

PREA AUDIT REPORT Interim X Final
ADULT PRISONS & JAILS

Date of report: January 05, 2017

Auditor Information			
Auditor name: Rebecca Ehlers			
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Telephone number: 660-882-6521 ext. 104			
Date of facility visit: June 28 - 30, 2016			
Facility Information			
Facility name: Elayn Hunt Correctional Center			
Facility physical address: 6925 Highway 74, St. Gabriel, Louisiana 70776			
Facility mailing address: <i>(if different from above)</i> PO Box 74, St. Gabriel, Louisiana 70776			
Facility telephone number: 225-642-3306			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Timothy Hooper			
Number of staff assigned to the facility in the last 12 months: 658			
Designed facility capacity: 2250			
Current population of facility: 1873			
Facility security levels/inmate custody levels: Low - Maximum			
Age range of the population: 19 - 91			
Name of PREA Compliance Manager: Stephanie Michel		Title: Deputy Warden	
Email address: smichel@corrections.state.la.us		Telephone number: 225-319-4513	
Agency Information			
Name of agency: Louisiana Department of Public Safety and Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Louisiana			
Physical address: 504 Mayflower, Baton Rouge, Louisiana 70802			
Mailing address: <i>(if different from above)</i> P.O. Box 94304 Baton Rouge, Louisiana 70804			
Telephone number: 225-342-2211			
Agency Chief Executive Officer			
Name: James Leblanc		Title: Secretary of Corrections	
Email address: jmleblanc@corrections.state.la.us		Telephone number: 225-342-6740	
Agency-Wide PREA Coordinator			
Name: Michele Dauzat		Title: Assistant Warden	
Email address: micheledauzat@corrections.state.la.us		Telephone number: 318-927-0475	

AUDIT FINDINGS

NARRATIVE

A compliance audit was conducted at Elayn Hunt Correctional Center on June 28 - 30, 2016. The audit team consisted of Lead Auditor Rebecca Ehlers, Certified Auditor and Audit Assistants Adam Albach and Terrena Ballinger.

The Notice of Audit was posted throughout the facility on May 16, 2016 to notify offenders and staff of the upcoming audit. The lead auditor received 2 offender correspondences due to this posting. All offenders who forwarded a correspondence were interviewed by an auditor during the on-site audit. The Pre-Audit Questionnaire along with supportive documentation was provided to the audit team for review prior to the onsite portion of the audit. The audit team members conducted a comprehensive review of the pre-audit questionnaire and supportive documentation prior to the onsite audit. Throughout the pre-audit phase, the Lead Auditor had contact with the state PREA Coordinator and the facility Compliance Manager via phone and email.

The team arrived at Elayn Hunt Correctional Center at 9:00am, on June 28th, to meet with the Warden, state PREA Coordinator, facility Compliance Manager and select administrative staff for introductions and an overview of audit activities. Following this initial meeting, the audit team toured the facility to include housing units, programming areas, food service, medical/mental health areas, education, maintenance, visiting room, Administrative Segregation, chapel, facility industry, recreation and offender work areas.

The auditors interviewed Specialized and Random Staff during the audit period to include: the Warden, Compliance Manager, Administration, Custody Supervisors and line staff, Classification to include Intake and Retaliation Review, Medical and Mental Health, SAFE/SANE, Investigator, Volunteers, Human Relations, First Responders, Maintenance, and Segregation Housing staff. Staff from both shifts were interviewed. Staff, in general, appeared knowledgeable of facility and departmental policy in regards to their responsibility to report sexual abuse or harassment. Interviews were held at various locations in the facility in private settings. Staff were very professional and willing to participate in the audit/interviewing process. A total of 32 staff interviews were conducted.

Offender interviews were conducted during the audit period to include: 15 randomly selected, 3 who self-identified as transgender/gay, 1 in segregated housing due to risk of victimization, 2 who had reported abuse, 2 disabled/limited English proficient, and 2 who had submitted correspondence prior to the on-site audit. The auditors found the offenders to be very cooperative and willing to participate in interviews.

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

Each day concluded with a short briefing with administrative staff and compliance manager. Staff was very helpful in providing all requested documentation and responses to questions. The auditors shared initial findings/concerns. Staff appeared receptive to information shared.

Members of this audit team have participated in one or more previous audits of Louisiana DOC facilities. During those audits interviews were conducted with the State PREA Coordinator and Agency Head/Designee, therefore new interviews were not conducted during this on site audit as the previous interviews provided have been satisfactory. The State PREA Coordinator was present at Elayn Hunt during the first two days of this audit and available to the audit team, which was very helpful.

NOTE: At the time of the on-site audit the facility's Chief Executive Officer was Warden Robert Tanner. Since the audit and prior to the finalization of this initial report Warden Timothy Hooper has been assigned to the Chief Executive Officer position at Elayn Hunt Correctional Center.

DESCRIPTION OF FACILITY CHARACTERISTICS

Elayn Hunt Correctional Center is a maximum security prison located in St. Gabriel, Louisiana. The facility has a reported capacity of 2250 offenders. On the date of the audit, they had a population of 1873. This prison is the intake facility for the department, therefore offenders are processed in and/or out on a daily basis. This facility houses the prison population, for the state of Louisiana, requiring long term chronic care for mental health diagnosis. These offenders are housed in the Hunt Special Unit Cellblock (HSU-C). There are no Youthful Offenders housed at this facility. Elayn Hunt Correctional Center employs approximately 685 employees.

SUMMARY OF AUDIT FINDINGS

The audit team was impressed with the cleanliness and overall appearance and upkeep of the facility. Staff conducted themselves in a professional manner and appeared to take great pride in their positions. It was evident staff took their jobs seriously and viewed offender safety as very important. Staff, throughout the facility, were cooperative and assisted the audit team during the three day audit process.

An initial exit meeting was held on June 30, 2016 with Warden Turner, Deputy Warden Hooper, Deputy Warden Boutte and Stephanie Michel, PREA Compliance Manager. Following this meeting a briefing was held with the above listed and select administrative staff for an overall review of the audit initial findings and recommendations. Staff appeared receptive to the recommended changes and had already begun to plan for necessary changes to meet reach compliance standards.

The following standards required corrective action:

- 115.15 Limits to cross-gender viewing and searches
- 115.41 Screening for risk of victimization and abusiveness
- 115.42 Use of screening information
- 115.67 Agency protection against retaliation
- 115.78 Disciplinary sanctions for inmates
- 115.86 Sexual abuse incident reviews

Elayn Hunt Correctional Center provided documentation which demonstrated compliance for all standards requiring corrective action. Information regarding corrective action and compliance will be provided with each individual standard.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Zero tolerance is also covered in institutional policy #400-C04(N).

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

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Standard 115.13 Supervision and monitoring

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

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must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 required a Staffing Plan be developed which provides for adequate levels of staffing and video monitoring (where applicable) to protect offenders against sexual abuse. This component is also addressed in institutional policy #300-D3 Security Staffing Formula and Assignment. Adult Security Staffing Summary demonstrated coverage of all critical posts and utilization of custody staff. The facility reported no deviations from the staffing plan.

Department Regulation C-01-022 mandates unannounced rounds by supervisory staff. Both intermediate-level or higher-level supervisors conduct and document unannounced rounds for the purpose of identifying and deterring sexual abuse and sexual harassment on all shifts. These rounds were documented in housing unit shift logs. Interviews with both staff and offenders verified that these rounds take place.

The institution currently has a total of 177 cameras throughout the facility, to include the perimeter. There is a plan in place to add additional cameras when funding is received.

Standard 115.14 Youthful inmates

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

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Elayn Hunt Correctional Center does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 and C-02-003 addresses the components of this standard. Regulation C-01-022 requires offenders have the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. Also, this regulation requires staff of the opposite gender to announce their presence when conducting security rounds. Throughout the tour of the facility, several cross-gender viewing concerns were noted. These

specific areas are noted below.

Regulation C-02-003 restricts staff from searching or examining transgender/intersex offender for the sole purpose of determining the offender's genital status.

The training curriculum and records indicate all staff received training on how to conduct transgender, intersex, and homosexual offender searches in a respectful and professional manner. However, the curriculum does not express how to conduct the search and what technique to utilize. Also, interviews indicated staff had a lack of understanding of the definitions of transgender, intersex, and cross gender.

Recommendation: Continue staff training on the proper technique to use when searching transgender, intersex, and homosexual offenders. Also, continue education on the terms transgender, intersex, and cross gender.

In addition to the areas listed below, it's recommended the facility directs offenders to utilize privacy barriers when showering, performing bodily functions, and changing clothes. Listed below are the areas requiring corrective action due to cross-gender viewing

Unit 2

Golf 3: Shower partition needs to be elevated. Existing privacy barrier around toilet needs to be extended. Privacy barrier needs to be installed around urinal.

Fox 3: Shower partition needs to be elevated. Existing privacy barrier around toilet needs to be extended. Privacy barrier needs to be installed around urinal.

Fox 4: Shower partition needs to be elevated. Existing privacy barrier around toilet needs to be extended. Privacy barrier needs to be installed around urinal.

Fox 5: Shower partition needs to be elevated. Existing privacy barrier around toilet needs to be extended. Privacy barrier needs to be installed around urinal.

Fox 6: Shower partition needs to be elevated. Existing privacy barrier around toilet needs to be extended. Privacy barrier needs to be installed around urinal.

Recreation Bathroom: Privacy barrier must be installed to prevent cross gender viewing.

Corrective Action:

- Elayn Hunt shall install Privacy barriers in bathroom areas.
- Elayn Hunt should modify existing barriers to prevent cross gender viewing.
- Directive needs to be given for offenders to utilize privacy barriers when changing clothes.

Beaver 1: Install privacy barrier in shower area to prevent cross gender viewing.

Beaver 2: Install privacy barrier in shower area to prevent cross gender viewing.

Beaver 3: Install privacy barrier in shower area to prevent cross gender viewing.

Beaver 4: Install privacy barrier in shower area to prevent cross gender viewing.

Beaver 5: Install privacy barrier in shower area to prevent cross gender viewing.

Corrective Action:

- Elayn Hunt should install privacy barriers around showers to obscure cross gender viewing.

Unit 1:

Fox 1: Existing partitions need to be extended around toilet. Handicap stool and urinal needs privacy barriers installed. Shower privacy barrier needs to be elevated.

D1 Cell Block: A, B, C, D, E and F tiers need privacy barrier installed in the shower area.

Medical Dorm: In all 4 dorms additional barriers need to be installed on the concrete block structure around toilets and showers.

Skilled Nursing: The 8 cameras in the cells need pixilated or removed from live feed due to female officers having view from the rotunda area.

HSU: All 48 cells were openly visible to all staff who work in the unit to include female officers. Offenders had no privacy to change clothing, perform bodily functions. There were two camera cells in the unit used for close observation that did not allow for the offender to use the restroom or change clothes without being viewed by staff of the opposite gender.

HSU 2:

All 48 cells were openly visible to all staff who work in the unit to include female officers. Offenders had no privacy to change clothing, perform bodily functions. There were two camera cells in the unit used for close observation that did not allow for the offender to use the restroom or change clothes without being viewed by staff of the opposite gender.

Recommendation: It is recommended to make both HSU units a gender specific post.

Corrective Action:

- Install Privacy barriers in bathroom areas.
- Modify existing barriers to prevent cross gender viewing
- Obscure close observation camera cells from showing toilet.
- Provided offenders housed in Skilled Nursing a way to use toilet, shower, and change clothes without being viewed on camera by staff of the opposite gender.
- Provide offenders in HSU a way to use toilet and change closes without being viewed by staff of the opposite gender.

Blue Jean Factory: Female staff routinely do the security check of the bathroom area. However, the structure of the bathroom does not allow for an offender to cover them self from opposite gender staff.

Corrective Action:

Provide privacy barriers around toilets to allow offenders to perform bodily functions without being viewed by the staff of the opposite gender.

Elayn Hunt provided curriculum which addressed the areas of concern regarding staff training. The institution is also utilizing Vera Institute training video which demonstrates the proper technique when searching transgender, intersex, and homosexual offenders.

Elayn Hunt provided pictures of privacy barriers constructed in all bathrooms around toilets/urinals and showers to obscure cross-gender viewing.

The issue of female staff announcing their presence and documenting the announcement the log book in dormitories has been added to post orders.

The corrective action taken in the HSU was decided upon following Michelle Dauzat meeting with the Department of Justice regarding this mental health unit. In the HSU portable partitions were constructed that provide privacy to offenders when they are toileting upon the request of the offender. Offenders are provided a form, which they sign, which informs them of the partition being available. There are also notices posted in the unit. A barrier was constructed which provides privacy to offenders showering.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulations addressing this component are C-01-022, B-02-016, B-08-018, and B-08-010. Elayn Hunt offers offenders who are visually impaired a PREA brochure in Braille. For offenders who are deaf or hard of hearing, Elayn Hunt has an agreement with Sign Language Services International, in Baton Rouge, LA. Elayn Hunt has a contract with Speak Easy Interpreting Service, who can be utilized to interpret multiple languages. PREA brochures are offered in both English and Spanish. Interviews with disabled and LEP offenders confirmed the facility ensures all inmates are provided equal opportunities

Standard 115.17 Hiring and promotion decisions

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

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Department Regulation C-01-022, Section 9, outlines the PREA standard requirements for hiring and promoting staff. Additionally, Department Regulation A-02-022 indicates all prospective employees shall undergo a criminal record check and background check every five years.

A record review reflects applicants complete a PREA Reference Check which requires the applicant to answer questions about their past history of sexual abuse. In addition, applicants sign a release authorizing contact with past employers. File review confirmed the facility conducts background checks for new hires, promotions, temporary appointments and randomly on current employees.

Elayn Hunt reported the five year criminal background checks were conducted in 2013 and will be conducted again in 2018.

Standard 115.18 Upgrades to facilities and technologies

Exceeds Standard (substantially exceeds requirement of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Department Regulation C-01-022 indicates when designing new units, planning substantial expansions or modifications to existing units or when updating a video monitoring system, the unit head shall consider how such expansions, modifications or updates would enhance the units ability to protect offenders from abuse. Elayn Hunt has not acquired any new structures or made any substantial modifications since August 20, 2012. Since October of 2014, Elayn Hunt has installed 6 new DVR’s and has added one additional camera. Elayn Hunt encompasses a total of 177 cameras throughout the facility.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Department Regulation C-01-022 addresses the standard requirements. The agency and the St. Gabriel Police Department conduct investigations. The facility does not house youthful offenders. Forensic medical exams are conducted on site by a trained SAFE/SANE physician. In the event the physician is not on site the victim shall be sent out to a local hospital. The facility currently does not have a MOU with a rape crisis center. However, it does use trained staff members as victim advocates. Documentation of training was provided.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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Department Regulation C-01-022 and Institutional policy #400-C04 (N) addresses the standard requirements. The agency provided documents confirming referrals and investigations are completed as required.

Standard 115.31 Employee training

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

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA training curriculum covers all required components of 115.31 (a) as required. The agency has a zero tolerance policy for sexual abuse and sexual harassment. Department Regulation C-01-022 directs custody staff receive refresher training yearly with all other staff receiving training every two years. The agency maintains documentation indicating staff received and understand the training they have received. Through file review and on site interviews staff supported the required training is occurring as mandated.

Standard 115.32 Volunteer and contractor training

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

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Department Regulation C-01-022 ensures all volunteers and contractors who have contact with inmates are trained on their responsibilities under the agencies sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Volunteers and Contractors are also required to read and sign a Sexual Assault and Sexual Misconduct with Offender Acknowledgment form. Training records and interviews with volunteers confirmed they are provided with adequate training to meet this standard.

Standard 115.33 Inmate education

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

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All offenders are provided offender orientation in the form of a handbook, video, and verbal instruction upon intake regarding information of ways to report and services available. Elayn Hunt maintains acknowledgment forms indicating offenders received PREA education. Through offender interviews it was verified offenders received appropriate PREA education. Elayn Hunt has appropriate signage throughout the facility including Crime Stoppers toll-free number for offenders to make anonymous reports. PREA brochures and posters were available in both English and Spanish.

Standard 115.34 Specialized training: Investigations

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

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Department Regulation C-01-022 requires the Investigations Unit to use an Investigator who has received specialized training when allegations of sexual abuse and sexual misconduct are alleged. The training is provided by Training Force USA. The training curriculum includes use of proper techniques, use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The application of the training was evident when interviewing investigative staff. Review of training records confirmed staff received the training.

Standard 115.35 Specialized training: Medical and mental health care

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

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Elayn Hunt has a total of 20 medical and mental health care employees. Records indicate 100 % of staff has received the specialized training for medical and mental health practitioners as required by 115.35 (a). The training curriculum includes: Detecting and Assessing the Signs of Sexual Abuse and Harassment; Reporting and the PREA Standards; Effective and Professional Responses; Medical Forensic Examination and Forensic Preservations. Through interviews medical personnel validated understanding the training that was provided.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department regulation C-01-022 addresses the standard requirement. Upon review of documents and interviews with staff, the institution failed to complete risk screenings on all inmates arriving at the facility. The institution did not perform additional screenings if a referral, request, incident of sexual abuse occurred or additional information had been provided. The facility controls the disbursement of the screening information to those only needing it; however the report information was not shared with the majority of the work/programming supervisors, only the administrative staff.

CORRECTIVE ACTION:

- Elayn Hunt should complete the screening instrument on all offenders arriving at the facility within 72 hours regardless if they are coming from another facility or as a new intake to the department.
- The 30 day reassessment must also be completed on all offenders.
- A reassessment should be completed when warranted due to referral, request, incident of sexual abuse or receipt of additional information bearing on the inmate’s risk of sexual victimization or abusiveness.
- Elayn Hunt to provide documentation of these corrective actions within a 90 days of the date of this report.

Elayn Hunt provided documentation which demonstrated offenders receiving an initial screening within 72 hours of arrival regardless if they are coming from another institution or as a new intake to the department. All offenders are reassessed within 30 days of arrival at Elayn Hunt.

Elayn Hunt also provided documentation which shows they are completing a PREA Screening assessment following an incident of sexual abuse.

The Assistant Warden for Classification provides a daily list of offenders coded high risk sexual victim and high risk sexual predator according to the PREA Screening Checklist to department heads and unit managers. These individuals then communicate with pertinent staff in housing areas, work and program stations.

Standard 115.42 Use of screening information

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

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Department Regulation C-01-022 and Institutional policy #400-C04 (N) addresses the standard requirements. Upon review of documents and interviews with staff, the institution does not meet the requirements of this standard. The PREA Audit Report

facility did not share/use the risk screening information with those staff making education and programming assignments. Although the person making the job assignments had the information, the work supervisors were never given the information of who was at risk for sexual victimization or abusiveness.

Policy states the facility will make decisions concerning transgender or intersex inmate's health and safety on a case-by-case basis but it did not practice this. Transgender and intersex inmates are not reviewed on a biannual basis and policy does not mention for them to have any input on their view of their safety. They are permitted to shower separately if requested.

CORRECTIVE ACTION:

- Work supervisors should be given screening information for their assigned workers to ensure they are not put at risk for sexual victimization or abusiveness.
- Direction should be added to Department regulation C-01-022 which would give transgender and intersex inmates an opportunity to voice his views with respect to his safety and be given serious consideration.
- The facility should conduct biannual programming and placement reviews with transgender and intersex offenders present and to discuss any safety and showering needs.
- Elayn Hunt to provide documentation of these corrective actions within a 90 days of the date of this report.

Elayn Hunt provided documentation that demonstrates staff are provided a daily email/list of offenders coded high risk sexual victim and high risk sexual predator according to the PREA Screening Checklist. Supervisory staff share this information with staff responsible for assigning work/programming callouts or for staff who supervise offenders in various areas. This was implemented so staff can ensure offenders are not put at risk for sexual victimization.

Elayn Hunt staff are now conducting biannual programming and placement reviews with offenders who have been identified as transgender/intersex. Department Regulation No. C-01-022 was modified to include transgender and intersex offenders be given the opportunity to have input regarding their safety and showering needs. Elayn Hunt implemented two forms - Department of Public Safety and Corrections Shower Preference Statement (C-01-022-O) and Transgender/Intersex Reassessment (C-01-022-N). Documentation was provided showing utilization of these forms which demonstrated offender input.

Standard 115.43 Protective custody

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

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Department Regulation C-01-022 prohibit placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternative has been made and it is determined there is no available alternative means of separation from likely abusers. Staff report that no offenders were placed in involuntary segregation at this facility due to high risk of sexual victimization.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 allows for multiple means of offender reporting sexual abuse, harassment, retaliation or staff neglect. This includes verbal or written reports to staff, the ARP process, writing to facility and calling a toll-free Crime Tips Hotline. A memorandum of understanding was initiated with Baton Rouge Crime Stoppers, an outside agency which fields reports from staff, offenders and the public and forwards them for investigation. The toll-free number for Crime Stoppers was posted throughout the facility and could be found near offender phones and on bulletin boards. Offenders received a pamphlet during orientation that stating how to report abuse.

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

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

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation B-05-005 Administrative Remedy Procedure, covers all components of 115.52. Elayn Hunt has a practice in place allowing for third party reporting. The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Offenders may also be disciplined for filing frivolous or malicious sexual abuse complaints. Elayn Hunt had no instances of an offender filing a emergency grievance alleging an inmate is at risk of imminent sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 covers this component. There is a Memorandum of Understanding between the Louisiana Department of Public Safety & Corrections and the Louisiana Foundation Against Sexual Assault (LAFASA). LAFASA provides a confidential third party reporting mechanism and provide resources and/or emotional support for advocacy purposes. Contact information is posted throughout the facility for Just Detention International located in Washington, DC to provide offenders with access to outside victim advocate services for emotional support services related to sexual assault. This information was provided by the advocacy organization mailing address located on their posters. During a tour of the facility posters were observed. Elayn Hunt has staff who have been trained in victim advocacy serving as site advocates. The agency provided Certificates of Participation to document which employees participated in the staff advocacy training (Victim's Advocates Training) provided by Sexual Trauma Awareness and Response (STAR) located in Baton Rouge, LA.

Additionally, offenders were provided information about who to contact during the intake process for these services. This information is available in English and Spanish. Interviews with offenders verified they were aware of how to make contact with outside support services.

Standard 115.54 Third-party reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 covers this component. The facility has established a method to receive third party reports by posting Crime Stoppers posters within the facility which list telephone numbers in order to receive third party anonymous reports of sexual abuse and sexual harassment. There is also a Memorandum of Understanding between the Louisiana Department of Public Safety & Corrections and the Louisiana Foundation Against Sexual Assault (LAFASA). LAFASA provides a confidential third party reporting mechanism. The Louisiana Department of Corrections website (www.doc.la.gov) addresses the departments zero tolerance policy and how to file a report if someone has information or the belief that an offender is a victim of sexual assault or harassment.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 outlines the procedure for reporting allegations of sexual assault or sexual misconduct. Staff's reporting responsibilities and procedures are covered in annual training. Staff interviews indicated they were aware of how to report allegations. Staff was aware of the agency policies requiring them to report such allegations via Unusual Occurrence Reports. Staff also verbalized they were aware of the importance of confidentiality regarding incidents with others outside of the investigation.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 and B-02-017 cover this component. The facility has procedures in place to ensure the protection of offenders who allege sexual abuse or assault. It clearly outlines staff responsibilities in regards to protection of offenders and PREA. Staff interviews support they understand their responsibility as presented in this standard. The agency has a PREA incident checklist in place outlining how this is to occur as well. PREA screening is initiated during the reception process.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 states upon receipt of an allegation an offender was sexually abused while at another facility the Unit Head of the facility receiving the allegation shall notify in writing the unit head of the facility or designee where the alleged abuse occurred. Elayn Hunt has had no instances to where they had to make a report to another facility. They have however received two complaints from other confinement facilities to which they have investigated.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 supports the requirements covered by this standard. Facility staff carry a card with their ID, outlining the response required by a first responder. Staff interviews indicated staff could correctly articulate the duties of a first responder. Elayn Hunt reported no instances where a first responder had to separate victim and perpetrator or protect and preserve the crime scene

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Elayn Hunt has a written institutional plan to coordinate the actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This document outlines and clearly describes the action to take at every level. Upon document review, it was verified, staff are taking the correct response to incidents.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility met the requirements of this standard by not having any agreements which restrict it from removing staff sexual abusers from contact with inmates pending completion of the investigation.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 addresses the components of this standard. Agency policy clearly articulates the facilities obligation to monitor offenders and staff who report incidents. However, upon interviews and file review it was determined Elayn Hunt had only recently implemented retaliation checks and have not consistently followed up with offenders. It is recommended Elayn Hunt obtains signatures from the offender after each retaliation check to document the status check was conducted.

Corrective Action:

- Elayn Hunt should develop a plan to monitor for retaliation which includes periodic status checks of the victim.

- Elayn Hunt to provide documentation demonstrating implementation of retaliation monitoring including periodic status checks on all reports occurring within 90 days of the date of this report.

Elayn Hunt provided copies of documentation which demonstrated the monitoring for retaliation with staff and offenders. Form C-01-022-Q Department of Public Safety and Corrections/PREA Agency Protection against Retaliation Offender/Staff Members is utilized to monitor for retaliation for staff and offenders who report sexual abuse, sexual harassment, or cooperate with a sexual abuse investigation for a minimum of 90 days. Monitoring will be extended in 30 day increments if there is continued need. Elayn Hunt is primarily utilizing Mental Health staff for monitoring. All appropriate measures shall be taken to protect any individual who cooperates with an investigation and expresses a fear of retaliation. Elayn Hunt also included documentation which demonstrated they addressed the past due retaliation cases identified in the initial audit.

Standard 115.68 Post-allegation protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 covers this component. It requires offenders at high risk for sexual victimization not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made. Restriction of access to programs, privileges, educational or work opportunities shall be documented when the offenders is placed in involuntary segregated housing. If the assessment cannot be done immediately, the offender may be held in involuntary segregated housing for less than 24 hours while completing the assessment.

The PREA Coordinator reported Elayn Hunt has not had an incident of placing an alleged victim in segregation for protection while conducting a PREA investigation.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022, Institutional policies #400-C04 (N) and #300-A24 addresses the standard requirements.
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The facility met the requirements of this standard by conducting investigations in a thorough manner with investigators who have received special training in sexual abuse investigation. Investigations completed by the St. Gabriel Police have the cooperation of the institutional investigators.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility does not use a standard higher than a preponderance of the evidence in determining findings of sexual harassment or abuse.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 addresses the standard requirement. Upon review of documentation, the requirements of this standard are being met by the facility. Offenders are provided notification of the outcomes of the investigations and documents are signed noting receipt of the information.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 outlines staff that violate the agency sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. The Department of Corrections Employee Manual also prohibits sexual abuse of an offender. Department Regulation outlines that substantiated allegations shall be forwarded to the local District Attorney for decision regarding prosecution.

Documentation supported Elayn Hunt's administration taking immediate action when allegations of abuse and/or harassment were reported. Outside law enforcement is requested to conduct investigations. At the time of the audit the facility had two staff cases pending with the District Attorney's Office. One case involved two staff who had resigned their positions. The second case was pending. The PREA Compliance Manager reported no incidents in which sanctions were brought against employees during employment.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 states contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of the sexual abuse or sexual harassment policies by a contractor or volunteer.

Documentation provided by the PREA Compliance Manager indicated Elayn Hunt has not had any instances of offenders being sexually harassed or abused by a volunteer or a contractor.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Department Regulation C-01-022 outlines procedures for processing disciplinary sanctions for substantiated inmate-on-inmate sexual abuse. The facility has a process in place to ensure an offender's mental capacity is evaluated prior to teaming the violation. The facility was found to be in compliance with all aspects of this standard except (e) which reads: The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Documentation indicated an offender had received a violation and disciplinary sanctions after engaging in consensual sex with a staff member.

Corrective Action:

- Provide the audit team evidence of staff being informed/trained that offenders are considered victims and are not to receive disciplinary action/sanctions when they are found to be engaged in consensual sex with a staff member, volunteer or contractor.
- Provide documentation demonstrating offenders are not receiving disciplinary action/sanctions if they have been found engaging in consensual sex with a staff member.
- Elayn Hunt to provide documentation of these corrective actions within a 90 days of the date of this report.

Elayn Hunt provided a copy of the Warden's Staff Meeting dated October 3, 2016 which included documentation showing standard 115.78 - Disciplinary Sanctions for Offenders was addressed and explained to supervisory staff offenders were considered victims and were not to receive disciplinary sanctions when found to be engaged in consensual sex with a staff member, volunteer or contractor. Elayn Hunt provided documentation which demonstrated staff received information/training session designed specifically to cover this standard prior to the end of the corrective action period.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 addresses this standard requirement. Staff interviews and progress notes indicate the facility’s medical and mental health departments are meeting with offenders who report prior sexual victimization and perpetration of sexual abuse on the screening instrument.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022, HC-30, HC-36, HC-09 addresses the standard requirement. Staff interviews confirm emergency medical treatment and crisis intervention services are given to victims of sexual abuse. Screening instruments and progress notes reviewed confirmed access to services was occurring. Staff are aware of the need to separate the perpetrator from the victim if they serve as a first responder.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Staff interviews and documents confirm the facility provides ongoing medical and mental health care of sexual abuse victims and abusers. They are offered tests for sexually transmitted infections as appropriate. Treatment is provided at no cost

regardless of the cooperativeness of the offender with the investigation.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 outlines the actions needed to be compliant with this standard. The agency policy mandates a sexual abuse incident review team will conduct an incident review at the conclusion of every substantiated or unsubstantiated sexual abuse investigation. A review of the investigative files indicated incident reviews are not being conducted as outlined by PREA standards and agency policy.

Corrective Action:

- Elayn Hunt must develop a protocol to conduct incident reviews on sexual abuse cases that are determined to be substantiated or unsubstantiated.
- Elayn Hunt should provide the auditing team with documentation showing incident reviews are being conducted as outlined on sexual abuse cases.
- Elayn Hunt to provide documentation of these corrective actions within a 90 days of the date of this report.

Elayn Hunt provided documentation which demonstrated the PREA Incident Review Team is meeting at the conclusion of investigations that have been found to be substantiated and unsubstantiated. A calendar invite email is automatically sent out for a scheduled meeting on the last Monday of every month. At the review staff shall discuss any investigations that have concluded within a 30 day period. This meeting is documented on Form C-01-022-K Sexual Abuse Incident Review.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 addresses the standard requirement. The facility provides accurate and uniform data annually as required by this standard. The 2014 annual report was provided for review; however the 2015 report was still being processed through executive staff for approval.

Recommendation:

- Elayn Hunt provide a copy of the 2015 annual PREA report to the audit team when approved and available.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department Regulation C-01-022 addresses the standard requirement. The data provided by the facility is reviewed for corrective action and is on the website for the public’s review.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Department regulation C-01-022 addresses the standard requirement. The data provided by the facility is stored, published and destroyed according to the standard’s requirements.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x 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.

Rebecca Ehlers

July 28, 2016

Auditor Signature

Date