

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

NATIONAL  
PREA  
RESOURCE  
CENTER



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

<b>[Following information to be populated automatically from pre-audit questionnaire]</b>	
Name of facility:	<b>B. B. "Sixty" Rayburn Correctional Center</b>
Physical Address:	<b>27268 Highway 21 North, Angie, LA 70426</b>
Date report submitted:	<b>June 26, 2015</b>
<b>Auditor Information</b>	
Address:	<b>2728 Plaza Drive, Jefferson City, MO 65109</b>
E-Mail:	<b>Vevia.Sturm@doc.mo.gov</b>
Telephone number:	<b>573-522-3335</b>
Date of facility visit:	<b>May 19<sup>th</sup> – 21<sup>st</sup>, 2015</b>
<b>Facility Information</b>	
Telephone number:	<b>985-661-6394</b>
The facility is:	
<input type="checkbox"/> Military	<input type="checkbox"/> County
<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal
<input type="checkbox"/> Private not for profit	<input checked="" type="checkbox"/> Federal
<b>XX State</b>	
Facility Type:	<input type="checkbox"/> Jail <b>XX Prison</b>
Name of Facility's Chief Executive Officer:	<b>W. S. McCain, Warden</b>
Number of staff assigned to the facility in the last 12 months:	<b>311</b>
Designed facility capacity:	<b>1,376</b>
Current population of facility:	<b>1,323</b>
Facility security levels/inmate custody levels:	<b>Min/Med/Max</b>
Age range of the population:	<b>18 – 86 years of age</b>
Name of PREA Compliance Manager:	<b>Beverly Kelly</b>
E-Mail Address:	<b>bkelly@corrections.state.la.us</b>
Title:	<b>Assistant Warden</b>
Phone Number:	<b>985-662-6394</b>
<b>Agency Information</b>	
Name of agency: <b>Louisiana Department of Public Safety and Corrections</b>	
Governing authority or parent agency: (if applicable)	
Physical address: <b>504 Mayflower Street, Baton Rouge, LA 70802</b>	
Mailing address: (if different from above)	
Telephone Number: <b>225-342-9711</b>	
<b>Agency Chief Executive Officer</b>	
Name: <b>James M. LeBlanc</b>	Title: <b>Secretary</b>
E-Mail Address: <b>jmlleblanc@corrections.state.la.us</b>	Telephone Number: <b>225-342-1597</b>
<b>Agency-Wide PREA Coordinator</b>	
Name: <b>Michele Dautat</b>	Title: <b>Assistant Warden/PREA Coordinator</b>
E-Mail Address: <b>micheledautat@corrections.state.la.us</b>	Telephone Number: <b>318-927-0475</b>

# AUDIT FINDINGS

## NARRATIVE:

A PREA Compliance Audit was conducted at Rayburn Correctional Center May 19 through May 21, 2015. The audit team consisted of four Department of Justice certified PREA auditors that included Vevia Sturm, Lead Auditor; Sherie Korneman, Kelly Morriss, and Fontella Ford-Henry.

The Notice of Audit was posted throughout the facility on April 8<sup>th</sup>, 2015. 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 May 19, 2015 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 41 staff which included 10 random staff and 31 specialized staff selected from all shifts. In addition, the team interviewed 29 offenders which included 13 random offenders from different housing units, 13 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 act 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 Compliance Manager and PREA Coordinator, to review the findings of the audit and finalize corrective action plans.

## 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 1,318; however, on the first day of the audit, RCC housed 1,324 offenders. The prison sits on 1025 acres, with 45 areas within the fenced compound. The facility has 5 housing unit: 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 opportunities in Automotive Repair, Building Technology or Welding.

An exit meeting was conducted on May 21, 2015, 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 during the audit that several standards were very recently implemented at RCC therefore were not yet well integrated into the practices of the facility. RCC was receptive to the recommendations made during the exit meeting. The facility was found non-compliant on three standards [115.42, 115.65 and 116.67].

RCC's corrective action period [CAP] began on July 6<sup>th</sup>. During the CAP, RCC addressed each deficiency noted during the onsite audit and provided documentation demonstrating implementation to the auditor.

Please note: Several standards below will contain recommendations from the audit team. These recommendations represent areas in which the team felt the facility should strengthen their process.

**Number of standards exceeded: 0**

**Number of standards met: 43**

**Number of standards not met: 0**

<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) XX 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>Auditor comments, including corrective actions needed if does not meet standard</b> <div> 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.   It is recommended that Department Regulation C-01-022 be amended to clearly state the department's position of zero tolerance for both sexual abuse and sexual harassment. </div>	

  

<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) XX 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>Auditor comments, including corrective actions needed if does not meet standard</b> <div> 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 first 3-year auditing cycle. </div>	

  

<b>115.13</b>	<b>SUPERVISION AND MONITORING</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b> <div> 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. Departmental Regulation A-02-018 establishes the process by which staffing requirements shall be determined for essential positions. RCC's Directive #1.3.9 Staffing Requirements/Essential Personnel provides direction to identify and assign </div>	

the staff that are essential. The staffing plan is based on a facility capacity of 1,318 offenders. Each required element was well documented in the PREA Annual Facility Report dated November 20, 2014. 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 #1.1.2N 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 supervisory staff to ensure these rounds are done as outlined on all shifts. Post Orders were also provided for the supervisory staff. Several of these post orders reflect that the staff should make rounds in accordance with RCC's Directive #1.1.2N. It is recommended that Post Orders be revised to show rounds are to be "unannounced" to ensure that supervisory staff are aware of the need for unannounced rounds without having to referring back to the Directive.

A few examples of Log Book entries were provided with the pre-audit questionnaire. Additional log books and housing unit logs were reviewed during the tour to ensure these rounds were being made. Interviews of the supervisory staff indicated they made attempts to limit staff from alerting other staff that these rounds are occurring.

**115.14**

**YOUTHFUL INMATES**

☐ 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)

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

Rayburn Correctional Center does not house Youthful Offenders making this standard not applicable.

**115.15**

**LIMITS TO CROSS GENDER VIEWING AND SEARCHES**

☐ 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)

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

Department Regulation C-01-022, Section 10 outlines the limits to cross-gender viewing and searches.

RCC reported that no cross-gender strip search or cross-gender visual body cavity search occurred over the past 12 months. Policy does indicate that all cross-gender strip searches and cross-gender visual body cavity searches shall be documented on an Unusual Occurrence Report (UOR). RCC is an all male facility, making 115.15 (b) not applicable. This is also reflected in RCC Directive #3.1.3, Facility Searches

The concern whether RCC was meeting the standard came during the tour of the facility. During the tour, toilet areas were in plain view of staff in the medical unit, vocational areas as well as the housing units. In addition, the shower areas in segregated housing had clear shower curtains allowing staff to view offenders showering in these areas. The toilet area in the chapel had a solid door so staff required the door to remain open when in use. Institutional staff worked to correct several of the noted deficiencies during the three day audit. The windows in the infirmary holding cells were covered to allow offenders privacy in toileting and shower curtains were modified to allow privacy for showering in the noted units. Staff anticipated the problems with the housing unit bathroom areas and provided the auditors with a mock up of the proposed modifications of the bathroom areas in the housing units. These modifications were approved by the audit team. Following the onsite audit all modification noted above were completed. RCC provided pictures to demonstrate compliance.

Concern was also expressed with the live video feed in the segregation unit. Staff could view in real time each segregation cell and had the ability to zoom in on a cell which allowed for clear viewing of the toileting area in the cell. Since the onsite audit, RCC has modified the video feed in the segregation unit to a static view; staff no longer has the ability to zoom into the cells. The static view allows adequate privacy for toileting and dressing in that staff no longer has clear view of toileting areas.

The audit team was impressed with the agency's capability to block out the toilet areas on monitors where real time view was available for staff in that area. It should be noted that at the beginning of the tour the toilet areas were not blocked out in the medical area which was a concern. While still in the medical unit this feature was turned on to block the areas out. The audit team recommends that policy reflect that high level supervisor approval be required before blocking function can be disabled due to exigent circumstances in all areas of the facility.

Announcing the presence of female correctional staff was outlined in the post orders. Air conditioning was not available in the lockdown units at Rayburn Correctional Center and fans were being utilized. When these large fans were in use the announcement regarding female staff in the unit could not be heard by all offenders on the wing. The audit team recommends that staff either turn the fan off when making the announcement or walk half way down the wing to make the announcement again. In addition, the team recommends this be outlined in the post orders for the affected units. During the tour, log books were reviewed which reflected that the announcements were being made.

It is also recommended that policy reflect that female staff would announce their presence before entering a bathroom when exigent circumstances were not present to allow offenders time to cover if necessary.

RCC has a training curriculum which outlines that searches of transgender and intersex offenders be conducted in a professional and respectful manner in the least intrusive manner. During the audit the Compliance Manager informed the audit team that staff was swiping their identification card as

verification of attending in lieu of completing the PREA Training Acknowledgement form. Since the audit, the audit team has been provided examples of staff who have signed the acknowledgement from.

**115.16**

**INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT**

- ☐ 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)

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

Departmental Regulation B-08-018 Offender Related Services/ Effective Communication with the Hearing Impaired indicates, "The Department shall furnish appropriate auxiliary aids and services where necessary to afford an individual with a disability an equal opportunity to participate in and enjoy the benefits of, a service, program or activity by the department..."

Rayburn Correctional Center Directive 3.S.8, dated March 28, 2014, states appropriate accommodations will be provided to offenders with disabilities and/or who have limited English proficiency, in accordance with Department Regulation B-08-010 and B-08-018 in order to report allegations of sexual abuse.

RCC provided an example of their brochure which is available to offenders during intake in both English and Spanish. During the tour the audit team observed adequate signage posted throughout the facility in both English and Spanish.

RCC has offenders who are certified interpreters in American Sign Language. These offenders can be utilized if requested by hearing impaired offenders. To utilize an offender interpreter, the hearing impaired offender must waive their right to confidentiality by signing form #3.5.8-A Request for Hearing Disability Accommodation however, they have the right to access non-offender interpreter as needed. RCC provided a copy of their agreement with an interpreter to can provide interpreting services to hearing impaired offenders. RCC provided an example of an offender who waived his right to confidentiality and requested an offender interpreter, as well as, an approval for services which shows that interpreter services would be provided by a medical staff member during regularly scheduled health care appointments and programs.

**115.17**

**HIRING AND PROMOTION DECISIONS**

- ☐ 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)

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

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 record 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 Requirements designates that criminal background checks be conducted on each new employee, and promotions.

A review of a random sample of the 41 new staff hired in the past 12 months reflected that the applicants are asked to identify any prisons, jails, lockups community confinement facilities, juvenile facilities they have previous 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; none were available for review as this policy has been implemented within the five year requirement.

**115.18**

**UPGRADES TO FACILITIES AND TECHNOLOGY**

- ☐ 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)

**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 Rayburn Correctional Center."

**115.21**

**EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

- ☐ 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)

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

RCC has four investigators that conduct criminal and administrative investigations. Training records provided indicated the investigators have received the specialized training for investigating sexual abuse in a confinement setting. Knowledge of evidence collection and securing crime scenes processing was evident in the interviews of investigators and random staff. All forensics exams are



conducted by a forensic nurse examiner at the St. Tammany Hospital in Covington, Louisiana. The exams are provided by a SANE nurse at no cost to the victim. The Department Regulations C-01-022 and Policy 3.5.5 (N) asserts a qualified mental health professional will assess a victim following the medical examination.

RCC provided documentation of an attempt to set up an agreement with the Washington Parish Sexual Assault Center for advocacy services. A letter of response indicates the agency was unable to assist RCC at this time. The facility provided the auditors with a letter from ADAPT Inc. which shows their agency would provide sexual assault advocacy at the hospital to assist the victim through the forensic evaluation. A review of the Certificates of Completions revealed RCC has qualified staff members who have received training to act as sexual assault victim advocates when needed.

**115.22**

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

- ☐ 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)

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

Department Regulation C-01-022 requires all allegations of sexual abuse or sexual harassment receive a complete investigation. There were 19 PREA allegations investigated during this audit period with only 1 being substantiated. The substantiated investigation was referred to the District Attorney for prosecution. All of the PREA Investigations are tracked and stored in agency's PREA database.

The agency's policy is published on the Louisiana Department of Corrections website; [www.doc.la.gov/quicklinks/offender.info/PREA/](http://www.doc.la.gov/quicklinks/offender.info/PREA/). Information regarding zero tolerance and third party reporting is included on the website. RCC's Directive 3.1.11 outlines procedures to be followed by staff investigating and evaluating the need to be referred for criminal prosecution and possible violations of criminal law.

**115.31**

**EMPLOYEE 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)

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

The agency's Department Regulation C-01-022 outlines Employee PREA Training to occur during orientation and annually thereafter. RCC Directive No. 1.4.1: Training and Staff Development clearly identifies procedures regarding initial staff training. The agency's PREA training covers all the components required by 115.31. RCC provided signed training acknowledgements demonstrating training was received by staff. Interviews indicate PREA training was performed by the facility for all

employees in February of 2015.

**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)

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

Department Regulation C-01-022 states, "The Department shall ensure all volunteers, interns, and contractors who have contact with offenders have been trained on the responsibilities regarding PREA." During the audit RCC was unable to provide documentation showing volunteers and contractors had received PREA training. While the agency has approved PREA training for volunteers it did not appear this training had been implemented at RCC. Since the onsite audit, RCC added PREA training to their RCC Volunteer Handbook. The information was shared with RCC volunteers and RCC provided the audit team with signed acknowledgements showing volunteers had received the training.

**115.33**

**INMATE EDUCATION**

☐ 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)

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

RCC Directive 4.2.1 (N) dated April 17, 2015, shows Mental Health staff will provide offender education during orientation and annually.

Offenders receive PREA information on the day of intake that includes multiple ways of reporting sexual abuse. They are also given an offender brochure which contains specific PREA information. Comprehensive education is provided within 30 days via video. All current offenders received annual PREA education in February of 2015 regarding their rights to be free from Sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

During the tour it was noted that PREA posters were posted throughout the facility. In addition, PREA informational brochures were available on a continuous basis via the Mental Health staff at the facility.

Disabled offenders indicated they received PREA education and understood how to request an auxiliary aid if desired.

<b>115.34</b>	<b>SPECIALIZED TRAINING: INVESTIGATIONS</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
RCC has four investigators that conduct criminal and administrative investigations. Training records provided indicate the investigators have received the specialized training for investigating sexual abuse in a confinement setting as outlined in standard 115.34. Knowledge of evidence collection and securing crime scenes processing was evident in the interviews of investigators and random staff.	

<b>115.35</b>	<b>SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
Department Regulation C-01-22 outlines training required for medical and mental health staff. RCC provided documentation demonstrating compliance with 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) XX 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>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 outlines the requirements of this standard. The agency utilizes the "PREA Screening Checklist" which addresses all the required components of the standard. The original checklist is filed in the offender's medical record and a copy in the offender's master record which ensures confidentiality.</p> <p>A random sample of PREA Screening Checklists were reviewed which revealed the initial screenings are completed within 24 hours of intake. RCC provided documentation demonstrating the PREA Vulnerability Reassessment Questionnaire is completed within 30 days of intake to determine if the facility has received new information that would affect the offender's PREA Risk Score. The team was also provided documentation showing offenders are reassessed following a substantiated offender sexual abuse investigation. Classification staff utilizes a tracking system to ensure timely reviews.</p>	

While the assessment instrument addresses all the criteria noted in the standard, the team identified several components of the checklist that may need review. These components were shared with the agency as noted below:

- A “history of prior incarcerations” is being used to indicate an increased likelihood for sexual victimization. This is in contradiction to national studies and may be increasing the number of potential victims identified by the screener.
- Questions #7 [Are you or do other perceive you to be lesbian, gay, bisexual, transgender, intersex or gender non-conforming/vulnerable to assault] and #9 [Is the offender detained solely for civil immigration purposes or criminal history is exclusively non-violent] are compound questions and the agency may want to consider breaking the questions apart and scoring separately.

On June 29, 2015, following the onsite audit the PREA Coordinator provided the audit team with a revised PREA Screening Checklist that has been approved by the agency’s Secretary. The revised checklist addresses the issues noted above. When implemented there will be 3 categories of offenders: high risk of victimization, no significant risk, and high risk of perpetration. Offenders with 4 or more points in the victim or perpetrator categories will be scored as high risk.

During the CAP the agency revised the Regulation which has been submitted for administrative approval and the revisions to the PREA Screening Checklist has been approved. After the regulation is signed, mandatory training regarding utilization of the revised checklist will be provided to all Classification Director, Mental Health Directors and PREA Compliance Manager.

**115.42**

**USE OF SCREENING INFORMATION**

- ☐ 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)

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

Department Regulation C-01-022 shows “Once an offender is confirmed/deemed as HRSP [high risk for sexual perpetration] and/or HRSV [high risk for sexual victimization] at any time during incarceration, the offender shall be evaluated by the Classification Board for appropriate housing.” The regulation does not address utilizing the PREA Screening Checklist score to inform programming, or education assignments. Following the audit, the team was advised that the agency is in the process of revising Department Regulation to include utilizing the score to inform programming, work and education assignments.

The PREA Screening Checklist utilized at the time of the audit scored offenders as “known victim” or “known perpetrator; “potential victim” or “potential perpetrator” and/or “non-victim” or “non-perpetrator”. Offenders are only deemed to be “known victim” or “known perpetrator” if they have a substantiated sexual abuse investigation in the past 10 years. Staff interviewed stated that only

“known victims” and “known perpetrators” are scored as HRSP or HRSV. Staff reported offenders scored as HRSP and HRSV cannot be housed together which is the only restriction on housing. At the time of the audit, RCC housed 5 known perpetrators and 4 known victims. Of the 1,323 offenders housed at RCC at the time of the audit, only these 9 offenders required an individual housing determination based on their PREA Screening Checklist. Since the audit, the agency has revised their PREA Screening Checklist. The instructions outlining scoring of the checklist is in the final stage of approval and the agency has an implementation plan for the new screener. Offenders with 4 or more points in the victim or perpetrator category will now be considered high risk. The PREA Coordinator informed the team that when the Department Regulation is revised it will stipulate that offenders scored at high risk for sexual victimization or preparation will be not housed together.

During the tour the audit team spoke with work and vocational supervisors who disclosed they are not aware if an offender they supervise is at risk of victimization or perpetration. On May 19, 2015, Warden McCain sent a directive to all shift supervisors informing them that the PREA Screening Checklist score shall be utilized to inform housing, bed, work, education and program assignment. The memo notifies supervisors that RCC has a database on Lotus Notes with the names of all Known Predators/Known Victims housed at RCC. The directive shows it is the responsibility of the Unit Manager and Shift Supervisor to monitor this information and ensure that security staff is aware of how to access this information. This topic was to be included in roll call effective immediately. RCC has not provided documentation showing staff on all 4 shifts has been trained or that this directive is in practice.

Department Regulation C-01-022 and RCC Directive shows placement and programming assignments for transgender or intersex offenders shall be reassessed at least twice each year by classification staff to review any threats to safety experienced by the offenders. The staff person assigned to conduct the reassessments was aware transgender/intersex offenders must be reviewed every 6 months but reported he conducted the first reviews in April, 2015. Documentation was provided that shows placement and programming assignments of three transgender offenders was reviewed on May 14, 2015. The staff member did not meet with the offenders to determine the offender’s views of their own safety. Since the audit, RCC has implemented a Transgender Reassessment form that requires staff to meet with the transgender offenders to obtain their views of their safety while assessing housing and programming assignments. Classification and mental health staff were provided training that shows reassessments of transgender and intersex offenders will “general be conducted in June and December utilizing the Transgender Reassessment -#3.5.5 (D) form”.

RCC utilizes a shower waiver form for transgender/intersex offenders. Offenders indicate on the form if they choose to shower separate from other offenders, sign and date the form. RCC identified 3 transgender offenders. During the onsite audit, all three transgender offenders were interviewed. The offenders conveyed they just recently were asked to sign the shower waiver form.

Based on evidence provided, the agency is working to revise the screening checklist and increase the safety of offenders at high risk of victimization or perpetration through individualized cell assignments. The agency has provided the checklist that has been approved by the Secretary, the draft instruction manual and a timeline for implementation.

The concern is that RCC does not have a clear protocol for utilizing the screening score to inform programming, work, or education assignments and supervision. The auditors worked with the facility to develop a corrective action plan which included mandatory training on utilization of the screening

score for assignment and supervision of offenders in programming, education and work assignments. The training was to include a clear protocol outlining the expectations of the supervising staff should there be an offender at high risk of victimization assigned with an offender at high risk of perpetration to a work detail, vocational class or program during the same time period and should convey to staff how the offender screening score will be communicated from classification staff to the line officer.

During the Corrective Action Period, RCC provided the auditor with the training curriculum and documentation showing staff received training. To ensure supervising staff are informed of offender at high risk as victimization or abusiveness, the Director of Classification forwards an email to the shift supervisor identifying the offender, his housing and job assignments. The Shift Supervisor is tasked with forwarding the information to the appropriate housing and work supervisors. The training curriculum shows "The housing and work supervisors will be observant of offender(s) identified as "high risk" for sexual victimization or sexual abusiveness who are assigned to their area to minimize the opportunity for abusive behavior." Correctional Officers Post Order were revised requiring officers to document notification of victim/perpetrator status changes in the logbook and RCC Directive 4.2.1(N) was revised to ensure updates to be victim/predator database are completed and email notification are forwarded to security supervisors. RCC also provided documentation of implementation.

#### 115.43

#### PROTECTIVE CUSTODY

- ☐ 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)

#### 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 from education, mental health and religious departments upon request.

The team could not ascertain whether the facility had developed a plan should a victim need to be placed in involuntary segregated housing to ensure safety. The team recommends RCC develop a plan of how to document the assessment for least restrictive housing. 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. It is highly recommended that policy/directive address how the components listed in 115.43 will be documented to demonstrate compliance during future audits.

115.51	INMATE REPORTING
<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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
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 posted throughout the facility.	

115.52	EXHAUSTION OF ADMINISTRATIVE REMEDIES	INMATE REPORTING
<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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<b>Auditor comments, including corrective actions needed if does not meet standard</b>		
Department Regulation B-05-005 Administrative Remedy Procedures addresses all components of standard 115.52. RCC submitted documentation that indicated no emergency PREA grievances had been filed since 2013.		

115.53	INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES	INMATE REPORTING
<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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)		
<b>Auditor comments, including corrective actions needed if does not meet standard</b>		
RCC provides offenders with access to outside victim advocates by providing the offenders with the address and telephone number. The information was observed on printed materials posted throughout the facility. 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) XX 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>Auditor comments, including corrective actions needed if does not meet standard</b>	
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.	

<b>115.61</b>	<b>STAFF AND AGENCY REPORTING DUTIES</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 outlines compliance with this standard. The only reference to how staff should report offender sexual abuse was found in the Prison Rape Elimination Act training which indicates that staff are to report any allegations to their supervisor. Staff interviews demonstrated staff were aware that all allegations of sexual abuse must be immediately reported to their supervisor. The policy indicates that all allegations of sexual abuse shall be treated with discretion and confidentiality. It also outlines the procedure for reporting of any allegations of sexual assault or sexual misconduct.</p> <p>The agency requires all staff to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. The policy further requires the same for any incident of retaliation involving a staff member or offender.</p> <p>RCC does not house juvenile offenders, but policy does outline the procedure to be utilized if a juvenile offender reports an incident of sexual abuse or misconduct.</p> <p>Medical and mental health staff reported during interviews that they are mandated reporter and are required to report all knowledge, suspicion or information regarding incident of sexual abuse or harassment.</p>	

<b>115.62</b>	<b>AGENCY PROTECTION DUTIES</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)

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

The facility has procedures in place to ensure the protection of offenders who allege sexual abuse. 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.

**115.63**

**REPORTING TO OTHER CONFINEMENT FACILITIES**

☐ 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)

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

Department Regulation C-01-022 which indicates that upon receipt of an allegation that an offender was sexually abused while confined at another facility, the Unit Head of the facility that received the allegation shall notify in writing the Unit Head of the facility or designee where the alleged abuse occurred no later than 72 hours after the allegation is made. Warden McCain was aware of his responsibilities to ensure notification is made within the time frames designated in the standards.

RCC reported that they had no reports of offenders being sexually abused while confined at another facility. Concern regarding the compliance to this standard came during the interview of staff. Intake supervisory staff indicated that if an offender reported that he was victimized at another facility it would "probably not" be referred to investigation. It was apparent that while reporting is outlined in department regulation, staff was unclear as to the protocol. Since the audit, training was conducted with intake staff and mental health staff to ensure they are aware of their responsibility to report and the procedure to be utilized in reporting. The training PowerPoint shows staff was informed that "All allegations of sexual abuse reported during the intake process that occurred while confined at another facility, will be reported to the Investigation office and/or PREA Compliance Manager immediately." Sign in sheets were provided with the lesson plan utilized during this training.

**115.64**

**STAFF FIRST RESPONDER DUTIES**

☐ 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)

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

Department Regulation C-01-022 and RCC's directive 3.5.5 (N) addresses the components required by this standard. The directive lists the actions required after a report of sexual abuse has been made. The directive outlines the duties of the initial responder to include separating the alleged victim and abuser, protecting the crime scene, and the preservation and collection of evidence. During the interviews of first responding staff, they were able to clearly state the offenders would be separated and not allowed to brush teeth, eat, defecate, smoke, change clothes, etc., as not to destroy physical evidence. Random staff members also did a thorough job articulating their responsibilities as first responders.

**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)

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

RCC has a Coordinated Response Plan as outlined in RCC Directive #3.5.5(N). This directive outlines the procedure to be utilized when staff respond to allegations and occurrences of sexual abuse, sexual harassment and sexual activity with the facility. This Directive outlines the use of the PREA Incident checklist. During the audit it was determined that the checklist was not being utilized.

During the corrective action period, RCC implemented the Coordinated Response Plan as outlined in RCC Directive #3.5.5 (N) and provided documentation demonstrating compliance.

**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)

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

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

115.67

AGENCY PROTECTION AGAINST RETALIATION

☐ Exceeds Standard (substantially exceeds requirement of standard)

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)

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

Department Regulation C-01-022 Prison Rape Elimination Act contains the elements of Standard 115.67. RCC Directive 3.5.5 (N) shows the chaplain is responsible for monitoring retaliation against offenders who have reported allegations of sexual abuse or sexual misconduct and the Assistant Medical Health Director is responsible for monitoring retaliation against staff. The agency has a "Protection Against Retaliation Form #3.5.5-A" to be utilized when monitoring for retaliation with offenders.

During the onsite audit, it was determined through document review and interviews that retaliation monitoring was implemented at RCC approximately 45 days prior to the onsite audit. The staff person assigned to monitor staff had not monitored anyone however she was able to verbalize how she would identify possible retaliation and measures she would take to address retaliation. The staff person assigned to monitor offenders stated he had talked to 5 offenders since he was assigned this duty. The staff person was able to verbalize the multiple protection measures that could be used to protect an offender but stated he would only talk to the offender and report back to the PREA Compliance Manager with a recommendation.

During interviews it was learned that retaliation monitoring was occurring through the door of the cell. The team felt strongly about the need for privacy when discussing past sexual abuse and possible retaliation and discussed this with the Warden. Soon after the onsite audit the Warden issued a directive to staff mandating retaliation monitoring be conducted in a private setting.

In addition, RCC did not a protocol in place to ensure retaliation monitoring continued should the offender be transferred to another facility. While the offender may be transferred to a different institution the need to ensure their safety does not cease. During the onsite audit the institutional policy was revised to include a process to ensure the 90-day retaliation monitoring continues when an offender is transferred prior to the completion of the monitoring. When finalized, the regulation will show the Compliance Manger will forward a copy of the Protection Against Retaliation form to the PREA compliance Manger at the receiving facility who will ensure monitoring continues as outlined in policy. Upon completion of the retaliation monitoring the completed form will be forwarded back to the originating facility.

Through document review and interviews it was determined that retaliation monitoring was only recently implemented at RCC and clearly has not be integrated into the practices of the facility and the corrective action period allowed the facility ample time to ensure integration into facility practices. During this period revised their monitoring form, provided documentation showing staff signed acknowledgement indicating they understood their responsibilities regarding retaliation monitoring and examples showing retaliation monitoring is occurring at RCC as outlined in policy.

<b>115.68</b>	<b>POST-ALLEGATION PROTECTIVE CUSTODY</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<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>Although all staff interviewed indicated that both the victim and perpetrator of an alleged PREA event were placed in segregation, records of offenders who reported PREA incidents were reviewed and it was determined that the victims were not routinely assigned to segregation due to the alleged allegation.</p> <p>It is recommended that RCC have a written plan for addressing the assessment and documentation needed should an offender require involuntary segregated housing to ensure their safety as outlined in the commentary for standard 115.43. Please refer to 115.43 a more specific recommendation.</p>	

<b>115.71</b>	<b>CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Department Regulation C-01-022 adheres to the components of standard 115.71. Agency documentation indicates their investigators have received specialized training as required. RCC had 19 allegations investigated during this reporting period. A review of a sample of these investigations revealed the reports are well documented. During the interview of the investigators, it was evident they were knowledgeable and followed the required standards of 115.71 when conducting sexual abuse and sexual misconduct investigations. Policy dictates the referral to the District Attorney's office, any action that is criminal in nature whether allegedly committed by an offender, visitor, or staff member. RCC had one substantiated investigation during this reporting period. This investigation was referred to the district attorney for consideration.</p>	

<b>115.72</b>	<b>EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS</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)

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

A review of the training curriculum revealed information on the burden of proof and evidentiary consideration. The file contained a document which states all PREA investigators are trained on the burden of proof and preponderance of evidence during specialized training. A review of the investigative reports and interviews supported this practice.

**115.73**

**REPORTING TO INMATES**

☐ 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)

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

Department Regulation C-01-022 shows following an investigation of sexual abuse, offenders will be informed of the findings. RCC provided documentation of offender notifications. RCC's Directive #3.5.5 (N) shows the Investigations Officer will inform the offender in writing of the outcome of investigation. Neither the Department Regulation nor the facility's directive outlines when follow-up notification will be forwarded to the offender or who is responsible for such.

It is recommended that both the C-01-022 and RCC's directive #3.5.5 (N) be revised to show when the victim will receive follow-up notification as outlined in standard 115.73 and who is responsible for forwarding the follow-up notifications to the victim.

**115.76**

**DISCIPLINARY SANCTIONS FOR STAFF**

☐ 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)

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

Department Regulation C-01-022 outlines staff that violates 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 prohibited 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>
<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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
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) XX 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>Auditor comments, including corrective actions needed if does not meet standard</b>	
Department Regulation C-01-022 outlines procedures for processing disciplinary sanctions for sexual abuse. A directive was also submitted by the Department's PREA Coordinator to clarify 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. Interviews with staff indicated they were familiar with their expectations as required by the standard.	
<b>115.81</b>	<b>MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
RCC's Directive #3.5.5. (N) shows "The Director of Classification or his/her designee, will ensure that offenders identified during the initial intake process that have previously perpetrated sexual abuse, and/or offenders that have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening." Staff interviews revealed that if an offender reported, during the PREA Screening, that he had experienced past victimization or had perpetrated sexual abuse and this could not be verified the offender would not be offered mental	

health follow-up. Staff report mental health follow-up was only offered on documented history of sexual abuse or perpetration. The team felt this approach was not the intent of the standard.

Since the audit, RCC has provided training to both classification and mental health staff to ensure offenders who self report a history of victimization or perpetration are offered mental health services. RCC has created a form that is utilized to inform the offender of his right to be referred to mental health for a follow-up meeting. The offender indicates on the form whether he is accepting or declining the follow-up meeting and signs the form. The form is then forwarded to mental health. RCC provided documentation showing the form is in use at RCC.

All other components of this standard are compliant.

**115.82**

**ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES**

- ☐ 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)

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

Agency policy C-01-022, Directive 3.5.5 (N) and Mental Health Care policy (HC-30) illustrate compliance with this standard. The policy and procedures govern that the department shall offer all victims of sexual abuse a forensic medical examination. The offenders will not be assessed a medical co-pay fee for the assessment or follow up exams. The offender will be referred to the mental health department for crisis intervention counseling and long term follow up as needed. RCC provided a mental health exam document as supporting documents to illustrate compliance with this PREA standard. RCC did not have any incidents that required a forensic exam this reporting period.

**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)

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

RCC has a policy and a directive which dictates a mental health staff member will ensure that a mental evaluation and treatment plan is provided to all victims when such abuse is discovered. History testing for sexually transmitted diseases will be made available to the offenders at no co-pay fee for the assessment. RCC provided mental health screening samples and mental health progress notes as documentation. In addition there was a "note to file" from the PREA Compliance Manager indicating RCC has not had any offender on offender assaults which required a mental health 60 day follow up of the abuser.

<b>115.86</b>	<b>SEXUAL ABUSE INCIDENT REVIEWS</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
Department Regulation C-01-022 addresses compliance with this standard. The policy makes it mandatory for members of the review team to conduct sexual abuse incident reviews at the conclusion of every substantiated and unsubstantiated sexual abuse investigation, generally within 30 days; not to include unfounded investigations. Document form C-01-0221K is evident that the required staff members are present for the incident review. All of the necessary components of the standard are met on the review form. The summary section states improvements are documented and completed if needed. RCC had two reviews during this reporting period and it appears they are adhering to their policy. Document form C-01-022K revealed the appropriate review team members examined areas in the facility to assess physical barriers, staffing levels, monitoring technology and no recommendations were made for improvement.	

<b>115.87</b>	<b>DATA COLLECTION</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
The agency utilizes a PREA allegation database, which is accessed in Lotus Notes electronic system to store sexual abuse data. The agency provided all such data to the DOJ for the Survey of Sexual Victimization for 2013, the last reporting period.	

<b>115.88</b>	<b>DATA REVIEW FOR CORRECTIVE ACTION</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) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
Each year the agency develops an annual report which contains a comparison of previous year stats. The report provides an assessment of the agency's progress in addressing sexual abuse and corrective action taken. This report is approved by the agency Secretary and made available on the agency's website at <a href="http://doc.la.gov">http://doc.la.gov</a> .	



<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)	
<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 from 2012 and 2013 were reviewed from the website, and in these reports all personal information was redacted.</p> <p>Historical data reflect retention of data since 2012, and no state or local laws were indicated that would prohibit retention for a ten year period after collection.</p>	

**AUDITOR CERTIFICATION:**

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

Vevia Sturm  
Auditor

December 4, 2015  
Date