional facilities. Additionally, the senior PREA investigator is a POST-certified prior law enforcement officer. The 2016 audit report indicated that LSP should provide additional training and direction to staff regarding their role following an incident regarding preserving usable physical evidence. This was done and auditors received full explanations of this item in the 2019 audit interviews.

## **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 121 allegations of sexual abuse or harassment and 121 received administrative investigations, one of them also received a criminal investigation.

For all of 2017, of 278 cases, 3 were criminal investigations and 275 were administrative; in 2018, of 121 cases, 3 were criminal investigations and 118 were administrative; so far, in 2019 there have been 24 cases, including no criminal investigations, all 18 were administrative. Senior staff interviewed and line staff across the facility report that camera use has grown significantly and has been accompanied by consistent decreases in allegations and incidents. They expect noticeable reductions in allegations with the 'booth cells' renovated to enable camera coverage there also.

Interviews with the Victim Advocate from LaFASA was very supportive of the direction the facility is taking and the steady decline in numbers of allegations and incidents. Her assessment is that leadership is committed and is moving rapidly to implement increased video coverage to further curtail any incidents. She noted also that most issues are predominantly sexual harassment by offender on offender.

Contact with Just Detention International revealed that they had received only 1 complaint during the past 12 months, of an identifying uninvestigated offender-on-offender abuse allegation, but they were precluded by confidentiality restrictions from providing the auditor any identifying data so auditors were unable to interview the specific offender.

The Investigators ensure that an administrative and/or criminal investigation is conducted in all cases of sexual abuse and sexual harassment they receive.

Claims made which are out of the scope of the training provided to LSP investigators are referred for investigation to Sheriff's Office and the case file would show it was referred to the Sheriff.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

#### 115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with offenders 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 offenders on offenders' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with offenders on the right of offenders 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 offenders on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with offenders 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 offenders on how to avoid inappropriate relationships with offenders?  Yes  No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders?  Yes  No

- Does the agency train all employees who may have contact with offenders 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 offenders at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with offenders 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*)

It is noted that LSP has routine staff shortages due to a variety of factors that include remoteness of the facility, relatively low pay, and the impact of the volatile energy market employment opportunities in Louisiana.

The facility has 1548 staff who have contact with offenders and who have received PREA training. All training on sexual abuse pursuant to the PREA Standards is developed by the DPS&C's Training Director in conjunction with the Chief of Operations, Wardens, the Department PREA Coordinator, and the Department's Medical/Mental Health Director, and includes the following:

- A 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;

All employees have trained annually on PREA and the current sexual harassment policies and procedures and are required to sign a training roster as verification of 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 regarding all areas of the PREA program is evident as observed during staff and offender interviews. All staff, volunteers and contractors are well versed on the comprehensive PREA policy and required response procedures. Many staff were observed with a card that is carried on their person at all times listing the required steps in the event that 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, in a professional and respectful manner, 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.

There is also specialized training for medical and mental health staff, as well as for Investigators. Medical nursing 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, such examinations are performed by staff physicians. 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.

## Standard 115.32: Volunteer and contractor training

### 115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders 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 offenders 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 offenders)?  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 1928 volunteers and contractors who have offender contact were trained in the required PREA procedures and policies and training are provided every month in order to accommodate these numbers. Chaplains go out and do training on-site, as in the case of large churches for example, as well as in-house and no one who has not had PREA training is allowed on the volunteer list or admitted to the facility.

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 must 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 staff and interns'/student workers training and is also responsible for ensuring that all who have contact with offenders receive training on their responsibilities.

Interviews with the Chaplain, random staff, and the PCM indicated that contractors and volunteers are informed prior to the awarding of the contract and prior to their approval of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Contractors and volunteers are required by Department Regulation No C-01-022 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. A review of training records and interviews with volunteers confirmed volunteers are provided the training required by this standard. The level and type of training provided to volunteers, interns, and contractors is 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 offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- 
- During intake, do offenders 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 offenders 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 offenders 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 offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### **115.33 (c)**

- Have all offenders received such education?  Yes  No

- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

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

#### 115.33 (e)

- Does the agency maintain documentation of offender 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 offenders through posters, offender 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*)

Department Regulation C-01-022 and LSP directive 14.005 support the components of this standard. All offenders are provided offender orientation in the form of a handbook, video,



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

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.

The day of intake, 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
- 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 LSP Angola are normally there for longer terms, so short turnovers are relatively rare. Of the 422 offenders received in the past year, all 422 received a 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.

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.

Certified offender interpreters may be used to explain the policies and procedures for reporting; however, 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 Lingulinx Telephone 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*)

Upon review of investigative files, it was found that a large number of the case outcomes were noted as “unfounded”, some 100 of 121 total cases. Upon review of multiple files, it appears that the evidence utilized to determine outcome can be somewhat subjective due to lack of adequate information. It would appear that more cases would be found to be unsubstantiated rather than unfounded, but there was no evidence in the file reviews that any cases found to be unsubstantiated or substantiated were impacted at all.

Training includes that offered by DPS&C Headquarters and also training offered by the National Institute of Corrections. Documentation of this training is retained in the Training Department for training credit and documentation. The current staff training Certificates of investigators in the file are from the 2017 NIC training they received. DPS&C training ppt slides were reviewed and are in the training folders and meet the standard elements required to be trained.

Investigators receive training in conducting sexual abuse and sexual harassment investigations in a confinement facility. Investigator and Deputy Warden interviews confirmed that his 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.

The facility has completed additional training for investigative staff to include information presented by the Head of headquarters agency-wide investigations. Training documentation was provided to auditors upon completion.

## 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*)

LSP has a total of 131 medical and mental health care employees and interviews and training program records show that all staff has received specialized training as required in 115.35 (a) and staff interviews supported that this has occurred. The training includes:

- 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 the specialized training requirements and the requirement to complete NIC training related to this area, medical and mental health staff receive the training required for all staff, as do contract medical and mental health personnel. During orientation and annually thereafter, all staff receive training in the prevention, detection, response, reporting, and investigation of sexual abuse. The staff interviewed indicated training was very useful to them but also indicated their time constraints were very real due to being only 50% staffed of their 4 social work positions. They felt that offenders here are safe and receive few indications of offenders fearful or concerned about sexual safety.

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 offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders?  Yes  No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders?  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 offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the offender?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the offender has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender 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 offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender 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 offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing offenders 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 offenders 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 offenders 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 offender's arrival at the facility, does the facility reassess the offender'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 offender's risk level when warranted due to a: Referral?   
Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Request?   
Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an offender's risk level when warranted due to a: Receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness?   
Yes  No

#### 115.41 (h)

- Is it the case that offenders 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 offender's detriment by staff or other offenders?  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 audit requirement, specialized offender interviews were conducted with offenders of all required categories. During interview and file review of one offender noted as transgender, it was found that a diagnosis of Gender Dysphoria Disorder had been noted in October 2016 and referred by the LSP Medical Department to State Headquarters in October 2016, as required by DOC policy, but with no further evidence in the file of any action being taken. DOC policy that became effective in October 2017 outlines the actions to be taken upon the diagnosis or suspicion of Gender Dysphoria Disorder and these actions include the referral to the DOC Gender Dysphoria Disorder Clinical Management Team (GDCMT) for the diagnosis to be confirmed or ruled out.

-The facility has conducted a follow-up evaluation of the offender and has re-initiated the referral to the GDCMT for consideration. When confirmed, an individualized treatment plan meeting the acceptable standard of care will be prepared. It is noted that the only accommodation requested thus far is for private showers and that is arranged.

Additionally, during the review and interview of an offender who had declared to staff that he identified as transgender; it was found that Mental Health did not consider him transgender. Since an offender's status of transgender is a personal sense of identification, there is no specified mental health diagnosis or authorization required and this was reviewed with leadership.

-The facility conducted a follow-up review and designated the offender in LSP files as transgender. The offender's housing and program assignments were further reviewed to ensure the offender's health and safety and to ensure that the placement would present no management or security problems. Reassessments have been scheduled twice yearly. The offender has been provided an opportunity to shower separately from other offenders.

At intake, all offenders are screened to assess their risk of being sexually abused or abusive toward other offenders. The screening is normally conducted no later than 72 hours after arrival at the facility and utilizes DPS&C PREA HRSV/HRSP intake forms and process. Interviews with the medical and mental health staff, and the Warden indicate that this was an area in need of improvement several years ago and there is a consensus that screening has greatly improved as the staff has become more experienced and attuned to the process.

A number of staff interviewed about this area, both random and specialized, and including intake and mental health staff, noted that LSP was doing more of an intake process than in recent years, and was becoming more experienced in this process. The intake process includes staff from Medical, Dental, Security and Mental Health meeting with each new arrival to determine if there



are any situations that need to be addressed.

It is also recognized that the increased numbers of older offenders with fairly serious medical needs have placed numerous challenges on the LSP medical department and there has been a responsive increase in facility PREA assessment and reassessment efforts to ensure the safety of this sometimes more vulnerable population.

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.

In addition, the screening also includes:

- Prior acts of sexual abuse;
- Prior convictions for violent offenses;
- When known, to the facility: a 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, 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 of a confidential nature and will not be disseminated in any way that will be exploited to the offender's detriment.

All 422 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.

LSP 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. Reception center staff enter the 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.

- **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 either sexual victimization or sexually predatory behavior.

MH (Mental Health) Screening, including PREA assessment, is conducted on all transfers, at the time of admission to LSP, 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.

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

Transgender or intersex are not normally designated to LSP; however, if these offenders are received, or make their status known at some time after arrival, housing and programming policy on assignments requires that they 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. Policy for transgender offenders provides that they 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 Gender Dysphoria Disorder Clinical Management Team (GDCMT).

Placement and programming assignment policy require transgender and intersex offenders would be 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 statewide) The views of the offender with respect to their own safety is given consideration.

Transgender offenders are given an opportunity to shower separately from other offenders by completing a Shower Preference Statement, but few choose this option as showers are relatively private anyway.

## 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 offender?  Yes  No

#### **115.42 (c)**

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders 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 offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender'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 offender reassessed at least twice each year to review any threats to safety experienced by the offender?  Yes  No

#### **115.42 (e)**

- Are each transgender or intersex offender'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 offenders given the opportunity to shower separately from other offenders?  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 offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders 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 offenders, does the agency always refrain from placing: transgender offenders 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 offenders, does the agency always refrain from placing: intersex offenders 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*)

Since 2016, Department Regulation C-01-022 was revised to include language regarding the utilization of the DPS&C PREA Vulnerability Assessment. Victims and predators cannot live in the same dormitories but can be assigned to the same job or programming if the supervisor of the area is aware and closely monitors. The directive required that all personnel involved in conducting Boards or in the movement of offenders receive training regarding the Importance of the PREA Assessment.

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 Office 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.

Each Monday, when new bed assignment print-outs are sent to the Assistant Wardens the lists of all Victims and Predators are compared again to ensure these groups are not housed together. Additionally, the Assistant Wardens are notified of any discrepancy by the PREA Compliance Manager, who also monitors these moves.

Inmates in LA DOC generally are assigned by the reception prison to facilities based on sentence and not by the type of crime, etc. It then becomes a facility responsibility to separate and secure the individual offender in the safest location and program. The exception is a death penalty sentence which always transports directly to the penitentiary, not to a reception facility. Once at LSP, the facility does not place lesbian, gay, bisexual offenders on a tier solely on the basis of such identification or status and auditors found them located across the entire housing spectrum.

Mental health staff interviewed indicated that services for PREA Blue HRSV offenders focus on issues related to treatment for and prevention of victimization. DPS&C's Medical/Mental Health Director is also tasked to ensure that they have access to the services of a professional who has training and experience in trauma counseling.

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 these offenders if it would be appropriate.

The Classification Officer ensures that PREA information is entered into the offender's Master Record and in the mental health section of the offender's medical record for monitoring purposes. Each unit of the facility reviews the offender's PREA designation prior to any housing, job or program reassignment in order to make an individualized safety determination. The Classification Board conducts subsequent reviews depending on the offender's classification and reevaluates every offender at least annually.

Assignment to a specific unit is made after consideration of age, PREA status, disciplinary history, gang affiliation, medical and mental health concerns, pending charges and prior incarceration history.

## **Standard 115.43: Protective Custody**

#### 115.43 (a)

- Does the facility always refrain from placing offenders 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 offender in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do offenders 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 offenders 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 offenders 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 offenders 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 offenders 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 offender'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 offender 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*)

There has been zero use of protective custody separation in the last 12 months.

Department Regulation C-01-022 prohibits offenders at high risk for sexual victimization from being placed in segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers. LSP initiated significant changes in segregation procedures following the 2016 audit and developed a separate program that places protective custody offenders under mental health management and programming and not segregation. Aggressors are segregated, victims are not although they can request protective custody and, if they do, it is reviewed by a PC management team to determine the safest management of the offender.

Generally, an offender who was held in protective custody would remain there only until the investigation is completed and a determination made regarding the allegation. DPS&C has a management form titled "24-hour Review of Involuntary Segregation Status During PREA-Related Investigation" that they utilize to document the offender's stay in restricted housing.

An offender placed in segregation because of a high risk of sexual victimization is required to have access to programs, privileges, education and work opportunities commensurate to offenders in general population. Documentation is maintained indicating which opportunities were limited, the duration of the limitations and the reasons for the limitations.

## REPORTING

## Standard 115.51: Inmate reporting

### 115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for offenders to privately report: Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for offenders 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 offenders 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 offender reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the offender to remain anonymous upon request?  Yes  No
- Are offenders 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 offenders?  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 C-01-022 and Penitentiary Directive 14.005 allows multiple means for offenders to report sexual abuse, harassment, retaliation, and/or staff neglect. This includes verbal or written reports to staff via letter through farm mail or regular mail; and also the Administrative Review Procedure (ARP). In addition, LA DOC has a Memorandum of Understanding with the Crime Stoppers organization statewide via a hotline number posted in all units. The Crime Stoppers hotline is LSP's outside reporting entity as required by this standard. LSP had an earlier deficiency in providing offenders in Administrative Segregation, cellblock, and death row an avenue to report sexual abuse to an outside entity. LSP entered into an MOU with Louisiana Foundation on Sexual Assault to give offenders who do not have routine phone access a place to write and report allegations of sexual abuse. Upon entering into a unit to where the offender phone access will be restricted, offenders are provided a flyer with the address of organization. Additionally, the address for the Louisiana Foundation on Sexual Assault is painted on the cellblock walls.

LSP interviewed senior staff, including the Warden, indicated that they do not house offenders solely for civil immigration purposes, however offenders of a foreign citizenship are still allowed to contact their respective Consulate. In the event that LSP should house an offender solely for civil immigration purposes, the institution has documentation available regarding consular officials and the Department of Homeland Security.

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

## **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 offender grievances regarding sexual abuse. This does not mean the agency is exempt simply because an offender 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 offenders 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 offender 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 offender 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 offenders 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 offender 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 offender does not receive a response within the time allotted for reply, including any properly noticed extension, may an offender 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 offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders 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 offenders? (If some third-party files such a request on behalf of an offender, 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 process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the offender declines to have the request processed on his or her behalf, does the agency document the offender'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 offender 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 offender 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 offender 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 offender for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the offender 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*)

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

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

The standard dictates that offenders shall receive an initial response within 48 hours of the allegation and the agency shall issue a final response within 5 days of the allegation and LSP had not met this standard in 2016 but they then established a protocol to address emergency grievance allegations within the designated time frame. Reviews of grievance folders reflected that these times are now being met.

Within the past 12 months, there was the use of the grievance process 26 times for an allegation of sexual abuse and the response was within the 90-day window allowed in each of the 26 cases. There were 12 grievances alleging danger of imminent sexual abuse during this period and all were immediately separated from prospective predators for their safety and then received timely responses and action within specified times. Nine offenders were 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 the 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. No offenders declined third-party grievance assistance.

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. In practical terms, however, the PREA Compliance Manager and Warden indicated that any ARP related to sexual abuse is always treated as an emergency ARP until involved offenders are safely situated.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates can 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.

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

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

### 115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders 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 offenders and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform offenders, 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 offenders 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*)

Outside Reporting: Although contact information for an outside agency (Crime Stoppers) is well provided to the population and very well known, some offenders were unaware that they could

call this 1-800 number from the offender phone system, believing that they needed to have the number entered into their list of approved numbers they could call. Although many were able to recite the phone number from memory due to the large number of postings, as well as being painted near most facility phones, the majority of offenders assumed that they could not call because directives given were that most outside “1-800” numbers are not allowed on an approved offender phone list.

---The facility has acted to provide the population through a posting as well as on the offender radio and television station with information that all offender phones have the ability to complete calls to the provided number to Crime Stoppers without having to add it to the phone list. This corrective action is acceptable.

Currently, the on-property medical center is utilized for medical evaluation, forensics and treatment following an allegation of sexual abuse, and so facility mental health staff are being utilized as victim advocates if one is requested by the offender; an outside advocate is allowed but, given the facility remoteness, would not normally be able to reach LSP before the medical treatment and testing were completed. In addition to Victim Advocate duties, mental health staff are also assigned their normal mental health functions and also are used as retaliation monitors due to their continuing relationship with the offenders after an incident. The auditors believed that there could potentially be too much overlap for a given mental health staff member and recommended some separation to avoid any potential conflict of interest especially in view of the 17 providers responding to 1646 requests for mental health services a month.

- The Warden and PREA Coordinator accepted the recommendation, and the PREA Coordinator is working with the leadership of the Mental Health Department to separate out and clearly define specific staff to serve as Retaliation Monitors and to ensure overlap separation among the various mental health staff assigned duties. Due to the large number of mental health staff being available at the facility, the administration is designating specific staff responsible for each task.

Since 2016, LSP instituted a protocol that provides offenders in restricted housing units a flyer with the address to Just Detention International (JOI) when they enter the cellblock. Offenders may write JOI to receive outside victim advocacy services through the Louisiana crisis agency LAFASA, which also has their information provided.

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 with the exception of properly placed privileged calls between an offender and his attorney. Reports of abuse are always forwarded for investigation.

## **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 offender?  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*)

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

LSP methods in place to receive third-party reports of sexual abuse and sexual harassment include calling Crime Stoppers, filing a grievance, use of institutional ("farm") mail or use of regular mail. Posters and the PREA handbook provide information to access third-party reporting. Crime Stoppers, when called, forwards the complaint to the Department PREA Coordinator who is turns forwards it to the appropriate PREA Compliance Manager.

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.

**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 offenders 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 offenders 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*)

Department Regulation No. C-01 -022 and Penitentiary Directive 14.005 require that all allegations of sexual abuse are to be treated confidentially and explains reporting of allegations of sexual assault or misconduct. Staff reporting procedures are covered in annual training. Staff interviewed indicated they were aware of how to report an incident. Copies of Unusual Occurrence Reports (UOR) reviewed in investigation files verified that.

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

All allegations of sexual abuse and sexual harassment are reported to Investigations, including third-party and anonymous reports.

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 offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender?  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. The LSP policy is that any allegation is to be treated as an imminent risk until the offenders are safely positioned.

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 offender 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 no allegations of sexual abuse at LSP from other facilities in the last 12 months. Allegations received from other confinement facilities that an offender was sexually abused while confined at LSP are reported directly to the Warden and he ensures that allegations are investigated in the same manner as are all allegations.

Upon receiving an allegation from an offender at LSP 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 LSP 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 offender 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 offender 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 offender 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 offender 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*)

LSP has provided all staff with a 'PREA' card outlining the role and responsibility of a first responder and also including initial supervisory steps as well. LSP conducts routine trainings at roll call providing staff instructions and expectations should they serve as a first responder. Documentation was viewed indicating all staff participated in the routine training and the annual refresher training required for all staff.

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

In all 121 cases of response, the first staff member arriving and receiving the report/allegation and/or the appropriate supervisor advised 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. Of the 121 allegations in the past 12 months, there were 23 cases where the first responder was a non-security staff member and all took the initial step to request victims not take any action that might destroy physical evidence, and then also immediately contacted security staff.

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 will 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 in order 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 to be segregated from the alleged aggressor and screened by a mental health professional with appropriate referrals made.

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 the predatory behavior is always evaluated by mental health staff prior to the disciplinary hearing of the violation. LSP 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.

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 detainee or staff.

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*)

LSP employs a Coordinated PREA Response Checklist which shows the initial responsibilities of staff and a checklist for the notification of Medical, Mental Health, Investigators and facility leaders. The completed checklist is filed with the investigation documents.

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 their own requirements and just some of the requirements of their supervisors.

## LSP Policy on Actions Required After Report of Sexual Abuse

- 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.
- Only designated employees specified by the policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy.
- All allegations of sexual abuse are to be handled in a confidential manner throughout the investigation.
- All conversations and contact with the victim should be sensitive, supportive, and non-judgmental.

### Initial Responder:

- 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 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 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

**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.

**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 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.
- Incidents are fully documented.

- Log Book
- Security Video
- Photos

**Notifications Required when Sexual Abuse is Alleged:** Ensure 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 board 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.

### **Evidence Protocol**

If the abuse occurred within 72 hours, procedures will be followed in accordance with LSP policy 02-01-007- "Crimes Committed on Grounds of LSP".

### **Responsibility when Sexual Harassment is Alleged**

Some offender allegations rise only to the level of sexual harassment, not sexual abuse. 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 nonconsensual.
- 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, in fact, 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 offenders 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 offenders 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*)

LA DPS&C has an agreement with AFSCME, and the Union Contract addresses the working environments for Department employees who choose to join the union. The agreement does

not prohibit the Department of Corrections from disciplining employees who have violated PREA or from suspending alleged staff perpetrators during the investigation.

Interviews with the DPS&C PREA Coordinator and an LSP Contracts staff report that LSP and LA DPS&C have no limits on LSP'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. As with any State, LA has a Personnel Board and HR requirements to ensure fair hearing procedures and treatment.

## **Standard 115.67: Agency protection against retaliation**

### **115.67 (a)**

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders 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 offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders 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 offenders 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 offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders 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 offender 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 offender 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 offender 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 offenders, 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*)

The 2016 PREA auditors assessed that to ensure compliance in a facility of this magnitude, the PREA Compliance Manager needed the assistance of a compliance monitor in each out camp who is tasked to ensure compliance in their respective unit, with the LSP Compliance Monitor providing oversight. The PREA Compliance Manager is comfortable that this system is not needed as she now has a larger support staff to assist her in this area and believes that the monitoring is more effective when centrally managed.

Retaliation is prohibited in DPS&C. If detected or alleged, the appropriate supervisor is directed to immediately contact the facility investigative section. 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. The Assistant Warden for Administrative Services is responsible for collaborating with the Mental Health Retaliation Monitor to monitor retaliation. Interview of the Assistant Warden indicates a system of informal checks and maintaining sensitivity to housing changes, disciplinary reports, job changes, etc. He indicated he maintains 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 LSP 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 offender 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; the LSP Mental Health Retaliation Monitor 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 Monitor discusses them with the PREA Compliance Manager and Deputy Warden in order 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 offender 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*)

Department Regulation C-01-022 prohibits offenders at high risk for sexual victimization from being placed in segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there are no available alternative means of separation from likely abusers.

LSP has developed a 24-hour review/ status check form for offenders who are placed in involuntary segregation. The form states the reason for use of involuntary segregation.

Staff making the recommendation must contact the PREA Compliance Manager, Investigator or Duty Warden as soon as involuntary separation for protection occurs.

During the on-site review, investigator and PREA Compliance Manager interviews reflected that protective custody is rare and that it is managed by the mental health unit. If an offender requests protective custody (PC), he can go to a single cell while the investigation is completed but, during that time, Mental Health staff interview and evaluate the offender and then the PC (Protective Custody) Committee determines the safest location for housing. There have been no requests for PC for PREA, but an offender could go to protection board if they did ask.

## 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 offender or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an offender 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*)

Department Regulation C-01-022 gives the agency process and gives specific steps to be followed when an allegation of sexual abuse is made. LSP refers serious incidents to the West Feliciana Parish Sheriff Department and LSP investigators stay informed on the progress of the investigations although on-site investigators have received training in regard to investigating sexual abuse in a confinement setting, to include evidence collection and crime scene preservation.

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.

Incidents involving criminal acts of sexual assault and sexual misconduct where local law enforcement is not conducting the investigation should be conducted 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.

Prompt attention is given to providing objective and thorough investigations pertaining to sexual abuse and/or sexual harassment that are conducted regardless of how they are reported. When sexual abuse is alleged, LSP 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 in accordance with LSP policy 02-01-007 – Crimes Committed on the Grounds of LSP. 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. 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.

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.



In 2017, there were 278 cases investigated, of which 3 were criminal investigations and 275 were administrative. In 2018, there were 121 cases of which 3 were criminal investigations and 118 were administrative. Upon review of the 2018 investigative files, it was found that a large number of the case outcomes were noted as "unfounded", some 96 of 121 total cases. Upon review of the files, it appears that the evidence utilized to determine outcome can be somewhat subjective due to lack of adequate information. It would appear that more cases should be found to be unsubstantiated rather than unfounded especially in light of the one group of cells which cannot be readily viewed by cameras or tier posted staff.

Extensive Investigator training developed by the Departmental Investigations Office was conducted by the headquarters agency-wide head of Investigations October 11, 2019. Training documentation was provided to auditors upon completion.

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 in accordance with 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.

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.

Substantiated allegations of sexual abuse are referred for criminal prosecution. Investigative reports of unsubstantiated or unfounded claims are maintained in accordance with the Department Records Management Program, which requires that reports from the active year plus 6 years be archived. 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*)

Department Regulation C-01-022 defines the investigation outcome categories. Per policy and interviews with the investigator, Warden, and PCM, neither DPS&C nor LSP 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 offenders

#### 115.73 (a)

- Following an investigation into an offender's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender 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 offender'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 offender? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an offender'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 offender's unit?  Yes  No
- Following an offender'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 offender'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 offender'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 offender's allegation that he or she has been sexually abused by another offender, 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 offender's allegation that he or she has been sexually abused by another offender, 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

into an offender's allegation, the investigator interviewed stated that he informs the offender as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded but this is not reflected in the statistics. If the prison did not conduct the investigation, it requests the relevant information from the investigative entity in order to inform the offender of the investigative findings. All 25 of the investigations of alleged sexual abuse had documented results reported back to the offender after completion of the administrative investigations; there were no external agency investigations.

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 delivery of the notice.

## DISCIPLINE

### 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*)

LSP has had no staff disciplined in the last 12 months violating the agency's sexual abuse or sexual harassment policies but LA DPS&C Policy C-01-022 outlines staff violating the DOC sexual abuse and sexual harassment policy may receive disciplinary action up to and including termination. Regulation C-01-022 also requires substantiated allegations to be forwarded to the local District Attorney for a decision regarding prosecution or forwarded to the relevant professional licensing boards.

One staff member was determined to have violated agency policy regarding sexual abuse. During an interview with Investigators, and after West Feliciana Parish Sheriff's Office had been notified, this staff member signed resignation papers to terminate her employment and, at the completion of the interview, the staff member was arrested by the responding Sheriff's deputies.

No staff has been disciplined short of termination or resignation.

The seriousness of the conduct is considered in determining the appropriate response according to the interview with the Warden. Serious sexual harassment complaints, even if committed once, are still addressed by the Warden or leadership designee. Disciplinary sanctions are commensurate with the nature and circumstances of the acts committed, the employees' disciplinary history, and the sanctions imposed for comparable offenses.

Louisiana state law includes a specific provision that defines sex between Department of Corrections officials and people in their custody as malfeasance in office and specifically states that "sexual conduct (is) prohibited with persons in the custody and supervision of the Department of Public Safety and Corrections." It carries a sentence of up to 10 years in prison and fines up to \$10,000. This statute is in addition to Louisiana laws governing rape, which carry even harsher sentences.

Lawmakers also passed a law last year that explicitly states how a person is incapable of giving consent when "the person is under arrest or otherwise in the actual custody of a police officer or other law enforcement official." Correctional officers in Louisiana are considered law enforcement agents.

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 offenders?  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 offenders?  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 C-01-022 specifies that 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. No volunteers or contractors were reported to law enforcement and/or their respective licensing boards during the past 12 months. Volunteers interviewed all were familiar with this situation and requirement from their training before performing any institutional services.

## Standard 115.78: Disciplinary sanctions for offenders

### 115.78 (a)

- Following an administrative finding that an offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse, are offenders 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 offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders 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 offender'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 offender 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 offender 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 offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.)  
 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 pursuant 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. There were 2 such cases in the past 12 months and neither was handled as a criminal offense but was managed administratively. Both cases were referred for prosecution, but the Sheriff's Office declined to arrest or prosecute. 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 disciplinary history and comparable offenses by other offenders.

Offenders are not 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 and the PREA Compliance Manager interviewed indicated that the disciplinary process takes into consideration the mental faculties of the offender who perpetrated the act when determining the sanctions. LSP has a process in place to ensure the hearing officer receives input from mental health prior to hearing the violation. In these cases, a referral to mental health is made and the report 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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender 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 offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender 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*)

No offenders reported prior victimization or who were determined to have previously perpetrated sexual abuse during screening. If the PREA screening indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, or that an offender perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, 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. To ensure compliance, the facility has implemented the PREA Interview Form which is utilized by mental health when meeting with an offender who reported past sexual abuse. This form clearly documents the offender was seen due to his report of past sexual abuse during a Risk Assessment.

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

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

#### 115.82 (a)

- Do offender 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 offender 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 in accordance with the professional judgment rendered by medical and mental health practitioners. The medical staff supervisor interviewed supports this and it also appears very evident at LSP, especially with their significant number of aging offenders. LSP has its own 7 trauma-equipped ambulances and an emergency room on the grounds with 24-hour medical staff coverage which ensures immediate care.

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. There is a staff of 30 EMTs who provide 24/7 response to every medical incident.

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. Referral to Mental Health always occurs and after-incident support is offered.

LSP offers all victims of sexual abuse forensic medical examinations at an outside facility, without financial cost to the victim, when evidentiary or medically appropriate but, as a practical matter, medical staff on-site have had training in regard to Sexual Assault examinations, and the LSP physicians are normally the forensic exam providers.

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.

### **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 offenders 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 offender 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 offender 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 offender-on-offender 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 of care is the LSP 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 when considering many other underserved areas of the state. Services provided appear consistent with community level of care.

Health Care Policies HC-09, HC-30 HC-36 address the components of this standard. LSP conducts a medical and mental health evaluation and offers treatment, as appropriate, to offenders who have a history of sexual abuse. 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 referral for continuing care following transfer or placement in other facilities, are provided for victims. Staff reported, when applicable, they set up the continuity of care upon release. Interviews indicated care and counseling often continues for numerous months but can also continue throughout the incarceration.

Mental health evaluations are required to be conducted on all-known offender-on-offender abusers within 60 days of learning of the abuse but really are routinely done within 14 days. LSP frequently offers a sex offender program to such offenders if it appears appropriate to that case.

Victims of sexual abuse are offered tests for sexually transmitted infections as appropriate. These 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*)

Department Regulation C-01-022 and Penitentiary Directive 14.005 require a sexual abuse incident review at the conclusion of every substantiated or unsubstantiated sexual abuse investigation and LSP 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.

The review team includes upper management officials, (Deputy Warden, or Assistant Wardens and PREA Compliance Manager, etc.) with input from line supervisors, investigators, and medical or mental health practitioners. 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 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 that are in the Warden's control are normally implemented. Documentation is provided if a recommendation from the Incident Review team is not implemented.

There were 26 administrative investigations of alleged sexual abuse in the last 12 months and all 26 were followed by an incident review within 30 days. The auditors have some concern that the other 100 investigations, those determined to be unfounded, were not subject to an Incident Review and this represents 80% of the facility allegations. Following the forthcoming investigator training, it is expected that a higher proportion of cases will be defined as unsubstantiated rather than unfounded and Incident Review numbers will increase.

## 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 offenders? (N/A if agency does not contract for the confinement of its offenders.)  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 Allegation Database is the electronic collection of data to track all allegations of sexual abuse. This information is included in an annual report compiled by the Department's PREA Coordinator which is posted on the Department's website ([www.doc.la.gov](http://www.doc.la.gov)) for review by the public.

The LADPS&C monitoring instrument is used to collect and track uniform data of sexual abuse at facilities and includes all the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U. S. 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 prior to 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 pursuant 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 DOC. LSP's annual report contains statistics for the Fiscal Year reporting and can be compared to the previous year data. The Warden and PCM stated that the Warden approves the LSP Annual Reports and submits them to the parent agency (DOC). There are also automated monthly reporting mechanisms for this data area. Reviews of this data are accomplished at each level for analysis, determining trends or needs, etc.

On a yearly basis, the agency PREA Coordinator reviews the collected and aggregated data to identify areas in need of corrective action, then develops an annual report which is approved by the Chief of Operations and the Secretary and made available on the agency's website.

Investigations leadership review all details of both criminal and administrative investigations, 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 in accordance with 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.

For annual reporting purposes redaction is not needed as it (the report) only contains statistical data and does not refer 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*)

All data is securely preserved and retained in accordance with the procedures outlined in 115.87. In accordance with the Department Records Management Program rules, Investigative Reports are retained while Active plus a minimum of six years.

DPS&C makes an annual report regarding all sexual abuse data from DPS&C facilities available to the public through its website [www.doc.la.gov](http://www.doc.la.gov). LSP provides its data to the PREA Coordinator and PREA allegations are tracked through a secured database that can be easily accessed by the State Institutions. The report consists of numbers only; DOC philosophy is that anonymity will ensure the integrity of the process and encourage the reporting of all PREA allegations in the future.

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 in accordance with 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 in accordance with the Department Records Management Program, which requires the active year plus 6 years 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 offenders, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were offenders 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 extremely supportive and made all efforts to ensure full access and ease of audit operation for the auditors, 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 appeals pursuant 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). LA DPS&C makes these reports available on request and instructions to do this are posted on their website.

## **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 offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

William E. Peck

November 10, 2019

**Auditor Signature**

**Date**