

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Adult Prisons and Jails

[Following information to be populated from pre-audit questionnaire]		
<b>Auditor Information:</b>		
<b>Auditor Name:</b> Dan Redington		
<b>Address:</b> FRDC 1393 Hwy O      Fulton, MO 65251		
<b>E-Mail:</b>		
<b>Telephone number:</b>		
<b>Facility Information:</b>		
<b>Facility Name:</b> B.B. "Sixty" Rayburn Correctional Center		
<b>Facility physical address:</b> 27268 Highway 21 North, Angie, LA 70426		
<b>Facility mailing address:</b> (if different from above)		
<b>Facility telephone number:</b> (985) 661-6394		
<b>Date of facility visit:</b> 6/27/17 thru 6/29/17		
<b>The facility is:</b> <input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <b>XX</b> State <input type="checkbox"/> Private not for profit		
<b>Facility Type:</b> <input checked="" type="checkbox"/> Prison <input type="checkbox"/> Jail		
<b>Name of facility's Chief Executive Officer:</b> Robert C. Tanner, Warden		
<b>Number of staff assigned to the facility in the last 12 months:</b> 311		
<b>Designed facility capacity:</b> 1376		
<b>Facility security levels/inmates custody levels:</b> Min/Med/Max		
<b>Age range of population:</b> 19-86 years of age		
<b>Name of PREA Compliance Manger:</b> Beverly Kelly <b>Title:</b> Asst. Warden		
<b>E-Mail Address:</b> <b>Phone Number:</b>		
<b>Agency Information</b>		
<b>Name of agency:</b> Louisiana Dept. of Corrections		
<b>Governing authority or parent agency:</b> (if applicable)		
<b>Physical address:</b> 504 Mayflower St.      Baton Rouge, LA 70802		
<b>Mailing address:</b> (if different from above)		
<b>Telephone Number:</b> (225) 342-9711		
<b>Agency Chief Executive Officer</b>		
<b>Name:</b> James M. LeBlanc <b>Title:</b> Secretary		
<b>E-Mail address:</b> <b>Telephone Number:</b>		
<b>Statewide PREA Coordinator</b>		
<b>Name:</b> Michele Dauzat <b>Title:</b> Asst. Warden/PREA Coordinator		
<b>E-Mail Address:</b> <b>Telephone Number:</b>		

# AUDIT FINDINGS

## NARRATIVE:

A PREA Compliance Audit was conducted at Rayburn Correctional Center June 27 through June 29, 2017. The audit team consisted of 2 Department of Justice certified PREA auditors that included Dan Redington, Lead Auditor and Vevia Sturm, Auditor. The auditors were also assisted by William Stange, Deputy Warden, MO Dept. of Corrections.

The Notice of Audit was posted throughout the facility on May 15<sup>th</sup>, 2017. The pre audit questionnaire and supporting documentation was received by the auditing team on April 24<sup>th</sup>. During the pre audit phase, the team completed a thorough review of the questionnaire and supporting documentation. Communication between the lead auditor and the PREA Coordinator and the PREA Compliance Monitor occurred throughout the pre audit phase.

The audit team arrived at the facility at 9:00 AM on June 27, 2017 to initiate the onsite phase of the audit. A brief opening meeting was held with the administration of Rayburn Correctional Center and PREA Coordinator which was followed by a tour of the facility. The team toured all areas of the facility which included medical, mental health, recreational areas, industry, vocational programming, work locations, chapel and the housing units. During the tour the team spoke with both staff and offenders. PREA signage as well as the Notice of Audit was observed throughout the facility.

Following the tour, the audit team began the process of conducting staff and offenders interviews. Interviewees were randomly selected from rosters provided by the facility. The audit team interviewed 42 staff which included 11 random staff and 31 specialized staff selected from all shifts. In addition, the team interviewed 21 offenders which included 10 random offenders from different housing units, 8 specialized offenders and 3 offenders who wrote to the auditors prior to the onsite audit. Rayburn Correctional Center does not house youthful offenders therefore no youthful offenders were interviewed.

On the second day of the audit, the team continued interviews and began the onsite record review. Throughout the process the team kept both the PREA Compliance Manager and the PREA Coordinator abreast of findings to enable corrective action to begin.

On the final day of the audit, the team completed the record review and met with key administrators which included the warden, deputy warden, PREA Coordinator, and section heads of the facility to review the findings of the audit.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Rayburn Correctional Center [RCC] is located in Angie, LA, a small community in Franklinton Parish. RCC houses all levels of offenders and has a maximum capacity of 1,376; however, on the first day of the audit RCC housed 1,318 offenders. The prison sits on 1025 acres, with 45 areas within the fenced compound. The facility has 5 housing units: 4 general population housing units and one segregation unit. The general population units are Wind, Rain, Snow and Sleet. Wind, Rain and Snow units have 2 dormitories which houses 158 offenders each. The Sleet Unit has one dormitory of 158 offenders and four cellblock tiers used for administrative segregation, disciplinary detention/isolation, and extended lockdown. Sun houses offenders who have been placed in extended lockdown. One tier is used for administrative segregation and disciplinary detention/isolation and the remaining tiers house extended lockdown level offenders.

Offenders work throughout the facility, in the field and on work release within the community. The majority of maintenance of the facility is provided by offender labor.

RCC offers an array of educational and programming opportunities for the offender population which includes high school equivalency classes, Associate degrees in business and religion as well as vocational

An exit meeting was conducted on June 29, 2017 to brief the executive staff of the team's findings. The team found that staff and offenders had a good general awareness of PREA. They were aware of reporting responsibilities as well as their duty to protect alleged victims. All offenders interviewed were aware of how to report offender sexual abuse. It was evident that RCC has made many improvements since their last PREA Audit in 2015. Many of the areas of concern on the last audit have been addressed and they are very committed to upholding the PREA standards. We found very few areas of concern in the physical plant and one area that was found was addressed immediately by the staff there. It was apparent through interviews that both staff and offenders were committed to the PREA process. During my interview with Warden Tanner I was impressed with his level of commitment to ensuring that offenders and staff were kept safe from prison rape. We feel that his leadership on this is instrumental to the rest of his staff and this helps to ensure that they are doing all that they can as well to keep PREA in the forefront.

**SUMMARY OF AUDITO FINDINGS:**

Number of standards exceeded:0

Number of standards met: 42

Number of standards not met: 0

Number of standards that do not apply: 1

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 Prison Rape Elimination Act (PREA) mandates zero tolerance towards all forms of sexual abuse, but fails to mandate zero tolerance for sexual harassment in the policy statement. The policy noted that offender orientation should address zero tolerance for sexual abuse and sexual misconduct. The PREA Coordinator and the RCC's PREA Compliance Manager both stated that they have time and authority to develop and oversee compliance. The Coordinator appears to have sufficient authority, as she reports to the Chief of Operations.</p>	

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The agency has two prisons that are contracted with private corporations and six contracted community confinement facilities. All contracts have been amended to include compliance with PREA standards and reporting requirements. All contracted facilities will be audited during the 3-year auditing cycle.</p>	

<b>115.13</b>	<b>Supervision and monitoring</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 requires a staffing plan be developed to provide adequate staff levels to protect offenders against sexual abuse as well as an annual review of the staffing plan which includes the consultation of the PREA Coordinator. Department Regulation A-02-018 establishes the process by which staffing requirements shall be determined for essential positions. RCC's Directive #1.3.9 Staffing</p>	

Requirements/Essential Personnel provides direction to identify and assign the staff that are essential. The staffing plan is based on a facility capacity of 1,314 offenders. Each required element was well documented in the PREA Annual Facility Report dated January 4, 2017. The facility indicated there were no instances where the facility was not in compliance with the approved staffing plan. The staffing plan was maintained through the use of overtime as outlined in RCC's Directive #1.3.10, Security Staff On=Call Policy, resulting in no deviations from the approved staffing plan.

Department Regulation C-01-022 mandates unannounced rounds by supervisory staff. This is outlined in RCC's Directive #11.2N which outlines that the Warden and/or his assistants will make weekly unannounced random rounds of the facility. The Compound and Support Services Unit Managers and Assistant Unit Managers will make random unannounced visits of their assigned housing and/or activity areas at least once each week, alternating between each team. It further outlines the responsibilities of supervisor staff to ensure these rounds are done as outlined on all shifts. Post Orders were also provided for the supervisor staff. Several of these post orders reflected that the staff should make rounds in accordance with RCC's Directive #1.1.2N which does require that these rounds be unannounced. Upon review of several housing unit chronological logs it was obvious that frequent and announced rounds were being performed. Additionally, shift commanders provided a shift summary that showed what areas of the facility that they toured.

A few examples of Log Book entries were provided with the pre-audit questionnaire. Interviews of the supervisory staff indicated they made attempts to limit staff from alerting other staff that these rounds are occurring. Interviews with line staff in the units indicated that these rounds were being made as well.

<b>115.14</b>	<b>Youthful inmates</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <b>XX</b> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
Rayburn Correctional Center does not house youthful offenders. Documentation was provided indicating that all offenders are over the age of 19 years. For this reason, this standard does not apply to Rayburn Correctional Center.	

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 and Rayburn Correctional Center Directive #3.1.3 dictate that cross gender strip searches are not conducted unless there are exigent circumstances. In addition, the Louisiana Department of Corrections Basic Security Academy curriculum was provided and information reviewed in this curriculum supports compliance with this standard. During the on-site portion of the audit, interviews with random staff and offenders indicate that cross-gender strip searches or cross gender body cavity searches are not conducted except in exigent circumstances. Documentation indicates that no cross gender strip searches or body cavity searches have occurred in the past 12 months.

Department Regulation C-01-022 and Rayburn Correctional Center Directive #3.1.1 dictate that all cross-gender and body cavity searches be documented on an Unusual Occurrence Report (UOR).

Department Regulation C-01-022 and Rayburn Correctional Center Directive #3.1.1 dictate that offenders should be allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances. These documents also require all cross gender staff to announce their presence when entering a housing unit. In addition, during the on-site tour of the institution, housing unit staff was observed to consistently announce cross gender staff entering the housing unit. Random unit logs were reviewed, and it was found that staff consistently documents this announcement. Random offender interviews indicated that offenders were allowed to shower, perform bodily functions and change clothing without being viewed by the opposite gender. During the on-site tour, an offender toilet in the warehouse, and a shower in a segregation unit (Sleet unit) were found to have insufficient barriers to prevent cross-gender viewing. Rayburn Correctional Center staff quickly installed sufficient barriers during the tour and provided photographs indicating compliance. There was found to be adequate barriers in place in the housing units to prevent cross gender viewing of offenders in the showers or toileting.

Department Regulation No. C-01-022 and Rayburn Correctional Center Directive 3.1.1 dictate that no search or physical exam may be conducted when the sole purpose of the search or physical exam is to determine the offender's genital status and that this issue should be referred to the Departments Medical/Mental Health Director for review. If needed, the physical exam will be done in a private setting by a health care provider. Interviews with random staff indicated an understanding of and compliance with this standard.

Documentation submitted by Rayburn Correctional Center staff indicated that all staff has received training in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, in the least intrusive manner possible, and consistent with security needs. In addition, interviews with random staff indicate compliance with this standard.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation No. C-01-022 and Rayburn Correctional Center Directive 3.5.8 dictate that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. During the on-site tour, it was observed that literature was posted in areas with offender access written in Spanish. The Rayburn Correctional Center PREA Compliance Manager indicated that materials were available for visually impaired and deaf offenders when necessary. Documentation was provided that interpreting services for deaf offenders is available through a volunteer.</p> <p>Department Regulation No. C-01-022 dictates that offender interpreters not be used unless a delay in obtaining an effective interpreter could compromise the offender's safety. Documentation was provided indicating that no offender interpreters were used in the past 12 months. Interviews with random staff indicate that staff is aware that offender interpreters are not to be used unless a delay in obtaining an interpreter could compromise the offender's safety. Interviews with offenders who are disabled and offenders who are limited English Proficient indicate that staff at Rayburn Correctional Center ensure that these offenders have the materials that they need to participate in and benefit from the agency's efforts to prevent, detect and respond to sexual abuse and harassment. In addition, these interviews indicated that training is provided to all offenders on a yearly basis, and that Rayburn Correctional Center ensures that all offenders participate in, and understand the training curriculum.</p>	

<b>115.17</b>	<b>Hiring and promotion decisions</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022, Section 9 outlines all the PREA standard requirements for hiring and promoting of staff. Additionally, Department Regulation A-02-022 indicates that all prospective employees shall undergo a criminal records check and that all employees shall undergo this criminal record check at least every five years. Rayburn Directive #1.3.8 Criminal Record Checks and Reporting</p>	

Requirements designates that criminal background checks be conducted on each new employee, detail to special duty and promotions as well.

A review of a random sample of new staff hired in the past 12 months reflected that the applicants are asked to identify any prisons, jails, lock ups, community confinement facilities, or juvenile facilities where they have previously been employed. Employee file material also reflects that when such employment is reported that these facilities are contacted to report any incidents of sexual abuse. Random employee files were also reviewed for compliance for background checks. These files reflected that criminal background checks for all staff and contractors were being conducted. Policy requires these background checks be completed every five years.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 indicates, "When designing new units, planning substantial expansion, or modifications to existing units, or when updating video monitoring system, the Unit Head shall consider how such expansions, modifications, or updates will enhance the unit's ability to protect offenders from sexual abuse." The audit team received documentation from the PREA Compliance Manager that indicated, "no future plans for substantial expansion or modification of the Rayburn Correctional Center."

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

RCC investigators conduct criminal and administrative sexual abuse and sexual harassment investigations. Agency Regulation C-01-022 Prison Rape Elimination Act outlines actions that are to be taken following an allegation of sexual abuse.

The agency has a uniformed evidence collection protocol that maximizes the potential for obtaining usable physical evidence.

Agency regulation C-01-022 17 indicates that if the victim consents to advocacy services, the advocate



may participate in supporting the victim through the forensic medical examination process and investigatory interviews. Staff reported during interviews that RCC has had one allegation that required a forensic exam within the last 12 months. The victim received a forensic exam and follow up services at no cost. Records show the hospital provided an advocate during the forensic exam and Rayburn provided a trained advocate onsite.

RCC provides offenders with the addresses to Just Detention International, in addition, RCC has trained advocates on staff should an offender request advocacy services. RCC provided documentation showing staff has received advocacy training.

RCC provided a copy of a letter dated May 15, 2017 from Warden Tanner addressed to Sheriff Randy Seal requesting that the agency following PREA standard when conducting sexual abuse investigations at RCC.

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

RCC refers Sexual abuse and sexual harassment allegations for investigation, as outlined by Agency regulation C-01-022. This also includes all third party and anonymous allegations received.

Between July 1, 2016 and June 30, 2017, RCC conducted 26 investigations, which included nine investigations involving sexual harassment (4 staff-on-offender sexual harassment and 5 offender-on-offender sexual harassment). RCC substantiated one offender-on-offender sexual harassment investigation. In addition, RCC conducted 17 sexual abuse investigations during the year preceding the audit which included 11 staff-on-offender sexual abuse investigations and 6 offender-on-offender investigations of which, one was substantiated. This substantiated case was the only criminal investigation conduct by RCC during the previous 12 months. RCC forwarded this investigation to the District Attorney for consideration for prosecution.

Agency regulation C-01-022 Prison Rape Elimination Act outlines how the agency will process allegations of offender sexual abuse or harassment. This regulation is available on the agency website. Staff conveyed that all allegations were forwarded to the facility's investigators. The investigators interviewed stated all allegations received are investigated as outlined by the agency regulations

<b>115.31</b>	<b>Employee training</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation No. C-01-022 dictates that during orientation and annually thereafter all staff shall be trained in the prevention, detection, response, reporting and investigation of sexual abuse. This regulation also dictates the subjects to be included in this training. These subjects are in compliance with this standard. In addition, during the on-site portion of the tour, random staff training files were reviewed. All files reviewed included acknowledgement forms indicating that staff understands, and had received annual training. Staff personnel files were also randomly reviewed. All personnel files contained acknowledgement forms indicating staff had received training in these areas during orientation, upon employment.

Department Regulation No. C-01-022 dictates that training shall be tailored to the gender of the offenders at the employee's facility, and that the employee shall receive additional training if the employee is reassigned from a facility that houses only male offenders to a facility that houses only female offenders or vice versa.

**115.32 Volunteer and contractor training**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation No. C-01-022 dictates 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. Rayburn Correctional Center provided the Volunteer Orientation and Training Manual. The material in this booklet documents compliance with regard to all areas of required training. Rayburn Correctional Center also provided acknowledgement forms signed by volunteers, indicating that the volunteers had attended and understood this training. The training curriculum indicated that the type of training is based on services provided. In addition, during the on-site audit tour, several random volunteer files were reviewed. All reviewed files included documentation that this training was completed, along with signed acknowledgement forms indicating that the volunteers had participated in and understood the material presented. Interviews with volunteers indicated that the volunteers understood the material presented in the curriculum. Based on the above information, Rayburn Correctional Center is compliant with this standard.

<b>115.33</b>	<b>Inmate Education</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation No. C-01-022 dictates that during offender orientation, new incoming offenders are provided verbal and written information regarding sexual assault and misconduct. This regulation also dictates that offenders shall again receive information regarding sexual abuse during offender orientation at their respective housing unit upon intake, and again annually thereafter. The Rayburn Correctional Center orientation packet was reviewed, and was found to include all information required by this standard. This packet is available in both English and Spanish versions. Documentation reviewed as part of the pre-audit included acknowledgement forms signed by inmates indicating that they had viewed and understood the PREA video and received PREA training during the orientation process. In addition, documentation included acknowledgement forms for annual training which is held in December of each year. During the on-site tour, staff indicated that all offenders, regardless of impairment or disability are provided information that the offender can read and understand. During the on-site portion of the audit, multiple inmate files were reviewed. All files contained documentation to include signed acknowledgement forms that the offenders had received PREA information and education during orientation, and annually thereafter. Additionally, during the on-site portion of the audit, posters and signs containing PREA information were observed throughout the institution. Posters were in both English and Spanish formats. During interviews of random inmates, these offenders indicated that PREA training does occur during orientation and annually thereafter. These random inmate interviews indicated that offenders at Rayburn Correctional Center are extremely well-versed in PREA information.</p>	

<b>115.34</b>	<b>Specialized training: Investigations</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 dictates that investigators who investigate incidents of sexual assault and abuse have received special training. The training curriculum, "Prison Rape and Sex Assault Investigations Inside Correctional Facilities" which was produced by Training Force was provided for</p>	

review. Also provided for review were Certificates of Completion for this training issued to Rayburn Correctional Center investigators. In addition, interviews conducted with investigative staff indicate that this training was completed.

The training curriculum provided to Rayburn Correctional Center investigative staff includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff supported the fact that these elements were included in the specialized training.

Documentation verifying participation in the required training indicates compliance with this standard.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 dictates that all medical and mental health care practitioners be trained in all elements specified by this standard. In addition, training records submitted by Rayburn Correctional Center support the requirement that all medical and mental health care staff have attended this training. Documentation submitted also included Certificates of Completion, issued to all medical and mental health practitioners documenting completion of this training. Interviews with Rayburn Correctional Center medical and mental health staff indicated that these staff had completed the training, and that the training had included all elements required by this standard.

Medical staff at Rayburn Correctional Center does not conduct Forensic Medical Exams.

Rayburn Correctional Center does maintain documentation that medical and mental health practitioners have received specialized training, as this documentation was submitted and reviewed as part of the pre-audit process.

Department Regulation C-01-022 also dictates that medical and mental health care staff receive employee training during orientation and annually thereafter. Training records were reviewed and indicate compliance with this element of this standard.

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy C-01-022 Prison Rape Elimination Act addresses the requirements of this standard. RCC conducts a PREA screening upon intake and then again within 30 days. On a yearly basis, all screenings are reviewed with the offenders.</p> <p>A review of the agency's PREA screening checklist showed all criteria required by 115.41 (d) are addressed. The PREA Screening Checklists scores offenders as "PREA Blue" which indicates he is at high for risk of sexual victimization; "PREA Green" indicating the offender poses no significant risk for victimization or "PREA Red" indicating the offender is at high risk for sexual perpetration.</p> <p>RCC utilizes the "PREA Vulnerability Reassessment Questionnaire" for their reassessment. RCC Directive #3.2.1 (N) shows the Director of Classification will ensure that a PREA Vulnerability Reassessment Questionnaire is completed within 30 days of each offender's arrival at the facility.</p> <p>During the onsite audit, the auditor reviewed a random selection of offender risk assessments to ensure the initial risk screening and the PREA Vulnerability Reassessment Questionnaire was conducted as required by this standard, mandated by agency policy and RCC procedure. The reviews demonstrated that RCC is conducting risk screenings and follow up screenings in a timely manner.</p> <p>Agency regulation C-01-022 shows "offenders shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions asked in the PREA Screening Checklist." Staff interviewed voiced that offenders would not be disciplined for refusing to answer questions. In addition, offenders stated they could refuse to answer questions without fear of discipline.</p> <p>RCC maintains confidentiality by filing the original checklist in the mental health section of the offender's medical record and a copy in the offender's master record. Classification staff is tasked with entering the screening information into CAJUN, a secure case management system.</p>	

<b>115.42</b>	<b>Use of screening information</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency regulation C-01-022 outlines how the facility should utilize the PREA Risk Screening to make informed decisions regarding housing and cell assignments as well as, assignments to programming,</p>	

work and education. Based on the criteria noted in 114.41, Screening for Risk of Victimization or Abusiveness, the facility makes individualized determination regarding the safety of the offenders by utilizing PREA Risk Screening. As noted previously, the PREA Screening Checklists scores offenders as “PREA Blue” which indicates he is at high-risk sexual victimization; “PREA Green” indicating the offender poses no significant risk for victimization or “PREA Red” indicating the offender is at high risk for sexual perpetration.

RCC Directive #3.5.5 (N) shows the PREA compliance manager will review housing assignments of PREA Red and Blue offenders on the first working day of each month to ensure no offender identified as PREA Blue and a PREA Red are housed in the same house. Interviews with classification staff confirms that RCC does not house offenders assessed at high risk of victimization in the same wing as offenders assessed as high risk of perpetration [i.e. PREA Red and Blue]. In addition, RCC provided ample documentation to show housing assignments are reviewed on a regular basis to ensure appropriate housing is maintained. The RCC Directive #3.5.5 (N) requires that when an offender is identified as PREA Blue and/or a PREA Red, he will be evaluated by the classification Department for possible reassignment to appropriate housing and programming. In addition, the offender is to be referred to mental health. During the onsite audit, RCC provided documentation showing offenders identified as risk of victimization or perpetration are referred to and assessed by mental health. Classification Boards determine housing, job and programming assignments utilizing the PREA Screening.

RCC makes housing and programming assignments for transgender offenders on a case-by-case basis. RCC provided documentation demonstrating Staff reported, and policy supports, that transgendered offenders are reassessed two times per year. Transgendered offenders are assessed at least twice a year and the offenders are offered the option of showering separately from other offenders.

Transgendered offenders that were interviewed during the onsite audit confirmed that they are assessed twice a year, are allowed to shower alone if requested and that they feel safe at RCC.

<b>115.43</b>	<b>Protective custody</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 Section H outlines that offenders at high risk for sexual victimization shall not be placed in involuntary segregation 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. If the facility restricts access to programs, privileges, education or work opportunities, the facility shall document this information. RCC indicated that no offenders have been assigned to involuntary segregation due to high risk of victimization. Segregated offenders are offered education, mental health and religious departments upon request.

Form C-01-022-P **24 Hour Review of Involuntary Segregation Status During PREA Related**

**Investigations** outline what to do should a PREA victim need to be placed in involuntary segregated housing to ensure safety. As outlined in standard 115.43, an assessment must be completed within 24 hours of placement in segregated housing and should include the reason why no other housing choices were available. If an offender is placed in involuntary segregated housing, additional documentation is needed which is outlined in 115.43.

**115.51 Inmate reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 allows for multiple means of offender reporting of sexual abuse, harassment, retaliation, or staff neglect. This includes verbal or written reports to staff, the Administrative Remedy Procedures process, writing the 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 this entity was placed throughout the facility. All offenders are provided a handout as well with information and telephone numbers listed and they sign a receipt for the item. Upon touring the Ad-Seg unit it was found that offenders were not provided the ability to obtain addresses for outside agencies to report PREA allegations without asking the housing unit staff assigned to the unit. This was brought to the facility's attention and they immediately rectified the issue by creating a handout that will be provided to all offenders being assigned to the Ad-Seg unit which has the names of outside reporting agencies as well as the address. Offenders in Ad-Seg are allowed to place letters directly in the mailbox and housing unit staff are not allowed to review what is being mailed out.

**115.52 Exhaustion of administrative remedies**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation No. C-01-022 does address inmate grievances regarding sexual abuse. This regulation dictates that there is no time limit imposed on when an inmate may submit a grievance regarding sexual abuse. The regulation also dictates that a formal grievance is not required to address an allegation of sexual abuse and that there is no requirement to attempt to resolve with staff an

alleged incident of sexual abuse. It also dictates that nothing in this section shall restrict the unit's ability to defend against an offender's lawsuit on the grounds that the applicable statute of limitation has expired.

Department Regulation C-01-022 also specifies that offenders are not required to submit a grievance regarding sexual abuse to a staff member who is the subject of the complaint.

Department Regulation C-01-022 dictates a 90 day time limit from initiation to completion of the process unless an extension has been granted, and that expiration of response time limits shall entitle the offender to move on to the next step in the process. During the on-site portion of the audit, the Rayburn Correctional Center staff responsible for handling offender grievances was interviewed, and all PREA related grievance logs for the past calendar year were reviewed. These logs indicated that all PREA related grievances were processed well within the time limits established by this standard.

Department Regulation C-01-022 allows third parties to assist offenders in reporting sexual abuse and harassment, and/or initiating formal grievances, and that the offender must authorize the request for remedy and must continue the process. Documentation is required for offenders who decline to continue with the grievance once a third party initiates the process.

Department Regulation No. C-01-022 addresses Emergency or Sensitive Issue grievances. This regulation indicates compliance with this standard. However there were no emergency grievances filed during the previous calendar year.

Department Regulation C-01-022 does allow discipline under the appropriate rule violation for those who file requests that are frivolous or deliberately malicious.

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply  <b>Auditor comments, including corrective actions needed if does not meet standard</b> RCC has attempted to provide offenders with access to outside victim advocates but no local agency was able to provide it due to budgetary restraints. The agency provided documentation showing that they had attempted to contact several local agencies for this. The agency provided the auditors with a letter from ADAPT Inc. stating their agency would provide a sexual assault advocate at the hospital to assist the victim through the forensic evaluation.	



<b>115.54</b>	<b>Third-party reporting</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The department's website <a href="http://doc.la.gov">http://doc.la.gov</a> provides the address and phone number for the warden's office to call for third party reporting of offender sexual abuse and harassment allegations. RCC has established a Memorandum of Understanding with the Baton Rouge Crime Stoppers to assist Louisiana DOC in maintaining a third party reporting mechanism for offenders victimized by sexual abuse and to ensure the confidentiality of the hotline caller. During the interview of the offenders, 100% of them communicated awareness of the hotline which is available for third party reports.</p>	

<b>115.61</b>	<b>Staff and agency reporting duties</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 dictates that staff immediately notifies their supervisor of any allegations of sexual assault, misconduct or harassment. This regulation also dictates that any claims of retaliation for reporting abuse are also reported, as well as any neglect or violation of responsibility that may have contributed to an incident or retaliation. Interviews with random staff indicated that all staff are aware of, and are compliant with their responsibilities regarding reporting.</p> <p>Department Regulation C-01-022 also dictates that allegations of sexual abuse be treated with discretion and confidentiality. Interviews with random staff indicate that staff is compliant in confidentiality when reporting allegations of sexual abuse. Interviews with medical and mental staff indicate compliance with this standard regarding the requirement to report sexual abuse. These interviews also indicated compliance in the requirement to inform the inmate of the practitioner's duty to report, and limitations of confidentiality.</p> <p>Department Regulation C-01-022 requires allegations of sexual abuse to be reported to the Department's PREA investigator immediately. Allegations of sexual harassment including third-party and anonymous reports are reported to the Department's investigator through Unusual Occurrence Reports (UOR). Numerous Unusual Occurrence reports were reviewed. All indicate compliance with this standard.</p>	

<b>115.62</b>	<b>Agency protection duties</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The facility has procedures in place to ensure the protection of offenders who allege sexual abuse. It clearly outlines staff responsibilities in regards to protection of offenders. All staff interviewed reported they would take immediate action if they learned an offender was subjected to a substantial risk of imminent sexual abuse.</p>	

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 dictates that upon receiving an allegation that an offender was sexually abused while confined at another facility, the Unit Head or designee of the facility that received the allegation shall notify in writing the Unit Head of the facility or designee where the alleged abuse occurred. This regulation also requires that notification be provided as soon as possible, but no later than 72 hours after receiving the allegation. This regulation also dictates that documentation of these events be placed in the offender's Master Record. Documentation reviewed during the pre-audit process indicated that there had been no reports of incidents that had occurred at other facilities in the past calendar year.</p> <p>Interview with the Rayburn Correctional Center Warden indicates that Rayburn Correctional Center is in compliance with this standard.</p>	

<b>115.64</b>	<b>Staff first responder duties</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

☐ Does Not Apply

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

Department Regulation C-01-022 addresses the steps to be taken by first responders to sexual abuse. The steps outlined in this policy are in compliance with the steps outlined by this standard. In addition, random staff at Rayburn Correctional Center as well as interviews with Security Staff and Non-Security Staff Who Have Acted as First Responders demonstrated an understanding of the steps required to be taken as potential first responders. Interviews with Offenders Who Reported Sexual Abuse indicated that staff is taking the appropriate steps as required by this standard when responding to reports of sexual abuse.

Documentation of incidents of sexual abuse and harassment indicate that all cases of sexual abuse were reviewed and indicate that all required steps were taken by first responders in these incidents.

Department Regulation C-01-022 dictated that any staff who is a first responder should take the steps outlined by this procedure. A review of documentation indicated that security staff had been first responders in all reports of sexual abuse in the past calendar year.

**115.65 Coordinated response**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Rayburn Correctional Center does have a written coordinated response plan specific to this institution and not merely an agency-wide plan. This Coordinated Response plan was reviewed and found to detail the steps to be taken in response to an incident of sexual abuse, among first staff responders, medical and mental health practitioners, investigators and facility leadership. In addition, during the on-site portion of the audit, documentation of sexual abuse investigations that had occurred was reviewed. It was determined that the Rayburn Correctional Center PREA Coordinated Response Plan was followed following the reports of sexual abuse. Additionally, an interview with the Rayburn Correctional Center Warden revealed that he was aware of the Coordinated Response Plan for his institution and was familiar with the content of the plan.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

The Louisiana Department of Public Safety and Corrections is part of an agreement with the Louisiana Public Employees Council No. 17. The agreement addresses the working environment of employees who choose to join the Union. The Union agreement does not prohibit the Agency's ability to discipline employees who have violated PREA up to and including termination and does not prohibit the Agency from placing alleged staff perpetrators on immediate suspension pending investigation. Through interviews with the PREA Compliance Manager and the Warden, they concluded the Union agreement does not impede their ability to move staff when necessary during investigation.

**115.67 Agency protection against retaliation**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 contains languages that protects offenders from retaliation as a result of reports of sexual abuse or harassment, or cooperate with sexual abuse or harassment investigations. This regulation also provides multiple protection measures for offender victims who experience retaliation. This was verified through interviews with the Rayburn Correctional Center Warden and Chaplain Hollingsworth who monitors for retaliation. These interviews indicate that multiple protection measures are used for offender victims who report retaliation.

During the on-site portion of the audit, multiple random retaliation monitoring documents were reviewed, and it was determined that retaliation monitoring continues for at least 90 days. This documentation also indicated that for each case in which an offender reported retaliation, the claim was investigated. In addition, Department Regulation C-01-022 dictates that retaliation monitoring occurs for at least 90 days, and that said monitoring will continue beyond 90 days if the initial monitoring indicates a continuing need. This regulation also requires the PREA Compliance Monitor to perform periodic monitoring status checks. An interview with the Rayburn Correctional center PREA Compliance Manager indicates that these periodic status checks are completed as required by this standard. In addition, interviews with offenders who reported sexual abuse indicate that Rayburn Correctional Center is in compliance with this standard.

<b>115.68</b>	<b>Post-allegation protective custody</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX Meets Standard</b> (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>Department Regulation C-01-022 prohibits the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing without an assessment and a determination that there is no available alternative means of separation from likely abusers.</p> <p>After records of offenders who reported PREA incidents were reviewed it was determined that the victims had not been assigned to Ad-Seg for involuntary protective custody. Per an email from the site PREA Coordinator dated May 13, 2011 there have been no offenders assigned to segregation due to an alleged allegation.</p> <p>Form C-01-022-P <i>24 Hour Review of Involuntary Segregation Status During PREA Related Investigations</i> outlines what to do should a PREA victim need to be placed in involuntary segregated housing to ensure safety. As outlined in standard 115.43, an assessment must be completed within 24 hours of placement in segregated housing and should include the reason why no other housing choices were available. If an offender is placed in involuntary segregated housing, additional documentation is needed which is outlined in 115.43.</p>	

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX Meets Standard</b> (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
Auditor comments, including corrective actions needed if does not meet standard	
<p>RCC conducts criminal and administrative investigations. RCC has four investigators that conduct offender sexual abuse investigations, all of which have received the specialized investigator training required by 115.34.</p> <p>The agency requires investigators to follow an evidence collection protocol that contains specific steps to be followed when an allegation of sexual abuse is made. RCC received 26 allegations of sexual abuse and harassment within the past 12 months preceding the onsite audit and subsequently conducted 26</p>	

PREA investigations. Of the 26 PREA investigations conducted, 25 were conducted as administrative investigation and one as criminal. The facility had one substantiated criminal investigation that was forwarded to the district attorney for review for prosecution.

During the onsite audit a random selection of 10 investigations were reviewed; all reports were documented in a standard report format and contained a description of physical and testimonial evidence and reasoning to support the finding.

Investigators interviewed demonstrated they were knowledgeable of the proper investigative protocols and that they follow the elements of 115.71 when conducting investigations.

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

During investigator interviews, it was clear that investigators understood that a standard no higher than preponderance of evidence is to be used when determining whether allegations of sexual abuse or sexual harassment are substantiated. RCC provided examples of an investigation where preponderance of evidence was considered when determining the findings.

PREA Specialized Investigator training curriculum includes the appropriate information for burden of proof and preponderance of evidence as stated for this standard.

<b>115.73</b>	<b>Reporting to inmates</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Agency Regulation C-01-022 mandates that following an investigation of sexual abuse from staff or another offender, the alleged victim will be notified as to whether the allegation was determined to be substantiated, unsubstantiated or unfounded.

The agency has developed a form that is utilized to notify the offender of the findings following the completion of an investigation. The form is also utilized to provide follow up notifications to the victim regarding the status of an abuser.

A random review of investigative files showed RCC provided victim with notification as outlined by the agency regulation and required by this standard.

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 outlines that staff who violate the agency sexual abuse and sexual harassment policy may receive disciplinary action, up to and including termination. The Department's Corrections Services Employee Manual also prohibits sexual abuse of an offender. Department Regulation No. C-01-022 outlines that substantiated allegations shall be forwarded to the local District Attorney for a decision regarding prosecution and/or relevant professional licensing boards. RCC has had no staff disciplined in the last 12 months for a violation of the agency's sexual abuse or sexual harassment policies.

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
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☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation C-01-022 supports the standard regarding corrective action for contractors and volunteers for violating agency sexual abuse and sexual harassment procedures. In the past 12 months, the facility reported no contractors or volunteers had been prohibited from contact with offenders for such violations. Policy is in place to ensure that substantiated allegations shall be forwarded to the local District Attorney for decision regarding prosecution or forwarded to relevant professional licensing boards.

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 outlines procedures for processing disciplinary sanctions for sexual abuse. Directive #3.3.2 outlines Offender Disciplinary Hearings and clarifies this standard. In particular that an offender must have their mental capacity evaluated prior to hearing the violation. It is recommended that this wording be included in the Departmental Regulation. It also states that offenders involved in sexual contact with a staff person will only be subject to disciplinary sanctions when it can be shown that staff did not consent to the activity. Interviews with staff indicated they were familiar with their expectations as required by the standard.</p>	

<b>115.81</b>	<b>Medical and mental health screening; history of sexual abuse</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency Regulation No. C-01-022 and RCC Directive 3.5.5 (N) mandates that offenders who report prior victimization or perpetration during PREA screening be offered a follow-up screening with medical or mental health within 14 days. In addition, the classification department must complete an Availability of Mental Health Counseling at intake for those offenders with a history of sexual victimization or perpetration. During pre-audit documentation review and while onsite, RCC provided ample documentation to demonstrate compliance.</p> <p>Agency Regulation No. C-01-022 requires that information obtained related to sexual victimization or abuse in an institutional setting be limited to medical and mental health staff. This policy also requires that informed consent be obtained from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting.</p> <p>In addition, interviews with medical and mental health staff indicate compliance with this standard.</p>	

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	



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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Agency Regulation C-01-022 supports requirements of this standard. The regulation includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and that the victim bears no financial cost for treatment services. RCC provided documentation showing the facility had one substantiated sexual abuse allegation and provided crisis intervention services as outlined by this standard and agency regulation. It was evident that the facility's Compliance Monitor keeps abreast of PREA allegations, investigations and follow up services to ensure compliance with policy. In addition, interviews with medical and mental health staff, as well as random staff indicate that staff was well aware of the components of this standard.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Agency Regulations C-01-022 and Health Care Policies HC-09 and HC-36 support all components of this standard. RCC offers medical and mental health evaluation and treatment, as appropriate, to offenders who report victimization. As outlined above in standard 115.81, when an offender reports past victimization they are routinely offered follow up care with mental health. RCC provided documentation showing offenders receive appropriate follow up services within 14 days.

RCC ensures victims receive ongoing follow-up services by medical and mental health at no cost to the victim as required by this standard. To demonstrate compliance with the this standard and agency policy, RCC provided an email from the compliance manager showing an offender was initially billed for his healthcare encounter following his PREA allegation. The compliance manager requested the victim be reimbursed and reminded staff that all services associated with a PREA incident would be at no cost to the victim. In addition, the Compliance Manager provided documentation showing the perpetrator was offered follow up services after being found guilty.

**115.86 Sexual abuse incident reviews**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation No. C-01-022 requires a sexual abuse incident review at the conclusion of every sexual abuse investigation including substantiated cases as well as unsubstantiated cases, unless the allegation has been determined to be unfounded. This regulation also requires the review to occur within 30 days of the conclusion of the investigation, and that the review team consists of Deputy Warden, or Assistant Warden(s) and unit PREA Compliance Manager, with input from line supervisors, investigators and medical or mental health practitioners. During the Pre-audit portion of the audit, as well as the on-site portion, completed Incident Review forms were reviewed. Documentation indicated that every sexual abuse investigation with the exception of those determined to be unfounded were reviewed by the incident review team. The review took place within 30 days of the conclusion of the investigation and the incident review team members consisted of staff required by this standard. Documentation of incident reviews indicated that all areas required by this standard were reviewed, and that all recommendations were subsequently implemented. In addition, interviews with the Warden, PREA Compliance Manager and Incident Review Team also indicated that all incidents are reviewed as required by this standard.

**115.87 Data collection**

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

☐ Does Not Apply

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

Department Regulation No. C-01-022 requires that PREA investigations be maintained in the agency's PREA Allegation Database that allows for the electronic collection and tracking of all allegations of sexual abuse and harassment. The collected data is utilized to answer all questions on the Department of Justice's yearly Survey of Sexual Violence. The agency aggregates incident-based sexual abuse data annually that was demonstrated by the agency's annual PREA report being readily available on the agency's website at <http://doc.la.gov>.

<b>115.88</b>	<b>Data review for corrective action</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Each year the agency develops an annual report that contains a comparison of previous years' statistics. The report provides an assessment of the agency's progress in addressing sexual abuse and corrective action taken. The agency's annual PREA Report are approved by the Secretary and made available on the agency's website at <a href="http://doc.la.gov">http://doc.la.gov</a>.</p>	

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <b>XX</b> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <input type="checkbox"/> Does Not Apply	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>The agency utilizes a PREA allegation database to collect incident-based data. The PREA Coordinator, statewide PREA investigator, and department attorney are allowed access to the database information. Annual reports are made available on the agency website <a href="http://doc.la.gov">http://doc.la.gov</a>. Reports are available from 2012 and 2015. These reports contained no personal information. Agency policy C-01-022 provides for secure retention of the data.</p>	

**AUDITOR CERTIFICATION:**

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

*Daniel W. Redington*

Auditor Signature

Date 8/02/2017