

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]	
Name of facility: Dixon Correctional Institute	
Physical Address: 5568 Highway 68 Jackson, LA 70748	
Date report submitted: November 12, 2015	
Auditor Information	
Daniel W. Redington - Fulton Reception & Diagnostic Center 1393 State Road O Fulton, MO 65251	
E-Mail: dan.redington@doc.mo.gov	
Telephone number: 573-592-4040 extension 207	
Date of facility visit: October 20 – 22, 2015	
Facility Information	
Facility mailing address: (if different from above)	
Telephone number: 225-634-1200	
The facility is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
	X State
Facility Type: <input type="checkbox"/> Jail X Prison	
Name of PREA Compliance Manager: Keith Turner	
E-Mail Address: KEITHTURNER@corrections.state.la.us	
Title: Assistant Warden	
Phone Number: 225-634-1200	
Agency Information	
Name of agency: Louisiana Department of Public Safety and Corrections	
Governing authority or parent agency: (if applicable)	
Physical address: 504 Mayflower Street Baton Rouge, LA 70804	
Mailing address: (if different from above)	
Telephone Number: 225-342-2211	
Agency Chief Executive Officer	
Name: James LeBlanc	
Title: Secretary	
E-Mail Address: JLeBlanc@corrections.state.la.us	
Telephone Number: 225-342-2211	
Agency-Wide PREA Coordinator	
Name: Michelle Dauzat	
Title: Assistant Warden	
E-Mail Address: MDauzat@corrections.state.la.us	
Telephone Number: 318-927-0400	

AUDIT FINDINGS

NARRATIVE:

The on-site PREA Audit of the Dixon Correctional Institute was conducted October 20 - 22, 2015. The audit team consisted of the Audit Chair, Dan Redington, MDOC/DOJ Certified PREA Auditor with two support staff consisting of Vevia Sturm, MDOC/DOJ Certified PREA Auditor; and Becky Ehlers, MDOC/DOJ Certified PREA Auditor. During the pre-audit phase, the team reviewed the standards and completed much of the file review. A detailed agenda was provided to the facility prior to the on-site audit.

Immediately upon entering the facility an entrance meeting was held in the Training Building. In attendance was Warden Vannoy and his section heads. Also in attendance was Michele Dauzat, Louisiana PREA Coordinator. The Warden introduced the auditing team and had the Audit Chair address the group. The tour of the facility, led by Warden Vannoy followed the meeting and included programming areas, housing units, food service, medical, infirmary, education, maintenance, visiting room, and Administrative Segregation.

Specialized and Random Staff interviews were conducted on October 20, 2015 and October 21, 2015 and included the Facility PCM, Warden, Shift Supervisor, Classification, Education, Human Resources, Contract Medical and Mental Health, Volunteers, Investigations, Intake, Segregated Housing, Incident Review, Retaliation Review, First Responders, Food Service, Maintenance, Laundry, Canteen and Counselors. Custody Staff from both shifts were interviewed. All staff was knowledgeable of DCI and agency policy in regards to their responsibility subsequent to a report of sexual abuse or harassment and seemed very comfortable answering questions from the auditors. Interviews were held at various locations throughout the facility that provided adequate privacy and comfort for both auditor and interviewee. Investigative and Human Resource file information was made available to auditors for review. SAFE/SANE exams are conducted off-site by Our Lady of the Lake Hospital or Lane Memorial Hospital in Baton Rouge, LA. Staff from that facility were not interviewed.

Offender interviews were conducted on October 21, 2015 and included at least one offender from each housing unit, an offender who had reported sexual abuse, an offender who self-identified as bi-sexual, an offender identified as vulnerable during risk screening, an offender in segregated housing and offenders supervised by non-custody staff. There were no letters received from offenders by the PREA Auditor.

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

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

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

DESCRIPTION OF FACILITY CHARACTERISTICS

Dixon Correctional Institute (DCI) is located in Baton Rouge, Louisiana on approximately 3,000 acres of land of which 490 acres are within the fenced-in compound. The main facility has a rated capacity of 1,800 offenders. On the date of the audit, they had a population consisting of 403 Minimum Custody Offenders, 1,223 Medium Custody Offenders and 152 Maximum Custody Offenders. Dixon Correctional Institute employs approximately 473 staff. DCI does house youthful offenders and had 23 youthful offenders on the date of the audit.

SUMMARY OF FINDINGS

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

An exit meeting was held on October 22, 2015 to brief the Warden and PREA Compliance Manager of the team's findings. Following the exit meeting in the Warden's office we again had an assembly with staff from the facility to discuss the findings. Staff were very receptive to our findings. The Audit Team felt that this showed not only their commitment to PREA, but also their professionalism. The Audit Team felt an overall sense of concern for offender safety and the staff's willingness to be open to our suggestions helped to reinforce that opinion.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

115.11

ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has written policy C-01-022 mandating zero tolerance towards all forms of sexual abuse and sexual harassment.

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

115.12

CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has two facilities that are contracted with private corporations and six community confinement facilities. All contracts have been amended to include compliance with PREA standards and reporting requirements. All contracted facilities will be audited during the first 3-year auditing cycle.

115.13

SUPERVISION AND MONITORING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy C-01-022 required a Staffing Plan be developed that provided for adequate levels of staffing and video monitoring (where applicable) to protect offenders against sexual abuse. This is demonstrated by the Staffing Plan and review of Dixon Correctional Institute's annual performance and accountability report for fiscal year 2013/2014.

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

115.14

YOUTHFUL INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

DCI houses all youthful inmates (under the age of 18) for the state. The agency has policies in place that address this component to include, Department Regulation No. C-01-022, No.B-02-020 and DCI 4F-010. Youthful inmates are prohibited from being housed in an area where they have sight, sound or physical contact with adult inmates. Youthful inmates are escorted by staff, at all times, when outside their designated living area. Youthful inmates receive programming weekly and physical exercise daily. This was supported by interviews with staff and inmates and through observation. When placed in Administrative Segregation or Extended Segregation they are housed in a cell under direct staff supervision.

115.15

LIMITS TO CROSS GENDER VIEWING AND SEARCHES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policies in place that address this component to include, Department Regulation No. C-01-022, No. C-02-003 and DCI 3A-033. Training curriculum and records indicated that all staff receives training on how to properly conduct searches in a respectful and professional manner regardless of gender or sexual orientation of the inmate. Policy is in place that restricts staff from searching or examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy does support a cross gender announcement to the population when female staff enters a living area. This was supported by announcements being made when female staff entered living areas during the institutional tour. Both staff and inmates identified this as a practice at the facility during random interviews. These announcements were made and recorded in the officer's log.

During the institutional tour three areas of concern were identified: 1) Mirrors in some shower areas, 2) Inmates could be viewed while showering and toileting, 3) Female staff in the youthful offender unit had view of inmates showering.

- Corrective Actions Needed:**
- 1) Remove mirrors in showers
 - 2) Moveable partitions placed in restrooms
 - 3) Schedule established in Youthful Offender unit that allows them to shower only in the presence of male staff.

Corrective action reviewed and approved on 2/02/16

INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH

115.16	PROFICIENT
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has policies that address this component, Department Regulation No.C-01-022, No.B-02-016, No.B-08-018, No.B-08-010 and DCI 2C-001 and 3A-033. Inmates with disabilities and inmates who are limited English proficient have equal access to PREA information. This was documented in policy and brochures were posted in English and Spanish formats. The institution has the capability of providing the information in various languages, as needed. Inmates whose hearing cannot be restored to a “within normal limits” medical level with an auxiliary aid are not housed at DCI. Inmates with a hearing disability needs are housed at the Louisiana State Penitentiary or Rayburn Correctional Center. This facility has an individual identified to serve as an interpreter for Spanish speaking inmates that are limited English proficient.</p> <p>Documentation supported that staff had received training on how to effectively communicate with inmates with disabilities and language barriers.</p> <p>Inmates received information on PREA in the Offender Orientation Handbook and in a video upon intake. Inmates sign that they received this information. Documentation and interviews with inmates supported that all inmates sign they received and understand information regarding sexual abuse and sexual harassment.</p>	

115.17	HIRING AND PROMOTION DECISIONS
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Documentation submitted and interviews conducted indicated that policies were in place and the policy was being followed by the facility to ensure this standard was met. Also, the Personnel Manager appeared to be very aware of the policies and showed how this standard was being met.</p>	

115.18	UPGRADES TO FACILITIES AND TECHNOLOGY
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	

Does Not Meet Standard (requires corrective action)

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

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

115.21

EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-01-022 supports this standard and DCI's PREA policy outlines how the regulation is to be applied. DCI's trained PREA investigator investigates all sexual abuse and sexual harassment allegations. The investigative report is forwarded to the warden who makes the determination as to whether law enforcement should be notified. Criminal investigations are conducted by East Feliciana Sheriff's Department.

The agency and facility have an evidence collection protocol. The facility investigator verbalized the protocol used when conducting investigations.

DCI has a physician on-site who reported that he could perform a forensic exam or the facility could transport the victim to Lane Regional Medical Center or Lady of the Lake Medical Center. In the past 12 months, DCI has not had an incident that required a forensic medical exam.

DCI partnered with STAR (Sexual Trauma Awareness and Response) who provided advocacy training to staff. Nine DCI staff have received advocacy training from STAR and are available to provide advocacy services. All alleged victims receive services from a trained staff member. DCI also provides offenders with contact information for Just Detention International.

The facility provided documentation showing they requested the East Feliciana Sheriff's Department follow PREA standards when conducting investigations within the facility.

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-01-022 and the DCI policy 3A-033 require all allegations of sexual abuse and sexual harassment be referred for investigation. The auditor randomly selected 11 investigative files for review. As of the date of the on-site audit, DCI had investigated 19 allegations of sexual abuse and 10 allegations of harassment in 2015. Of the 29 investigations, DCI had one substantiated investigation which was forwarded to the District Attorney for prosecution. [Following the close of the investigation staff learned the sexual behavior was consensual.] During the on-site audit, 11 random investigations were reviewed and all investigations were found to have been conducted by a PREA trained investigator. Agency regulation C-01-022 Prison Rape Elimination Act (PREA) is posted on the agency's website.

115.31**EMPLOYEE TRAINING**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policies in place that address this component, Departmental Regulation No. C-01-022 and No.A-02-028. The PREA training curriculum covers all required components of 115.31 (a) as mandated. DCI provided documentation demonstrating staff had completed the training. Additionally, there is signed documentation from staff showing that they received the Louisiana Department of Public Safety and Corrections Sexual Assault and Sexual Misconduct with Offenders Acknowledgment form and the Louisiana Department of Public Safety and Corrections Malfeasance in Office form. Agency policy No. C-01-022 shows custody staff will receive refresher training yearly with all other staff receiving training every two years to ensure employees are aware of the Agency's current sexual abuse and sexual harassment policies and procedures. Training records and interviews with staff support that required training occurs.

115.32**VOLUNTEER AND CONTRACTOR TRAINING**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policies in place that address this component, Department Regulation No.C-01-022 and No.B-08-004 that requires all volunteers and contractors receive PREA training. Training curriculum includes how to report allegations of offender sexual assault and sexual misconduct, respond to investigative inquiries, do's and don'ts of working with offenders and recognizing offender manipulation. Contractors are required to read and sign the Sexual Assault and Sexual Misconduct with Inmates Acknowledgment Form and the Malfeasance in Office form. DCI provided examples of contracts and acknowledgment forms and an on-site review of files confirmed that training is taking place.

Volunteers complete Volunteer training and receive a copy of the Volunteer Orientation and Training Manual which includes a "Sexual Misconduct and Sexual Harassment "section. DCI provided training records showing volunteers had completed the required training. In addition, volunteers sign a Sexual Assault and Sexual Misconduct form indicating that they understand the PREA standards. Interview with volunteers and training staff verified that required training is taking place.

115.33

INMATE EDUCATION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policies in place that address this component, Department Regulation No.C-01-022. All inmates 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 within 12 hours and no later than 72 hours after arrival. All inmates receive comprehensive training that addresses sexual abuse and sexual harassment within 30 days of intake. Staff conduct a follow-up interview with each inmate within 30 days of arrival to ensure they are knowledgeable of PREA and know how to file a report. DCI provided signed offender acknowledgments demonstrating offenders received training. Inmate interviews and file reviews supported inmates are receiving appropriate PREA education and were aware of the zero-tolerance policy and how to report allegations. During the tour it was noted there was appropriate PREA signage throughout the facility that included the Crime Stoppers toll-free number for inmates to anonymously report allegations of sexual abuse as well as posters. PREA brochures/posters were available in English and Spanish. Through a file review, it was verified that inmates assigned to the facility prior to August 2012 received PREA education.

115.34

SPECIALIZED TRAINING: INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policy in place that addresses this component, Department Regulation No C-01-022. DCI has five staff members who have received training in the investigation of PREA allegations. Investigators have received specialized investigator training required by 115.34, as well as the training required by 115.31. The facility maintains documentation of such training. Investigators received training by Training Force USA. The outline of the training was reviewed and it appears to meet the requirements of this 115.34.

115.35

SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency has policy in place that addresses this component, Department Regulation NO.C-01-022. Documentation and interviews with staff supported that staff received training on the elements outlined in 115.35 (a). Training courses included National PREA Resource Center Specialized Training: Medical and Mental Care Standards Modules 1-4, PREA Compliance Seminar: The Forensic Sexual Assault Examination and 8 hrs of Sexual Assault Victim Advocacy Training. DCI's physician/medical staff does perform forensic examinations and has received proper training.

115.41

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-01-022 and DCI policy 3A-033 Sexual Assault and Sexual Misconduct outline the requirements of this standard. The screening tool utilized by DCI addresses all the criteria listed in this standard. During the on-site audit, the auditor randomly selected 10 offenders that that had been received at DCI since January 1, 2015, to review for compliance to this standard. Of the offenders selected, each was screened for their risk of victimization or perpetrator during intake and reassessed by

mental health staff utilizing the PREA Vulnerability Reassessment Questionnaire within 30 days of intake. DCI maintains confidentiality by filing the original checklist in the offender's medical record and a copy in the offender's master record. Classification staff enters the information into the CAJUN, a secure case management system.

Department Regulation and the facility policy requires that an offender's risk level be reassessed when warranted due to a referral, request, incidents of sexual abuse or receipt of additional information that would affect the offender's level of risk. DCI provided an example showing an offender who was reassessed when additional information was received.

115.42

USE OF SCREENING INFORMATION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

DCI's policy supports this standard. DCI's Initial Board, which includes representation from medical, mental health, classification and security, makes individualized cell assignments, work and programming assignments. The Initial Board uses all the information available, including the PREA Screening score, to make the best possible decisions to ensure offenders at high risk of victimization are kept separate from offenders at high risk of perpetration. The Board meets with each offender individually to discuss placement.

A list of victims and perpetrators assigned to each compound is generated each week and reviewed by the Unit Warden. The Unit Warden informs the shift supervisors of all offenders assigned to their compound that scored at high risk of victimization or perpetration. It was apparent during the tour and interview process that DCI makes individualized housing and programming decisions and works hard to ensure the safety of the offenders housed at the facility.

DCI does not have a transgender offender however, should one be received at the facility, individualized housing and programming decisions would be made by the Initial Board. DCI policy 3A-033 requires a transgender or intersex offender to be reassessed twice a year. DCI shared with the auditor a form they would utilize to document that a transgender/intersex offender was offered the opportunity to shower separately.

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

115.43

PROTECTIVE CUSTODY

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency policy and procedure C-01-022 states that offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers. Documentation indicates that DCI has placed offenders in involuntary segregation housing who are at high risk for sexual victimization without regard for alternative housing or assessment for alternatives. Policy 3D-002 Segregated Housing Operations has been changed to show that all offenders placed in involuntary segregation housing for sexual victimization shall be reviewed within 24 hours to see if offenders can be released to a less restrictive status.

DCI shall provide documentation for 90 days from date of report showing that this practice is being followed. If no incidents occur during this time frame, a memo from the warden shall be generated indicating that this will be the practice of the facility.

Corrective action reviewed and approved on 2/02/16

115.51

INMATE REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

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

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

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115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>The agency has policy in place that addresses this component, Department Regulation No.C-01-022. Inmates may also use the Administrative Remedy Procedure (ARP) B-05-005. This is provided to the inmates in the DCI Offender Orientation Handbook.</p> <p>The Administrative Remedy Procedure (ARP) covers and supports all aspects of 115.52. Documentation was provided that indicates that every PREA related grievances would be treated as an Emergency Grievance. In addition, DCI has a practice in place that allows an offender to file a complaint with someone outside of the facility and may have assistance from a third party. DCI provided documentation for an ARP filed in March of 2014, which was processed according to policy. Inmates may also be disciplined for filing frivolous or malicious sexual abuse complaints.</p>	

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
<p>DCI has a Memorandum of Understanding with Just Detection International located in Washington, DC to provide offenders with access to outside victim advocate services for emotional support services related to sexual assault. This information was provided by the advocacy organization mailing address located on their posters. During a tour of the facility posters were observed. DCI has staff that has been trained in victim advocacy that will serve as site advocates. The agency provided Certificates of Participation to document which employees participated in the staff advocacy training (Victim's Advocates Training) provided by Sexual Trauma Awareness and Response located in Baton Rouge, LA. Additionally, offenders were provided in writing information about who to contact during the intake process for these services.</p>	

115.54	THIRD-PARY REPORTING
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
DCI has established a method to receive third party reports by posting Crime Stoppers posters within the facility which list telephone numbers in order to receive third party anonymous reports of sexual abuse and sexual harassment. Additional information about third party reporting is listed on the Louisiana Department of Corrections website (www.doc.la.gov).	

115.61	STAFF AND AGENCY REPORTING DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	
The agency has policy in place that addresses this component, Department Regulation No.C-01-022. The agency policy (C-01-022) indicates that all allegations of sexual abuse shall be treated with discretion and confidentiality. It also outlines the procedure for reporting of any allegations of sexual assault or sexual misconduct. Staff receive annual training and are made aware of reporting procedures within the facility and how to report outside the facility via the Crime Hotline and Child Protection Services. The sampling of staff interviewed knew the procedure for reporting such incidents and documentation provided - Unusual Occurrence Report (UOR) verified that this did occur. Staff also verbalized that they were aware of the importance of confidentiality regarding incidents with others outside of the investigation/agency. Third party and anonymous reports of alleged sexual abuse and/or sexual harassment are taken seriously and reported for investigation.	

115.62	AGENCY PROTECTION DUTIES
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
Auditor comments, including corrective actions needed if does not meet standard	

The facility has procedures in place to ensure the protection of offenders who allege sexual abuse or assault. It clearly outlines staff responsibilities in regards to protection of offenders and PREA. Staff interviews support that each understands their responsibility as presented in this standard. The agency has a PREA incident checklist in place that outlines how this is to occur as well.

115.63

REPORTING TO OTHER CONFINEMENT FACILITIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This agency has policy that address this component, Department Regulation No.C-01-022, which indicates that upon receipt of an allegation that an offender was sexually abused while confined at another facility, the Unit Head of the facility that received the allegation shall notify in writing the Unit Head of the facility or designee where the alleged abuse occurred. During this audit period DCI had no incidents in which they were notified from another facility that an offender had been sexually abused while incarcerated elsewhere.

115.64

STAFF FIRST RESPONDER DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This agency has policy that addresses this component, Department Regulation No.C-01-022. This policy covers all the components required by 115.64(a). Facility staff has a laminated card attached to their ID that outlined the response required of a first responder. Staff interviewed were able to verbalize the responsibilities of a first responder. DCI reported one incident involving a first responder during this audit period, which was supported by documentation.

115.65

COORDINATED RESPONSE

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This agency has policy that addresses this component – Department Regulation No.C-01-022. DCI has a Coordinated Response plan in place that is supported by a written document. This document identifies and describes the actions/steps to be taken at every level, along with a checklist. This was supported by a documented PREA case reported during this rating period and interviews with staff involved in the processing of allegations.

115.66

PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

115.67

AGENCY PROTECTION AGAINST RETALIATION

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

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

This agency has policies that address this component – Department Regulation No.C-01-022 and No.B-05-005. The employee handbook references whistle-blower protection for public employees provided by state statute. This statute clearly prohibits reprisal or retaliation towards staff for reporting staff misconduct. There were no instances of retaliation reported on behalf of staff.

DCI take protective measures with inmates who fear retaliation for reporting sexual abuse/harassment or for cooperating with an investigation. At DCI, the Mental Health provider monitors inmates by conducting individual reviews every 30 days for a minimum of 90 days. This is supported by documentation and inmate interviews. There were no instances of inmates filing a grievance alleging retaliation due to a PREA related issue.

Recommendation was made, during the audit, that a signature line for the inmate be added to the form used to monitor for retaliation every 30, 60, and 90 days. This was put into practice during the audit.

115.68

POST-ALLEGATION PROTECTIVE CUSTODY

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

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

Agency policy and procedure C-01-022 states that offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers. Documentation indicates that DCI has placed offenders in involuntary segregation housing who are at high risk for sexual victimization without regard for alternative housing or assessment for alternatives. Policy 3D-002 Segregated Housing Operations has been changed to show that all offenders placed in involuntary segregation housing for sexual victimization shall be reviewed within 24 hours to see if offenders can be released to a less restrictive status.

DCI shall provide documentation for 90 days from date of report showing that this practice is being followed. If no incidents occur during this time frame, a memo from the warden shall be generated indicating that this will be the practice of the facility.

Corrective action reviewed and approved on 2/02/16

115.71

CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Both agency regulation, C-01-022 and facility policy 3A-033 require all allegations of sexual abuse and sexual harassment be investigated promptly, thoroughly and objectively including third party and anonymous reports. The auditor reviewed DCI's investigative log for 2015 and found DCI conducted 29 PREA investigations, 19 sexual abuse and 10 sexual harassment investigations. Eleven random investigative files were reviewed by the auditor during the on-site audit which showed all investigations were conducted by a PREA trained investigator. All reports are documented in a report format and include a description of the evidence used to determine the findings. In 2015, DCI has one allegation that was substantiated which was referred to the District Attorney for prosecution.

The facility provided documentation showing they have requested the East Feliciana Sheriff's Department to follow PREA standards when conducting investigations within the facility.

115.72

EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Both agency regulation and facility policy support this standard. Specialized Investigator Training attended by DCI's investigator covers both burden of proof and preponderance of evidence. There was some concern when the investigator had difficulty explaining the evidentiary standard used in determining to substantiated an investigation and when an investigation should be referred to law enforcement.

It is recommended the DCI's investigator receive additional training.

115.73

REPORTING TO INMATES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-01-022 supports this standard. DCI policy 3A-033 does not address notifying the alleged victim of the findings following a PREA investigation.

In 2015, DCI completed 19 sexual abuse investigations. During the on-site audit, the auditor randomly review 11 sexual abuse investigative files and found that 8 of the 11 contained documentation showing the offender was notified following the completion of the investigation. In the last 12 months, DCI has had no investigations completed by an outside agency.

It is recommended DCI revised 3A-033 to include notifying offenders of the findings as well as follow up notification following the closing of an investigation.

115.76

DISCIPLINARY SANCTIONS FOR STAFF

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Policy 3A-033 states staff who violate this policy may receive disciplinary action, up to and including termination. Appropriate steps shall be taken to ensure fairness and due process. Disciplinary sanctions for violations of DCI policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Termination shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse. All terminations of violation of DCI sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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

115.77

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

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

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

Policy No. C-01-022 states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. DCI shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of the sexual abuse or sexual harassment policies by a contractor or volunteer.

Documentation received from Assistant Warden Turner indicated that during 2014 and 2015 no contractor or volunteer was reported to a relevant licensing board for sexual misconduct.

115.78

DISCIPLINARY SANCTIONS FOR INMATES

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

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

The agency policy C-01-022 outlines procedures for processing disciplinary sanctions for sexual abuse. Policy 3A-033 indicates that an offender must have their mental capacity evaluated prior to teaming the violation, and that an offender cannot be disciplined for consensual sexual contact. They were compliant in all other areas. Interviews with staff indicated that they were familiar with the standards and expectations as well.

115.81

MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-01-022 supports this standard. File review showed that offenders who reported a history of sexual victimization or perpetration during a PREA screening were not being offered a follow-up with mental health within 14 days as required by this standard. DCI administrative staff and the PREA Coordinator was made aware of this oversight and immediately developed a plan to ensure 14 day follow up for offenders who verbalize a past history of victimization or perpetration during a PREA Screening.

Corrective Action:

- **Provide an updated policy outlining protocol for ensuring offenders who verbalize a history of victimization or perpetration during a PREA Screening are offered a follow up meeting with mental health within 14 days.**
- **Provide auditors documentation showing offenders who report a history of victimization or perpetration was offered a mental health assessment and if accepted, documentation showing that the offender met with mental health within the 14 days.**
- **If there is no occurrence of an offender reporting a history of sexual abuse or perpetration within the next 90 days, please provide a memo from Warden Vannoy stating such.**

Corrective action reviewed and approved on 2/02/16

115.82

ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Agency regulation C-02-022 Prison Rape Elimination Action and facility policy 3A-033 supports this standard. Records show that all victims that allege sexual abuse received timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of these services were individualized and based on an assessment of the offender and determined by the practitioner's professional judgment. The medical unit is staffed at all times and mental health staff persons are on call should that be an event that requires immediate intervention by mental health outside of normal business hours.

Staff reported DCI has not had an allegation that would require prophylaxis within the last 12 months however, if an incident did occur the victims would be provided services as outlined in this standard. All services are offered at no cost to the victim.

115.83

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

Medical and mental health services are available at DCI to all offenders who report a history of sexual abuse in a confinement setting. Interview and records show that the offender would receive continued services if needed. All services are provided at no cost to the victim.

DCI has not had an instance where an offender was found guilty of offender on offender sexual abuse while housed at DCI. DCI however, did not have a protocol to ensure the perpetrator would be offered mental health follow up within 60 days. [As noted previously in this report, DCI did have one substantiated investigation, however, after the close the investigation it was determine the sexual act was consensual.]

It is recommended that DCI develop a protocol to ensure offenders found guilty of offender on offender

sexual abuse are offered mental health follow up and that the follow up is provided within 60 days.

Corrective action reviewed and approved on 2/02/16

115.86

SEXUAL ABUSE INCIDENT REVIEWS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

This agency has policy that addresses this component, Department Regulation No.C-01-022. It was found during file review however, that DCI has been conducting Incident Reviews only on substantiated cases. DCI utilizes a form that covers all aspects of this component. The review process is to be completed on all sexual abuse investigations unless it is determined to be unfounded. Documentation confirmed that reviews are taking place within 30 days of the conclusion of a substantiated investigation and included upper-level management. It was noted in the review of documents that all components of the review need to be completed and filled in on the report, there should be no blank spaces. Corrective measures were recommended and put into place, when feasible. In instances where recommendations were not followed or made, reasons for non-implementation were noted.

Corrective Action Needed: 1) Incident Review is to be completed on all Substantiated and Unsubstantiated cases. DCI shall provide documentation for 90 days from the date of the report showing that this practice is being followed. If no cases are reviewed in the 90 day reporting period a memo stating that there were no cases to review needs to be sent by the Warden indicating that this will be the practice of the facility.

Corrective action reviewed and approved on 2/02/16

115.87

DATA COLLECTION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency collects PREA incident data in a Lotus Notes data base. In 2014, the agency investigated 131 allegations of sexual abuse and sexual harassment as reported on the Survey of Sexual Victimization, 2014. DCI has no substantiated PREA investigations in 2014. The agency routinely collects incident based data from their contracted facilities.

115.88

DATA REVIEW FOR CORRECTIVE ACTION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

The agency regulation C-01-022 supports this standard. On a yearly basis the agency reviews the collected and aggregated data to identify areas in need of corrective action. Each year the PREA Coordinator develops an annual report which is approved by the Secretary and made available on the agency's website. The auditor was provided a copy of the agency's 2014 Annual Report also with an email that requested that the report be uploaded to the agency's website.

It is recommended the agency include the 2014 Annual PREA Report on the agency's website as required by this standard.

115.89

DATA STORAGE, PUBLICATION, AND DESTRUCTION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

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

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

It is recommended the 2014 Annual PREA Report be added to the agency's website.

AUDITOR CERTIFICATION:

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

____ Daniel W. Redington _____
Auditor Signature

____ 2-02-16 _____
Date