

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 7, 2020

Auditor Information

Name: William Peck	Email:
Company Name: William Peck LLC	
Mailing Address: PO Box 10449	City, State, Zip: Fairbanks, AK 99710
Telephone:	Date of Facility Visit: November 18-21, 2019

Agency Information

Name of Agency: LA. Department of Corrections	Governing Authority or Parent Agency (If Applicable): State of Louisiana		
Physical Address: 504 Mayflower	City, State, Zip: Baton Rouge LA 70802		
Mailing Address: PO Box 94304	City, State, Zip: Baton Rouge LA 70804		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: doc.la.gov			

Agency Chief Executive Officer

Name: James LeBlanc	
Email:	Telephone:

Agency-Wide PREA Coordinator

Name: Michelle Dausat	
Email:	Telephone:
PREA Coordinator Reports to: Seth Smith, Chief of Operations	Number of Compliance Managers who report to the PREA Coordinator: 8

Facility Information

Name of Facility: Elayn Hunt Correctional Center

Physical Address: 6925 Highway 74

City, State, Zip: St. Gabriel, LA 70776

Mailing Address (if different from above):
P.O. Box 74

City, State, Zip: St. Gabriel, LA 70776

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: doc.la.gov

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: 0

Warden/Jail Administrator/Sheriff/Director

Name: Tim Hooper

Email:

Telephone:

Facility PREA Compliance Manager

Name: Kristen Thomas

Email:

Telephone:

Facility Health Service Administrator N/A

Name: Preety Singh

Email:

Telephone:

Facility Characteristics

Designated Facility Capacity:	1975
Current Population of Facility:	1964
Average daily population for the past 12 months:	1952
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-65
Average length of stay or time under supervision:	42.7 Years
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum
Number of inmates admitted to facility during the past 12 months:	1972
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1972
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1972
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	535

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	200
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	857
Physical Plant	
Number of buildings:	113
Number of inmate housing units:	18
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	10
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	52
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input checked="" type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2

<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>		<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A	
Administrative Investigations		
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>		2
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>		<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A	

<h3>Facility Information for LCIW Temporarily Located at EHCC</h3>			
<p>Name of Facility: Louisiana Correctional Institute for Women (temporarily collocated on EHCC site)</p>			
<p>The Facility Is:</p>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<p>Facility Type:</p>	<input checked="" type="checkbox"/> Prison		<input type="checkbox"/> Jail
<p>Facility Website with PREA Information: doc.la.gov</p>			

Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years): <input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA	
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Click or tap here to enter text.	
Warden/Jail Administrator/Sheriff/Director	
Name: Frederick Boutte' Warden	
Email: frederickboutte@corrections.state.la.us	Telephone: 225-319-2782
Facility PREA Compliance Manager	
Name: Edith Pedescleaux Corrections Assistant Warden	
Email: edithpedescleaux@corrections.state.la.us	Telephone: 225-716-2957
Facility Health Service Administrator <input type="checkbox"/> N/A	
Name: Medical Director John Prejean	
Email: johnprejean@corrections.state.la.us	Telephone: 504-495-9015
Facility Characteristics	
Designated Facility Capacity:	296
Current Population of Facility:	221
Average daily population for the past 12 months:	237
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	19-78
Average length of stay or time under supervision:	20.1 Years
Facility security levels/inmate custody levels:	Min/Medium
Number of inmates admitted to facility during the past 12 months:	434

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	434
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	434
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	271
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	81
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	8
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	8
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	411
Physical Plant	
Number of buildings:	3
Number of inmate housing units:	1
Number of single cell housing units:	0

Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	5
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component
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Audit Findings

Acronyms:

DPS&C	LA. Department of Public Safety & Corrections
DOC	LA. Department of Corrections
EHCC	Elayn Hunt Correctional Center
LCIW	Louisiana Correctional Institute for Women
ARDC	Adult Reception and Diagnostic Center
HRDC	Hunt Reception and Diagnostic Center
PCM	PREA Compliance Manager
LaFASA	Louisiana Foundation Against Sexual Assault (Advocacy Agency)
STAR	Sexual Trauma Awareness and Response Organization (Advocacy Agency)

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**

Audit Narrative

Elayn Hunt Correctional Center (EHCC), including a temporarily collocated remote site for a portion of the Louisiana Correctional Institute for Women (LCIW), is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

The on-site PREA audit of the Elayn Hunt Correctional Center was conducted on 18-21 November 2019 by Department of Justice Certified Auditors William Peck and Emileé Beach. Both an in brief and an out brief were held with attendance by senior staff representing all departments and levels of leadership. The in brief was followed by an extensive site review.

From the initial contact throughout the on-site visit, both the female and male areas of the facility appeared very clean, orderly and well-maintained.

The 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.

Video monitoring systems were observed and noted; and housing zones, day rooms, offender program areas, work areas and all other offender accessible areas were site reviewed. During the facility site review, the only cells that have constant camera observation were reviewed. These observation cells are utilized for constant watch/suicide watch only when required or for unusual cases, such as high visibility offenders, where increased likelihood of suicidal efforts is a potential danger.

While conducting the site review, several staff and offenders throughout the sites 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 with reporting information were uniformly present and conspicuously placed.

The Auditors verified that higher ranking staff such as the Assistant Wardens, and Lieutenants and above, make unannounced rounds, and that these rounds are documented in the logbook by the control officers. 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 the facility makes these announcements and that this practice is adhered to during daily operation. 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. All staff was well-versed in their responsibility for reporting sexual abuse, sexual harassment, staff negligence and any retaliation for reporting. Staff interviewed were very familiar with the expectations of their duties as well as with the procedures for evidence preservation. Training is frequent and emphasized in this facility due to numbers of vacancies in the staffing structure. Staffing did appear sparse and there are about 120 vacant positions, but the staff was 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 recent-years' agency funding for appropriate privacy barriers in the toilet areas and in shower areas, and new cameras designed to address remaining blind spots. In all areas of the facility, shower and toileting areas have been updated since initial construction with barrier screens to reduce the opportunity for non-security required observation.

No concerns related to sexual safety were noted while visiting these areas. Auditors site reviewed the Control Center, talked with the post officers, and observed the coverage of the CCTV monitors. The cameras are positioned in a way that precludes remote viewing of offenders as they shower and perform bodily functions and/or these areas also have available barriers blocking areas of nudity.

Each housing unit includes wall-mounted telephones for offender use, and information about how to call or write for PREA assistance or reporting is posted in each unit. Notices regarding the audit were posted throughout the facility.

Training is provided concerning cross-gender pat searches and these searches are presently allowed and conducted by female officers on this all-male population, as is allowable in both PREA and DPS&C policies and procedures. A significant majority (about 2/3) of the staff are female. Strip searches are conducted only by male staff with the normal 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 but there were gaps in a few line staff interviews that reported differing techniques they used in pat down searching transgender offenders.

Staff Training receives significant emphasis and appears compliant at all levels. All staff receive initial facility training and also complete specialty training in their area (e.g., investigators, mental health, etc.). New custody staff is required to attend a 3-week pre-service Training Academy, and non-custody staff attends training for 1 week. All staff receives annual Refresher training as well as routine training at shift turnover, providing more than the training requirement of every 2 years. There are 535 positions that could interact with offenders; 200 new staff were trained in the past 12 months; and there are 120 vacancies currently existing at EHCC.

In addition to the site review and the extensive interviews 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. Throughout the audit review and the on-site audit, the auditors reviewed various documents including 16 personnel records, 32 investigation files including offender file data, training and education records, assessment and screening tools, policies and procedures, and related materials relating to PREA standards such as control center logs, unannounced rounds checks, etc.

The post-audit phase consisted of triangulating all data and input received, including from the site review of the facility physical plant; reviewing interview data in detail, and conducting a final review and crosswalk of the PAQ submission and Standards folders. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

It became clear during the pre-visit review that policy is 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 on-site visit, then, focused on actual compliance in operations and whether local training, process, and

actual procedure mirrored DOC and local facility policies.

Facility Characteristics

The facility currently consists of 113 buildings, including the Administration building. EHCC has a capacity of 2404 beds, of which 1535 are general population beds, including the Skilled Nursing Unit; and 869 beds are in dedicated units (Mental Health, Reception, Administrative Segregation, etc.). The current operational capacity is less, however, due to the loss of some spaces to provide for the housing of part of the Louisiana Correctional Institute for Women (LCIW) population after that facility was rendered unusable by flooding in 2016. EHCC operating capacities are now 1315 and 660, respectively, for a total capacity of 1975. Of the 429 beds lost to EHCC for this LCIW support, LCIW is using 296 beds for offenders and the remainder of the bed spaces are now used by LCIW for administrative and operational support spaces. Funding issues for a new female prison were just recently resolved and the replacement construction process has now begun.

The Mental Health Unit is designated to house the most serious cases (Levels 1 and 2) for potentially extended times. This type of segregation is used primarily for offenders who are a danger to themselves or others, offenders who pose a clear threat to the security of the facility, or offenders who have medication management needs. Level 1 consists primarily of acutely unstable offenders. There are 2 cameras in Level 1 for observation of suicide-potential offenders or high-visibility offenders who could be potentially suicidal. Level 2 is more of a 'step-down' unit for medication management and fragile offenders.

There are 256 cameras at EHCC, 219 cameras inside the facility and 37 Perimeter cameras; there were 177 at last audit 3 years ago. The Warden and PREA Compliance Manager interviews indicate that all cameras are spread throughout areas where security violations and sexual abuse or harassment issues are more likely to occur. The only camera cells are 2 cells used for suicidal and/or high-visibility, potentially suicidal, offenders.

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 on both male and female sides of the facilities to observe conditions relating to departmental policy and operations:

Medical

Classification

Risk Management

Food Service

Law Library

Human Resources

Training

The physical spaces temporarily occupied by LCIW were reviewed in-depth as well during this site review. It is noted that this part of the LCIW facility, housed at EHCC) is under the immediate management of the same LCIW leadership staff that is located at the primary LCIW facility temporarily located at Baker, LA., and that key leadership staff routinely moves between the 2 facilities throughout the week. The LCIW-specific policies were also reviewed during this audit and are identical at both the EHCC and Baker, LA. Facilities; and the primary Baker, LA. site was certified in compliance with PREA Standards in July 2019.

Additional time was built into the audit schedule to enable more focus on diverse specialized areas that are somewhat unique to EHCC: a significant Mental Health population; medical-issue offenders; and EHCC serving as the ARDC (Adult Reception and Diagnostic Center), the predominant reception facility for the Louisiana DOC system.

Medical

One issue readily observable at this prison is a large number of medical offenders partly due to national prison demographics and also because EHCC is a designated facility for this population. The executive leadership is constantly addressing the evolving needs of these populations, including the number of long-term offenders nearing the end of life.

Medical care and mental health care is provided at EHCC 24/7 by medical staffs who are state employees. Staffing at EHCC consists of two Physicians and four Nurse Practitioners (on call 24/7), one Dentist (40 hours/week), one Podiatrist (eight hours/month), one Optometrist (eight hours/month), one X-Ray Tech (40 hours/week), two Paramedics and four Basics, one Health Care Administrator/DON, two Assistant DON's, one QA/IC Nurse, one Chronic Care Clinic Nurse, one TeleMed Nurse, 26 RN's, 35 LPN's, and four Medical Records Clerks.

The facility's forensic-related training of the medical staff has been geared to ensuring proper procedures and how to meet standards. All nurses in LA DOC went through an abbreviated SAFE/SANE training program but this is for their professionalism in medical management, not delivery of qualified SANE forensic procedures. Offenders can receive SAFE/SANE assault protocols and examinations by the physician at the facility or be referred out to Our Lady of the Lake (OLOL) Hospital. The LCIW females are referred to the Baton Rouge Women's Hospital. EHCC's Assistant Warden/PREA Compliance Manager reported in her interview that the facility is pursuing the training of a Nurse Practitioner and an RN as fully qualified SANE staff.

Testing, prophylactic treatment, and follow-up for sexually transmitted diseases are provided as indicated and all victims and predators are referred to Mental Health following any incident.

The intake process includes staff from Medical, Dental, and Mental Health meeting with each new arrival to determine if there are any situations that need to be addressed. The ARDC role assigned EHCC requires additional attention to all aspects of the intake and reception processes in order to address the need to determine the actual DOC institution to which the offender will be transferred, in addition to normal custody and program decisions used at all institutions.

Offenders are asked mandated PREA questions by the Mental Health Staff and by the Classification staff. After completion of intake, the medical staff determines if the offender has a situation that would require an appointment with the doctor. Emergent situations are handled immediately, and non-emergent situations are 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.

Mental Health

From a PREA perspective, mental health offenders and newly arrived offenders can both frequently be easier to victimize and can also potentially be more unpredictable and aggressive; however, the offenders interviewed reported that they feel safe at this facility and are confident the leadership would respond quickly to any issues.

Mental Health Staff includes 19 mental health staff and 1 Psychiatrist. The mental health department provides services in Crisis Intervention, Groups (Substance Abuse, Domestic violence, Sex Offender programming, and Anger Management), Individual Counseling (According to Treatment Plan and as needed), Substance Abuse (Living in Balance), Dual Diagnosis (nearly all of the mental health offenders are dual diagnosis, and intervention plans are tailored for this), Multi-Disciplinary Team as needed, and Individual Treatment Plans. Additionally, designated mental health staff provide services as victim advocates and as the retaliation monitor.

The mental health staff provides excellent continuity of care to the offender population that both provider and management interviews state matches the community standard. Mental health staff continues to send out discharge advisories to the local parole offices on all offenders who are classified with severe mental illness in order to provide continuity of care upon release. Offenders with mental health disabilities continue to be screened and have SSI phone interviews set up for them when close to release. Discharge planning, including housing assistance and mental health appointments, are provided when necessary.

The number of offenders requesting Certified Treatment Rehabilitative Programs (CTRP) approved groups has increased as a result of new sentencing guidelines which allow more offenders to earn more educational time towards release than in the past. The offenders are backlogged for these groups either upon request at general population intake or by self-referral.

Mental health staff, along with healthcare staff, provide 24-hour care.

Rehabilitative services have begun within the formerly extended lockdown areas, now referred to as preventive housing tiers under the new restrictive housing guidelines, for offenders with challenging disciplinary issues. Mental health staff facilitates, along with peer counselors, anger management and substance abuse treatment groups through the Cage Your Rage and 12 step curriculums. Programs that are offered by the Mental Health Department include:

- Cage Your Rage (Anger Management)
- Co-occurring Disorders
- Inside Out Dad (Parenting)
- Living In Balance (Substance Abuse Treatment)
- New Hope (Sex Offender Risk Management Project)
- Reentry Services

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 at two-month intervals. All emergencies are responded to within 30 minutes. If an offender states that he or she may do self-harm 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 facility until a determination is made about whether they need to be transferred to a facility with accommodations to handle the diagnosed need. Offenders can be placed in restraints as determined by the Mental Health Department, following the DOC policy that dictates use of restraints.

As noted above, the facility has seen steadily increasing intakes in recent years of offenders with serious mental health or medical needs; this influx of more serious medical and mental health problems has placed numerous challenges on these departments.

Recreation

There are outside exercise yards and a gymnasium that provides basketball, volleyball, walking area, softball, tennis, football, horseshoes, boxing, and soccer. There are exercise weights and other outside opportunities for exercise. There are additional recreation yards for the offenders adjacent to each housing unit.

Religious Programming

EHCC currently has two full-time chaplains, one part-time Catholic chaplain, one part-time Muslim chaplain, and three volunteer Protestant chaplains. They average some 125 approved volunteers who visit EHCC on a monthly basis and another 130 that come on special religious holidays or occasions. Total volunteers approved to minister to EHCC offenders is approximately 300. The deputy warden for programming and the chaplain must approve all volunteers and they must complete both volunteer and PREA training and undergo background records checks prior to being approved.

There are extensive organized religious and non-religious services/classes per week. 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 housing units and in other offender access areas. The department has also led efforts to create targeted and need-based programs such as PTSD, parenting, and a Veteran's Unit.

Faith-based programming at EHCC is highly diversified and includes classes from the typical Bible-based discipleship courses to parenting, addiction recovery, moral decision making, and anger management. There is a strong effort to provide for all faiths, including a weekly peer ministers/chaplains meeting.

The facility has a cooperative degree-granting program in faith-based vocational ministry through Global University, an accredited Missouri seminary institution.

Offender Work Programs

EHCC requires all able-bodied offenders to have a job, attend programs, or be enrolled in education.

Food Service

Approximately 6,800 meals per day are prepared in the EHCC kitchens, for both male and female populations, by the 138 offenders classified to work in the kitchen. The Food preparation and serving areas were reviewed during the audit and the area is well supervised by staff and blind spot areas are secured; access is by staff permission.

Academic and Vocational Education

EHCC 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 are several Academic education programs at EHCC, to include:

- Literacy
- Adult Basic Education
- High School Equivalency (HiSET) Preparation

Baton Rouge Community College programs are available in:

- Air Conditioning & Refrigeration
- Carpentry
- Welding

EHCC also offers classes and certifications in:

- Culinary ServSafe Certification
- National Center for Construction Education and Research (NCCER) modules
- HVAC/EPA certification for A/C Technicians
- Equipment & Engine Training Council (EETC) Small engine Technician certification
- OSHA General Industry Certification

Qualified EHCC students can also take collegiate courses from:

- Ashland University
- Global University (Ministry)

Social Services

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

EHCC 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.

Library Services

Extensive leisure library services are available every day and offenders are also provided the opportunity to make special requests for additional books since EHCC is part of the Louisiana Public Library interagency program. The Law Library has a supervisor assisted by offender counsel substitutes and clerks that help with legal research questions.

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, cognitive or handicapped offenders, etc.).

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. Interview data is summarized at the end of this narrative.

In addition to interviews and discussions with employees selected during the site review, the Auditors conducted random and targeted offender interviews as noted below. The offenders and staff were well aware of PREA and the zero-tolerance policy of the Agency. Offenders interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information either on their arrival or on the housing units for those that have been at the facility for a considerable amount of time. LGBTI offenders interviewed reported that they felt safe and the significant number of older offenders responded in a similar vein. All staff and offenders interviewed were very cooperative during the interview process.

Offender Interviews

There were 40 offenders interviewed during the audit team's visit, 26 random selections and 14 from targeted offender categories. Some of this aging population's targeted offenders were part of more than one category and were interviewed for both (e.g., LEP and cognitive disability both; or physical disability and deaf both). The offenders were 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.

Offender interviews were conducted in all housing areas as well as programs, recreation, work and medical areas. During all interviews, it was well communicated that offenders felt safe,

secure and at no time had they felt that their sexual safety was at risk. Interviewed 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 (some 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.

Interviewed offenders communicated that appropriate announcements were made by opposite-gender staff as required by the standard, with an occasional exception, but that they were never naked in full view of staff, (although it was noted that opposite-gender staff rarely work in housing or showering/toileting areas). Through interviews 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's PREA program.

Upon conducting targeted offender interviews, it was found that there were no concerns in regard to the procedures utilized for the searches of transgender or the offender the offering showers at a separate/designated time. All interviewees felt safe and secure and all transgender offenders reported they were scattered throughout the facility housing units and not designated to any specific housing or job assignments..

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

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.

Offenders Interviewed

2 Offenders Who Reported Victimization During Risk Screening
2 Offenders Who Identify As LGB
3 Transgender Offenders
2 Reporting Prior Abuse/Victimization
2 Physical Disability
2 Limited English Proficiency
1 Cognitive Disability
26 Random Offenders

Staff Interviews

The audit team interviewed 57 staff in the course of the audit, 8 from mandatory leadership staff; 21 random staff; 26 specialized staff; and 2 volunteers. The officers on the shifts stated they feel safe working at EHCC and all had been through PREA training. In interviews, correctional officers and staff expressed satisfaction with their PREA training and felt they knew their required actions when incidents occur.

Staff at EHCC 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 work is recognized and appreciated by leadership.

Staff Interviewed

- 1 Agency Head
- 1 Agency PREA Coordinator
- 1 Facility Contracting Officer
- 1 Warden, EHCC
- 1 Warden LCIW
- 2 Assistant Warden/PREA Compliance Manager
- 1 Human Resources Manager
- 1 Agency Chief Investigator
- 3 Facility Investigators
- 1 Victim Advocate Agency PREA Manager
- 2 Incident Review members
- 2 Volunteers who have contact with offenders
- 2 Medical staff Administrator
- 3 Mental Health staff
- 5 Intermediate or higher-level supervisor
- 1 Intake Staff
- 2 Staff who perform screening for risk of victimization and abusiveness
- 1 Staff Who Supervises Segregated Housing
- 1 Designated staff member charged with monitoring retaliation
- 1 Chaplain
- 3 First Responders
- 21 Random Staff*
- *1 Random Staff interview was of the Institution Attorney

All staff interviewed were well-versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. Staff was familiar with the procedures regarding reporting, responding and evidence preservation. All uniformed staff are trained as first responders and are familiar with their duties. There is no fully SAFE or SANE-trained staff at the facility, but EHCC uses the nearby Our Lady of the Lake (OLOL) Hospital for SAFE/SANE and forensics and LCIW uses the Women's Hospital in Baton Rouge. Any forensic work done at the facility is done by a qualified physician. The facility is investigating options to have two nursing staff trained as SANE staff in the future.

Conclusion

Elayn Hunt Correctional Center (EHCC), including the temporarily collocated remote site for a portion of the Louisiana Correctional Institute for Women (LCIW), is compliant with the U.S. Department of Justice PREA (Prison Rape Elimination Act) standards.

On November 21, 2019, the auditors conducted an out brief to the Warden and the key staffs 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 chairperson expressed appreciation for the exceptional hospitality and cooperation of everyone involved.

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

The willingness of all staff involved to accomplish PREA compliance was acknowledged and their determination to become compliant, and remain compliant, was evident.

LCIW had, of course, been determined compliant at their primary site last year but this LCIW site had not been reviewed. Deputy Warden Morgan LeBlanc and Assistant Warden Edith Pedescleaux at LCIW frequently extended themselves to assure that the audit proceeded smoothly and professionally as they had at the earlier LCIW audit.

EHCC Warden Timothy Hooper, his leadership team, and members of the staff are all sensitive to ensure the EHCC facility remains in compliance with PREA standards. The auditors were impressed with the strength and quality of the Warden's leadership of his executive team; the high quality of coordination among the staff throughout the prison; the PREA team preparation, led by Deputy Warden Stephanie Michel and the EHCC Assistant Warden for Health Care Kristen Thomas, who is also the Compliance Manager and a Certified PREA Auditor; and the outstanding support and assistance provided by DOC PREA Coordinator Michele Dausat.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

Corrective Actions

The following areas needing correction were identified during the on-site visit.

1. A test of offender reporting system telephones reflected some inoperable phones and indicated that offender pin numbers were required for use. The PREA Compliance Manager and Coordinator both indicated that all phones had been tested and were operable just prior to the on-site visit. It appears service may have been interrupted by power utility issues and phones were brought back online the same day the issue was detected. Additionally, the Assistant Warden responsible for PREA notified Auditors the week following the visit that the telephone contractor had eliminated any need for use of an offender pin number. Posters reflecting this information and process were provided to the auditors. Standard 115.51
2. Victim Advocate Agency information is provided at Intake, but posters were not evident throughout the facility with necessary information. As of November 25, 2019, the PREA Compliance Manager provided the auditors with a new LaFASA (LA. Foundation Against Sexual Assault) flyer with contact information and these are now posted in all units. Standard 115.53
3. The site review reflected a lack of adequate space separation during intake interviews that would provide privacy during offender questioning, including PREA intake questions. Offenders were essentially side-by-side being interviewed in public spaces where the adjacent offender could frequently hear the responses being given. An 11/25/19 Compliance Manager email informed auditors that the reception and diagnostic intake process had been reconfigured to take place in individual cubicles rather than in open spaces and that this is in effect. Standard 115.41
4. Transgender search techniques were described in several line staff interviews as being the same techniques as used for all offenders, although this is not what is in policy or trained by the DOC training system. A January 2, 2020 email memo from the Assistant Warden/PCM states that retraining on the transgender offender search techniques was presented at roll call training for 2 days to all shifts on December 31, 2019, and January 1, 2020, and a follow-up training for those who missed the initial dates is scheduled for January 7 and 8, 2020. Standard 115.15
5. Although not a non-compliant issue, additional Investigator Training is recommended for consideration. Basic National Institute of Corrections training has been completed by all investigators; interviews with the facility investigator and the DOC Director of Investigations, of the DOC Investigative Services Division, report that all required areas are trained. The Director of Investigations has recently completed developing an extensive training program for investigators that could benefit every DOC facility investigator. The DOC PREA Coordinator indicated during the site visit interview that DOC HQ is reviewing the potential for providing this training on a widespread basis in early 2020. Standard 115.34

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

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 Department has a zero-tolerance policy toward victimization and sexual abuse within the facilities through the PREA Program:

“It is the policy of EHCC 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. Leadership has zero-tolerance for incidents of sexual abuse and sexual harassment.” Staff who violate this regulation may receive disciplinary action, up to and including termination.

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 own facility. Her interview 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 that house DOC offenders, per their DOC contracts. 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.

Organizational charts were provided which indicated the Agency PREA Coordinator reports directly to the DOC Chief of Operations; and the EHCC PREA Assistant Warden for Healthcare, who is also the Compliance Manager, reports directly to the Deputy Warden of Treatment at EHCC. The Warden’s interview confirmed that each has the authority to oversee facility compliance to PREA.

The PREA Compliance Manager (PCM) serves as a liaison with DPS&C’s PREA Coordinator and other appropriate Headquarters staff and is responsible for monitoring PREA related activities. The 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 and that full investigations, appropriate reporting, and compliance with the standards program are treated as a top priority by administrators and investigators.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

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

115.12 (b)

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

for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) 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 DOC Agency does contract for confinement, but not EHCC per se. 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. EHCC does contract for services and some personnel and every facility contract is specific on meeting PREA requirements and training according to interviews with the PCM, Human Resources officer, and Warden.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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 addresses the components of this standard and requires a staffing plan to 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 calculating adequate long-term staffing levels and determining the need for video monitoring, each unit is required the agency requires the facility to take into consideration the eleven 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.

Since the last PREA audit, the average daily number of inmates is 2016 and the average daily number of inmates on which the staffing plan was predicated is 2175. There are significant

numbers of vacancies that present ongoing challenges (hovering around 120) and the facility is also occasionally challenged by Emergency trips and Hurricane preparations and responses. 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. UOR (Unusual Occurrence Reports) are filed if there is a staffing shortfall that cannot be remedied with overtime and backup plans. The facility has added 79 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. There are 256 cameras now (219 cameras inside the facility, 37 on the Perimeter) and there were 177 at the 2016 audit. Interviews with the Warden, Deputy Warden, and PCM indicated that the camera placement follows a strategy of increasing sexual safety through the continuing elimination of blind spots.

The Warden and the PCM interviews supported that reviews are done as required and that all required elements are considered. The key leadership staff, including Wardens, Colonels, and Lt Colonel level leaders, meets every Monday morning to review the past week, including staffing levels, incidents and disciplinary actions, classification team decisions and a review of any issues with new offenders received in the population.

In addition to and along with other rounds, the Warden requires higher-level Supervisors to 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 an announcement is related to legitimate operational functions.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

The 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of offenders and the number of pat-down searches of female offenders that were conducted by male staff were zero. It is noted that 2/3 of line staff at EHCC is female and cross-gender pat searches are common and an integral part of training for new staff.

The 2016 PREA Audit recommended extensive placement of visual barriers to enable privacy for offenders during showering and toilet use this was accomplished at that time and resulted in a final determination of compliance. The one segment of the facility requiring additional effort was the Hunt Special Unit (HSU) housing severely and acutely mentally ill offenders, an area where permanent visual barriers would create significant safety and security issues. The 2016 DOJ-approved solution was for the facility to provide mobile partitions that offenders can request, as well as barriers for use in the shower area, and this resolution continues in effect.

Transgender offenders are housed throughout the facility units and this was verified by unit documents, staff and offender interviews and also verified by transgender offenders interviewed. Transgender offenders are always offered the opportunity for separate shower schedules. Transgender search techniques were described in several line staff interviews as being the same techniques used for all offenders, although this is not what is in policy or what is trained by the DOC training system. A January 2, 2020 email memo from the Assistant Warden/PREA Compliance Manager states that retraining on the transgender offender search techniques was presented at roll call training for 2 days to all shifts on December 31, 2019, and January 1, 2020, and a follow-up training for those who missed the initial dates is scheduled for January 7 and 8, 2020.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

In the past 12 months, there were no instances where inmate interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations. There have been limited uses of offender interpreters for routine issues but no use for any important issues such as PREA, medical, etc.

The facility has a contract with Lingualinx/SpeakEasy for interpretive services and staff interviewed were aware of it. All interviewed Sergeants and Lieutenants and above were aware of specific procedures to enable calls and use this service.

DOC policy requires TDD/TTY capability at each unit and also maintains data on sign language interpreters within 50 miles of all facilities, information that is provided to ADA personnel. A communications assessment is required immediately upon the offender's arrival at the EHCC Reception and Diagnostic Center and if a hearing-challenged individual requires extensive services and are not remediable by provision of hearing aids, etc., the offender is to be transferred either to Louisiana State Penitentiary Angola or Rayburn Correctional Center where staff are available for support in this area.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

any resignation during a pending investigation of an allegation of sexual abuse? Yes
 No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Department Regulation C-01-022, Section 9, outlines DOC requirements for hiring and promoting staff and requires all prospective employees receive a background check every five years.

EHCC reported that the five-year criminal background checks were conducted in 2018 and this was verified in the random staff HR files checked. During the past 12 months, 200 persons were hired, and 9 volunteers accepted, all of whom could have contact with offenders, and all have had criminal background record checks. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with offenders. This has been done according to interviews with the Chaplain and 2 volunteers. Both random staff interviews and contractors interviewed indicated these checks had been done and they were aware of them when they occurred. A review of one volunteer's file and 12 staff personnel files, to check for training, paperwork required, and completion of a criminal records check, was done and supported the interviews.

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

As indicated by interviews with the PREA Compliance Manager and the Human Resources (HR) staff member, EHCC 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 DOC 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, 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 a special duty job 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.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

There are currently 256 cameras as opposed to 177 at the last audit, and 219 of these cameras are inside the facility, the other 37 are perimeter security cameras. Although a video monitoring system has not actually been installed or updated in the past 12 months, the electronic monitoring camera system has continued to expand. Some configurations were adjusted since the last audit to accommodate the temporary resettlement of the female facility and ensure their camera security reflected the changed temporary mission of that part of EHCC that is now being used the women's facility. All configurations were reflective of a strong focus on preventing blind spots and increasing sexual safety, according to interviews with the Warden, the Investigator, and the PREA Compliance Manager (PCM).

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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
- 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

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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 agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). As a matter of facility investigative protocol, EHCC initiates every allegation as a potential criminal case. LCIW investigations begin as administrative and the local law enforcement department is used for criminal investigations. The St. Gabriel (LA) Police Department maintains responsibility for conducting criminal sexual abuse investigations and, in fact, is brought in if the facility determines the allegation does actually appear criminal in nature. The Parish Sheriff also has resources available as needed in the event a case is criminal in nature. There were 4 forensic medical exams conducted during the past 12 months: 3 of those were by local hospital SAFE/SANE staff and 1 was performed by a facility qualified medical practitioner. There were 5 allegations reported in time for collection of forensic evidence but, in one case the hospital determined testing was not necessary after interviewing and assessing the individual's information.

If conducted on-site, forensic examinations are done by the institution physician. If there is any indication of major trauma, the male offender is immediately transported to Our Lady of the Lake hospital and women's examinations are completed at Woman's Hospital in Baton Rouge.

Interviews with the PCM, PREA Coordinator and the Manager of PREA services at the Victim Advocacy Agency all indicate that Victim Advocacy services are handled by Mental Health staff inside the facility and that the responsibility for those services transitions to the local hospital Victim Advocates if the offender is sent to an outside medical facility. The facility Advocates resume their services upon the return of the offender from the hospital. All advocates at the facility have completed training provided by the outside advocacy agencies and their PREA staffs,

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 the policy 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*)

Agency policy requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months at the EHCC facility, 57 allegations of sexual abuse and sexual harassment were received and all 57 allegations were initiated as criminal investigations by the facility investigators, not by the St Gabriel Police Department, due to local facility policy to treat and initiate investigations of every allegation as being potentially criminal.

1.) 2017

Substantiated= 0
Unsubstantiated= 17
Unfounded= 15
Total= 32

Of all allegations: 12 were offender on offender and 20 were staff on offender

2.) 2018

Substantiated= 4
Unsubstantiated= 27
Unfounded =11
Total= 42

Of all allegations: 12 were offender on offender and 30 were staff on offender

3.) 2019

Substantiated= 0
Unsubstantiated= 32
Unfounded= 25
Total= 57

Of all allegations: 26 were offender on offender and 32 were staff on offender

Auditors reviewed all 32 Unsubstantiated case files and spot-checked all Unfounded case files and the files appeared in good order.

At LCIW, the number of cases in past year at the EHCC location that were referred to outside law enforcement was 0. There were two allegations total at LCIW: one was an Offender/Offender allegation (determined to be Unfounded), and one Staff/Offender allegation which was determined Unsubstantiated.

Although not a non-compliant issue, additional Investigator Training is recommended for consideration in light of the growing number of allegations. Basic DOJ National Institute of Corrections training has been completed by all investigators and interviews with the facility investigator and the LA DOC agency Chief Investigator report that all required areas are trained. Interview with the DOC PREA Coordinator indicated that the DOC Chief Investigator has recently completed an extensive training program for investigators that could benefit virtually every DOC investigator. The PREA Coordinator indicated during the site visit interview that DOC HQ is reviewing the potential for providing this training on a widespread basis in early 2020.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

There were 535 staff employed by the facility, who may have contact with offenders, who were trained or retrained on the PREA requirements this past year. There is additional routine roll call training and information regarding sexual abuse and harassment as well as annual refresher training for all staff- line, management, and specialized staff.

Security and non-security staff both go through the annual required in-service refresher training, normally in February. An institution-wide make-up training program is conducted in October and November until every staff member has been trained.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and

informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

All approximately 300 volunteers and contractors who have offender contact were trained in the required PREA procedures and policies and training. Most activities at EHCC are conducted by DOC State employees and there are few contractors used.

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 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 any contract or facility access 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.

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 are based on the services provided and level of contact they have with offenders, but all who have contact with offenders are trained on the zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures to follow to report such incidents.

Almost all volunteers at EHCC are religious, and EHCC currently averages some 125 approved volunteers who visit EHCC on a monthly basis, and another 130 who come on special religious

holidays or occasions and a total number of volunteers approved to minister to EHCC offenders of approximately 300. The deputy warden of programs and the chaplain must approve all volunteers; and they must complete both volunteer and PREA training and undergo background records checks prior to being approved, with subsequent records checks every 2 years.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Department of Corrections Regulation C-01-022 supports the components of this standard. All offenders are provided offender PREA orientation in the form of a handbook, video, and verbal instruction upon intake, including detailed PREA information regarding zero tolerance, sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment as well as the right to be free from retaliation for reporting incidents,

All offenders sign an acknowledgment (DOC Form B-02-16-D) verifying that intake assessment included the Offender Handbook, the briefing information on PREA, and the viewing of the PREA video. It was verified through interviews with offenders that the population is knowledgeable about PREA. EHCC has appropriate signage/posters throughout the facility that include the Crime Stoppers toll-free number for offenders to anonymously report allegations of sexual abuse. PREA brochures/posters were available in English and Spanish.

Each time an offender transfers, this information is required to be repeated at the new institution and the offender signs a new Intake Sheet; This process 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 EHCC are normally there for longer terms and they remain beyond 30 days even if they are in the Adult Reception and Diagnostic Center (ARDC) reception process. Of the 1972 inmates admitted during past 12 months who were given required PREA information at intake, all 1972 of those offenders had a length of stay in the facility of 30 days or more and received comprehensive education on their rights to be free from both sexual abuse/harassment; free from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 30 days of intake.

Offenders are very familiar with the facility's 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.

EHCC does not rely on offender interpreters or offender readers in the Reception and Diagnostic or intake processes. The Department utilizes Lingulinx Telephone Interpreting Services for all foreign language interpreting needs beyond staff or local interpreter capabilities.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 receive 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 very few of the case outcomes were noted as "Substantiated", some 4 of 131 total cases in the past 3 years. It would normally appear that more cases would have been substantiated but both line staff, investigator staff, and facility

leadership indicated that there has been an issue with false complaints being lodged against staff by offenders who have been disciplined or charged with rules violations.

1.) 2017

Substantiated= 0
Unsubstantiated= 17
Unfounded= 15
Total= 32

Of all allegations: 12 were offender on offender and 20 were staff on offender

2.) 2018

Substantiated= 4
Unsubstantiated= 27
Unfounded =11
Total= 42

Of all allegations: 12 were offender on offender and 30 were staff on offender

3.) 2019

Substantiated= 0
Unsubstantiated= 32
Unfounded= 25
Total= 57

Of all allegations: 26 were offender on offender and 32 were staff on offender

Auditors reviewed all 32 Unsubstantiated case files and spot-checked all Unfounded case files and the files appeared in order.

Here is the LCIW information.

There were two allegations total at LCIW: one was an Offender/Offender allegation (determined to be Unfounded), and one Staff/Offender allegation which was determined Unsubstantiated.

Although not a non-compliant issue, additional Investigator Training is recommended for consideration in light of the growing number of allegations. DOJ National Institute of Corrections training has been completed by all investigators and interviews with the facility investigator and the LA DOC agency Director of Investigations report that all required areas are trained. Interview with the DOC PREA Coordinator indicated that the DOC Chief Investigator has recently completed an extensive training program for investigators that could benefit virtually every DOC investigator. The DOC PREA Coordinator indicated during the site visit interview that DOC HQ is reviewing the potential for providing this training on a widespread basis in early 2020.

Investigators receive training in conducting sexual abuse and sexual harassment investigations in a confinement facility. The agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is 1 at EHCC and there are 2 investigators available to LCIW. However, LCIW refers all criminal investigations to the outside law enforcement agency, only administrative investigations are done in-house. Investigator 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.

Investigator training is recommended for all investigations staff, but especially the new LCIW Investigator. Although the basic National Institute of Corrections training has been completed, the LA DOC Director of Investigations has recently completed developing an extensive training program for investigators that could benefit virtually every DOC investigator. The PREA Coordinator indicated during the site visit that DOC HQ is reviewing the potential for providing this training on a widespread basis in early 2020 if details can be worked out. Although not a non-compliant issue, this additional Investigator Training is recommended for consideration.

Standard 115.35: Specialized training: Medical and mental health

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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 agency has a DOC policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is 86, which is 100%.

EHCC has a total 88 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 and random file reviews 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 professional 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 receives training in the prevention, detection, response, reporting, and investigation of sexual abuse. Security and non-Security go through the annual in-service training together.

The staff interviewed indicated training was very useful to them but also indicated their time constraints were very real due to being somewhat short-staffed in their positions. They felt that offenders here are safe and receive few indications of offenders fearful or concerned about sexual safety.

The facility maintains file documentation that medical and mental health practitioners have received the required DOC training referenced in this standard either from the agency or elsewhere and professional training files are maintained in the medical and mental health departments.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The 1972 offenders entering the facility (either through intake or transfer) within the past 12

months whose length of stay in the facility was for 72 hours or more were screened for risk of sexual victimization or risk of sexually abusing other offenders within 72 hours of their entry into the facility. Risk assessment is conducted using a DOC-wide objective screening instrument. These 1972 offenders remained in the facility for 30 days or more and were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival, based upon any additional, relevant information received since intake. Offenders are not transferred until at least the end of the reception process, usually about 6 weeks, so confinement at EHCC beyond 30 days is routine.

The reassessment of these offenders is done individually with both a classification staff member and a

Mental Health staff member, each doing a separate reassessment on each offender, and both occurring between 14-30 days of arrival. Annual reviews are completed by a joint multi-disciplinary team with wide facility representation in the membership, and all data from arrival is reviewed, all PREA questions are re-asked, and a professional staff check-in is done on any changes, perception of safety, etc.

Staff interviewed about this area, both random and specialized, and including intake and mental health staff, noted that EHCC was doing increasingly detailed intake processes than in earlier years, primarily due to PREA, medical, and mental health needs, and was very 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. Interviews also noted that information is restricted to management staff and professional staff directly involved with an offender. Access to electronic and paper records both are restricted to a need-to-know basis and identified staff.

It is also recognized that the increased numbers of older offenders with fairly serious medical needs have placed numerous challenges on the EHCC 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, and this can be done possibly earlier based upon 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 offenders are screened to assess their risk of being sexually abused or abusive toward other offenders no later than 72 hours after arrival at the facility. EHCC uses the PREA Screening Checklist, a DOC tool to assess an offender's probability of being a Victim, a Sexual Predator, a not high-risk offender. 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 process based on this initial screening information.
 - **PREA Blue HRSV:** Based on the Checklist, any offender within DOC custody who has been identified or confirmed as a sexual victim or appears to be at high risk for sexual predation.
 - **PREA Red HRSP:** Based on the Checklist, any offender who has been identified or confirmed as an individual with the propensity to sexually assault others.
 - **PREA Green:** Based on the Checklist, any offender 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 EHCC, by qualified MH care personnel. MH Appraisals are conducted within 14 days of admission to this DOC reception center. Offenders designated by the appraisal process, or who exhibit mental health symptoms upon arrival, 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 offenders are assessed on a case-by-case basis as to whether any potential 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. Medical questions regarding transgender or intersex status are referred to DOC's Gender Dysphoria Disorder Clinical Management Team (GDCMT).

DOC policy requires transgender and intersex offenders to 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, with the views of the offender about their own safety being given consideration. In the EHCC process, these offenders are reviewed at least twice a year and also participate in monthly meetings that enable mental health staff to check in on the offenders and ensure there are no problems being encountered.

Transgender offenders are given an opportunity to shower separately from other offenders by completing a Shower Preference Statement.

The site review reflected a lack of adequate space separation during intake interviews that would provide privacy during offender questioning, including PREA intake questions. Offenders were essentially side-by-side being interviewed in public spaces where the adjacent offender could frequently hear the responses being given. The 11/25/19 Compliance Manager email informed auditors that the reception and diagnostic intake process had been reconfigured and now takes place in individual cubicles rather than in open spaces.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing

solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

Since 2016, Department Regulation C-01-022 was revised to include language regarding the utilization and implementation 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 of the issue, always present, and closely monitors the work group. The directive required that all personnel involved in conducting Boards or in the movement of offenders receive training regarding the importance of using the PREA high-risk 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 to separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. 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. Items include:

- Housing assignments;
- Institution assignment recommendations;
- Bed assignments;
- Work assignments;
- Education assignments; and
- Program assignments.

Offenders in LA DOC generally are transferred from the reception prison to other DOC facilities based on sentence and not by the type of crime, etc. It then becomes the receiving facility's responsibility to separate and secure the individual offender in the safest location and program.

The exception is that an offender who receives a death penalty sentence is transported directly to the penitentiary, not to the reception facility. Once at EHCC, the facility does not assign lesbian, gay, or bisexual offenders their housing on the basis of their identification. Auditors found them located across the entire housing spectrum and throughout the population's job assignment options.

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. The facility staff 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.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes
 No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes
 No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

There has been zero use of protective custody separation in the last 12 months and there were no cases of offenders at risk of sexual victimization held in involuntary segregated housing in the past 12 months. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

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. EHCC 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 under security-focused 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 EHCC would 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 the 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Department Regulation C-01-022 allows multiple means for offenders to report sexual abuse, harassment, retaliation, and/or staff neglect. This includes both verbal or written reports to staff via letter through institutional 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, posters

observed during the site review. The Crime Stoppers hotline is EHCC's outside reporting entity as required by this standard. EHCC had an earlier deficiency in providing segregated offenders an avenue to report sexual abuse to an outside entity, so EHCC entered into an MOU with Louisiana Foundation on Sexual Assault (LaFASA) 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 where offender phone access is restricted, offenders are provided a flyer with the address of the advocacy organization. Additionally, the address for LaFASA is painted on the cellblock walls.

The LaFASA PREA Advocacy manager reported that she had received a few letters from other facilities regarding allegations of incidents at EHCC and these were reported to the facility. The advocate reports that the allegations were vague and not definitive enough in detail to enable any action. In addition, she reports that there were 2 allegations received she reported to the agency level rather than the facility. One alleged that the offender had asked staff to enable them to call in a PREA report but the call never occurred. It is also noted by auditors that the Crime Stoppers reporting system does not require any staff action for use by offenders. Identifying information regarding the offenders could not be made readily available to the auditors due to privacy regulations.

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

A review of the offender reporting system phones reflected some inoperable phones and indicated that offender pin numbers were required for use. The PREA Compliance Manager and Coordinator indicated that all phones had been tested and were operable just prior to the on-site visit; it appears service was interrupted by power utility issues and phones were brought back online the same day the issue was detected. Additionally, the Assistant Warden responsible for PREA notified the Auditors the week following the visit that the telephone service contractor had eliminated any need for use of an offender pin number. New posters reflecting this information and process were provided to the auditors.

Since allegations are identifiably being reported, tracked, are received by appropriate law enforcement and advocacy agencies, and are resulting in investigations and follow-up, and since offenders and investigative and PREA staff interviews indicate that action by management is occurring as required, this standard is compliant.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

The agency has an administrative procedure for dealing with offender grievances regarding sexual abuse. Eight (8) grievances in the past 12 months alleged sexual abuse, with 6 against staff and 2 against other offenders. All 8 grievances reached a final decision within 90 days after being filed and there were no extensions because all final decisions were reached within 90 days. 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.

DOC policy requires decision on the grievance relating to sexual abuse and/or sexual harassment 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 initially treated as an emergency until involved offenders are safely situated.

Agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Offenders may also use any informal method of their choice, including institution mail, to report sexual abuse and/or sexual harassment. The offender's report does not have to be submitted to or via any staff member who might be the subject of the complaint.

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 grievance 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 has to complete the "ARP Drop Form."

In the past 12 months, no offender grievances alleging sexual abuse resulted in disciplinary action by the agency against the offender for having filed the grievance in bad faith and no emergency grievances alleging substantial risk of imminent sexual abuse were filed.

The facility documents all actions taken in response to any grievance and the final decisions or actions taken.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Although contact information for Crime Stoppers is well provided to the population and very well known, some offenders were unaware that they could call a victim advocate agency even though information about a Victim Advocate Agency information is provided at Intake but posters were not evident throughout the facility with necessary information. As of November 25, 2019, the PREA Compliance Manager provided the auditors with a new LaFASA (LA. Foundation Against Sexual Assault) flyer with contact information and these are now posted in all units. The interview with the LaFASA PREA manager related that they had received 5 reports during the past year and had forwarded them to either the facility or the DOC PREA Coordinator.

Currently, the on-property medical center can be utilized for medical evaluation, forensics and treatment following an allegation of sexual abuse, so facility mental health staff are utilized as victim advocates if one is requested by the offender; outside advocates are available and utilized at the local hospitals used by EHCC and LCIW. Offenders may request at the time of the allegation to have access to receive outside assistance from victim advocates for emotional support.

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. A review of the offender reporting system phones reflected some inoperable phones and indicated that offender pin numbers were required for use. The PREA Compliance Manager and Coordinator indicated that all phones had been tested and were operable just prior to the on-site visit; it appears service was interrupted by power utility issues and phones were brought back online the same day the issue was detected. Additionally, the Assistant Warden responsible for PREA notified the Auditors the week following the visit that the telephone service contractor had eliminated any need for use of an offender pin number. New posters reflecting this information and process were provided to the auditors.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

Auditor Overall Compliance Determination

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

EHCC 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). 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.

EHCC methods in place to receive third-party reports of sexual abuse and sexual harassment include calling Crime Stoppers, filing a grievance, use of institutional 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 DOC PREA Coordinator who forwards it to the appropriate PREA Compliance Manager and also tracks the outcomes.

Third parties (which may include victim advocacy agencies, other offenders, unit staff, family members, and attorneys) may also assist offenders by making sexual abuse harassment reports, and/or initiating formal grievances. The prison documents offenders who declined 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Department Regulation No. C-01-022 requires that all allegations of sexual abuse be treated confidentially and explains the 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 or allegation of sexual abuse or sexual harassment, retaliation, or staff neglect or violation of responsibilities that may have contributed to an incident of abuse, of sexual harassment, or of retaliation that occurred in the facility.

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.

Apart from reporting to their designated supervisor, the 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 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.

Any allegation of sexual abuse is reported to DOC's PREA Coordinator and facility PREA Investigator immediately following the 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

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

Auditor Overall Compliance Determination

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

Although there were no allegations alleging potential for substantial risk of imminent abuse, immediate steps are taken when the facility learns that an offender might be subject to any such substantial risk of imminent sexual abuse. PREA time limits of 48 hours for initial response and 5 days for resolution are observed in the facility process and, in actuality, the response is immediate. The EHCC 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. Staff interviews were uniformly consistent in addressing and supporting this requirement.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

In the past 12 months, 28 allegations of sexual abuse at other facilities the facility were received from offenders, many involving alleged incidents at local Parish jail facilities. The facility has received 2 allegations of sexual abuse that occurred to them while at EHCC from offenders who made a report at other facilities in the last 12 months.

Allegations received from other confinement facilities that an offender was sexually abused while confined at EHCC are reported directly to the Warden and he reported in his interview that he ensures that all allegations, from any source, are investigated in the same manner as required for any allegations This was supported by interviews with the Investigator and the PREA Compliance Manager.

Upon receiving an allegation from an offender at EHCC 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 EHCC 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.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

The agency has a first responder policy for allegations of sexual abuse and the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

In the past 12 months, there were 58 allegations that an offender was sexually abused and the first staff member to respond was a security staff in 56 of those cases, a mental health staff member received a report in the other 2 cases.

In the past 12 months, there were 5 allegations where the staff was notified within a time period that still allowed for the collection of physical evidence and the first security staff member to respond to the report:

- Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:
- Requested 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.
- Ensured 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:
- 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.

Agency policy requires that if the first staff responder is not a security staff member, that responder is required to:

- Request that the alleged victim not take any actions that could destroy physical evidence; and/or notify security staff. Of the allegations that an inmate was sexually abused made in the past 12 months, there were 2 times a non-security staff member was the first responder and both were reports to MH staff who immediately requested that the alleged victim not take any actions that could destroy physical evidence and then reported them to security supervisors.

EHCC 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. EHCC conducts routine training 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 had their PREA card with required steps in their possession.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

EHCC 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. EHCC conducts routine training at roll call providing staff instructions and expectations should they serve as a first responder or be involved in an incident or allegation. 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 had their PREA card with required steps in their possession.

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

EHCC 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.

EHCC 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 follows 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 the time of departure. Note: Only person(s) allowed to enter the crime scene are assigned investigators, medical staff, and the Warden or designee.
- Video and photograph the crime scene area before the 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 boards as appropriate.

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

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 inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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 EHCC Contracts staff report that EHCC and LA DPS&C have no limits on EHCC'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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Retaliation is prohibited in DPS&C. 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 Medical 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. She indicated she maintains contact even in cases determined to be unfounded. Further, her interview 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 EHCC 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 EHCC 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 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

Staff making use of involuntary segregation must contact the PREA Compliance Manager, Investigator or Duty Warden immediately.

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 was one request for PC following a PREA incident, and the offender victim returned to the general population after the aggressor was transferred to a different prison.

There were no offenders who alleged sexual abuse who were held in involuntary segregated housing in the past 12 months. If one had been, the case files would include both a statement of the basis for the facility's concern for the offender's safety, and the reason or reasons why alternative means of separation could not be arranged. If an involuntary segregated housing assignment were made, the facility would provide each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

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

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Department Regulation C-01-022 gives the agency process and gives specific steps to be followed when an allegation of sexual abuse is made. EHCC refers serious incidents to the St. Gabriel Police Department and stay informed on the progress of the investigations through continuing contact with the Police Department.

The DPS&C Secretary has appointed a senior headquarters staff member (Director of Investigations, Investigative Services Division, 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, according to the interview with the Director of Investigations, a request is submitted to him at headquarters. His 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 DOCs HQ Director of Investigations or the DOC 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, EHCC 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 DOC policy. 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.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 possible investigation outcome categories. Per policy and interviews with the investigator, Warden, and PCM, neither DOC, LCIW nor EHCC imposes a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently

inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

There were 58 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months and all 58 offenders were notified, verbally or in writing, of the results of the investigation, all documented. Investigators are the ones who notify the offender and they get a receipt for the notification. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation.

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 she informs the offender as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded. If the prison did not conduct the investigation, it requests the relevant information from the investigative entity in order to inform the offender of the investigative findings. All of the files of 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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*)

EHCC has had no staff disciplined in the last 12 months violating the agency's sexual abuse or sexual harassment policies. LA DPS&C Policy C-01-022 does outline that 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.

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 the 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

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 boards. 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. In the past 12 months, there were no contractors or volunteers reported to law enforcement for engaging in sexual abuse of offenders.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely

reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

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

Auditor Overall Compliance Determination

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

Offenders found guilty 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 no such cases in the past 12 months at EHCC and there were 2 at LCIW. All sexual contact between offenders is prohibited and violators will be charged with the appropriate rule #21 (aggravated sexual offenses) violation. Sanctions are commensurate with the nature and circumstances of the abuse committed and include the offender's disciplinary history and comparable offenses by other offenders.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

All offenders at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days, but 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 facility PAQ and PCM interview indicate that 100% of these offenders were offered follow-up interviews. 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

La. DOC 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 EHCC, especially with their significant number of mental health offenders. EHCC medical services 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.

Victims of sexual abuse or sexual harassment are evaluated and treated, either on-site or at local hospitals, 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. Victim Advocates are available both on-site through Mental Health or at the hospital through trained staff.

EHCC normally provides all victims of sexual abuse forensic medical examinations at an outside facility, without financial cost to the victim, when evidentiary or medically appropriate. As a practical matter, the facility physician on-site is normally the initial forensic exam provider but sends substantiated or criminal incidents to the local hospital. There are no SANE staff currently at EHCC but the Assistant Warden advises they are pursuing certification of 2 nursing staff as SANE personnel.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Community level of care is the facility 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.

DOC Health Care Policies HC-09, HC-30 HC-36 address the components of this standard. EHCC conducts a medical and mental health evaluation and offers treatment, as appropriate, to offenders who have a history of sexual abuse. This assessment is greater than a normal prison intake since EHCC serves as the primary DOC reception and diagnostic/intake center for the state. Offenders who have been victimized by sexual abuse in any prison, jail, lock-up or juvenile facility are offered medical and mental health evaluations and, as appropriate, treatment. Follow-up services and treatment plans, as well as referrals for continuing care following transfer or placement in other facilities, are provided for victims. Staff reported, when applicable, they set up the continuity of care upon release. Interviews indicated care and counseling often continue 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. EHCC 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 requires a sexual abuse incident review at the conclusion of every substantiated or unsubstantiated sexual abuse investigation and EHCC 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, Assistant Wardens and PREA Compliance Manager, Investigators, Mental Health, Medical Department Representative, 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. There is also a monthly Incident Review with HQ staff.

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 32 administrative or criminal investigations of alleged sexual abuse in the last 12 months, excluding "unfounded" incidents, and all 32 were followed by an incident review within 30 days. It is noted that the EHCC facility investigator initiates all investigations as a criminal offense from the onset of the inquiry and that LCIW refers out all criminal allegations to local law enforcement immediately.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The LA DPS&C PREA 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) 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.
- An 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 1st of each year for the statistics accumulated in 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 1st 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 1st 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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 the report only contains statistical data and does not refer to any individual(s).

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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. 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 the 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The Warden, PREA Compliance Manager, and staff were 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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal 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.

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

William E Peck

January 7, 2020

Auditor Signature

Date
