

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

Interim       Final

Date of Report    7/17/2018

### Auditor Information

Name:    Vevia Sturm

Email:    Vevia.Sturm@doc.mo.gov

Company Name:    Missouri Department of Corrections

Mailing Address:    2728 Plaza Drive

City, State, Zip:    Jefferson City, MO

Telephone:    573-522-3335

Date of Facility Visit:    October 24-26, 2017

### Agency Information

Name of Agency:

Louisiana Department of Public Safety and  
Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address:    504 Mayflower St.

City, State, Zip:    Baton Rouge, LA

Mailing Address:    Click or tap here to enter text.

City, State, Zip:    Click or tap here to enter text.

Telephone:    225-342-6740

Is Agency accredited by any organization?     Yes     No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission:    The mission of the Corrections Services is to enhance public safety through the safe and secure incarceration of offenders, effective probation/parole supervision and proven rehabilitative strategies that successfully reintegrate offenders into society, as well as to assist individuals and communities victimized by crime. Goals and priorities are built around the Department's commitment to public safety and rehabilitation and serve to guide our performance in carrying out our mission.

Agency Website with PREA Information:    www.doc.louisiana.gov

### Agency Chief Executive Officer

Name:    James LeBlanc

Title:    Secretary

Email:    jleblanc@corrections.state.la.us

Telephone:    225-342-7597

### Agency-Wide PREA Coordinator

<b>Name:</b> Michele Dauzat	<b>Title:</b> PREA Coordinator
<b>Email:</b> mdauzat@corrections.state.la.us	<b>Telephone:</b> 318-927-0400
<b>PREA Coordinator Reports to:</b> Secretary's Office	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 0

### Facility Information

<b>Name of Facility:</b> Winn Correctional Center			
<b>Physical Address:</b> 560 Gum Springs Rd			
<b>Mailing Address (if different than above):</b> P.O. 1435, Winnfield, LA 71483			
<b>Telephone Number:</b> 318-628-3971			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

**Facility Mission:** The mission of Corrections Services is to enhance public safety through the safe and incarceration of offenders, effective probation/parole supervision and proven rehabilitative strategies that successfully reintegrate offenders into society, as well as to assist individuals and communities victimized by crime.

**Facility Website with PREA Information:** None

### Warden/Superintendent

<b>Name:</b> James Keith Deville	<b>Title:</b> Warden
<b>Email:</b> kdeville@lasallecorrections.com	<b>Telephone:</b> 318-628-3971

### Facility PREA Compliance Manager

<b>Name:</b> Stephen Wiley	<b>Title:</b> PREA Coordinator
<b>Email:</b> swiley@lasallecorrections.com	<b>Telephone:</b> 318-628-3971

### Facility Health Service Administrator

<b>Name:</b> Click or tap here to enter text.	<b>Title:</b> Click or tap here to enter text.
<b>Email:</b> Click or tap here to enter text.	<b>Telephone:</b> Click or tap here to enter text.

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1590		<b>Current Population of Facility:</b> 1457	
<b>Number of inmates admitted to facility during the past 12 months</b>			760
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			750
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			760
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			Click or tap here to enter text.
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> n/a	<b>Adults:</b> 35.2	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			0
<b>Average length of stay or time under supervision:</b>			36 months
<b>Facility security level/inmate custody levels:</b>			Medium
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			232
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			219
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			none
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 46		<b>Number of Single Cell Housing Units:</b> 1	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		none	
<b>Number of Open Bay/Dorm Housing Units:</b>		4	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		104	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
WNC has 155 video camera: 116 in general population housing units, 26 in administrative segregation, 3 in visitation building, 3 in medical/infirmary, 2 in the chapel and 5 in the kitchen/dining hall.			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Level of Care 3	
<b>Forensic sexual assault medical exams are conducted at:</b>		Winn Parish Medical Center	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>			106
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			1



# Audit Findings

## Audit Narrative

NOTE: This initial audit report is begin provided to the facility late due to unanticipated circumstances with the audit team.

This audit is being conducted as part of five-state circular audit consortium consisting of California, Kansas, Missouri, Indiana and Louisiana.

### Pre Audit:

The Auditor forwarded the Notice of Audit to Winn Correctional Center (WNC) on September 18, 2017 via Deputy Warden Billy Tigner. The notice contained contact information for the Auditor and the dates of the onsite audit, October 24<sup>th</sup> – 26<sup>th</sup>, 2017. Notices were posted in all living units, program areas, recreation areas and other areas where offenders and staff gather. Posting of the Notice was observed during the onsite facility tour.

The auditor received the flash drive on October 10, 2017. Included on the flash drive was the pre-audit questionnaire (PAQ) and supporting documentation. The team only had 4 days to review the documentation due to the late arrival of the documentation.

The audit team consisted of Vevia Sturm, Certified PREA Auditor/Lead Auditor; Krista Helton, Certified PREA Auditor; and, Earl Dye, Missouri PREA Investigations Manager. The standards were divided by subject matter and each member of the audit team was assigned specific standards for review. After receiving the flash drive and PAQ, each member of the audit team began the laborious task of completing a thorough review of the information, completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On September 21, 2017, a tentative agenda for the PREA Audit was provided to the facility. The agenda outlined when the auditing team would arrive at the facility each day, the schedule for the facility tour, interviews and record review. In addition, the auditor provided a list of specialized interviews that would be conducted during the audit. The auditor requested that rosters be available upon arrival to allow for the random selection of interviewees.

### Onsite Audit:

The auditing team arrived at the facility on Tuesday, October 24<sup>th</sup> and exited on Thursday October 26<sup>th</sup>. On the first day of the audit, the team met with the facility administrators to provide an overview of audit activities for the next 3 days and answer questions. This meeting was followed by a tour of the facility. During the tour, the auditing team had access to and observed all areas of the facility. The team reviewed camera placement, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in living units along with reporting routes and advocacy information. Areas that required additional privacy barriers and other corrective action needed to reach full compliance will be noted in the commentary of the appropriate standard.

Immediately following the tour, the team selected random staff and offenders for formal interviews. Offenders from each housing unit were selected as well as staff from each shift. Through conversations with

the facility administration, it was determined that offenders would be conducted in a private office in each housing unit and staff interviews would be conducted in the administration building in a private conference room. During the onsite audit, the team interviewed 24 staff members that included 10 random staff and 14 specialized staff. In addition, the team interviewed 61 offenders. This included 40 random offenders and 22 specialized offenders. The specialized offenders included seven who reported sexual abuse, five disabled as well as one offender who wrote to the auditor during the pre-audit phase.

On the second day of the audit, the auditors were given access to staff and offender files to begin a comprehensive file review. Facility staff were very accommodating and great to work with. Administrative staff were readily available to answer questions when needed while still providing a private area for auditor discussion.

On the final day of the audit, the auditor conducted a few remaining interviews and complete the file review. The exit meeting was conducted with the facility's administrative team.

On November 15, 2017, the Ms. Sturm, Lead Auditor, conducted a conference with WNC administrators to discussed deficiencies noted and develop corrective action plans for each.

**Corrective Action Period:**

The corrective action period began on 1/1/2018, the date the initial audit report was forwarded to the facility. During the corrective action period, the facility implemented actions needed to address the deficiencies identified in the initial audit report.

## Facility Characteristics

The Winn Correctional Center (WNC) is located in Winnfield, Louisiana. WNC is a state facility, managed by the LaSalle Corrections, a subcontractor of the Winn Parish Law Enforcement District. LaSalle Corrections took over management of the facility on September 30, 2015. The facility houses male offenders on behalf of the Department of Public Safety and Corrections. The facility was designed to house 1590 offenders; however, at the time of the audit WNC had a population of 1457. WNC is a medium custody facility and houses only adult offenders with a median of 35.2 years of age. WNC is comprised of 46 buildings that includes one single cell housing unit, 4 housing units with open dorms, and 104 segregation cells.

WNC has 232 staff, 219 of which have been employed with in the last 12 months. The facility has no contractors but reports 106 volunteers.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

**Number of Standards Exceeded:** 0

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**Number of Standards Met:** 45

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**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

The following standards require corrective action:

- 115.15 Limits to cross-gender viewing and searches
- 115.17 Hiring and promotion decisions
- 115.21 Evidence protocol and forensic medical examinations
- 115.22 Policies to ensure referrals of allegations for investigation
- 115.31 Employee Training
- 115.32 Volunteer and contractor training
- 115.34 Specialized training: Investigations
- 115.42 Use of screening information
- 115.65 Coordinated response
- 115.71 Criminal and administrative agency investigations
- 115.72 Evidentiary standard for administrative investigations
- 115.403 Audit contents and findings

**The corrective action taken to address the above standards is outlined below in the narrative of the applicable standard.**

## **PREVENTION PLANNING**

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

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

#### **115.11 (a)**

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

**115.11 (b)**

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

**115.11 (c)**

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

**Auditor Overall Compliance Determination**

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

The Louisiana Department of Public Safety and Corrections' (LDPSC) regulation C-01-022 Prison Rape Elimination Act mandates zero tolerance towards all forms of sexual abuse and sexual harassment within its facilities. WNC's policy 14-7 Prison Rape Elimination Act shows, " it is the policy of Winn Correctional Center (WNC) to provide a safe, humane and appropriately secure environment, free from threat of sexual abuse for all staff and offenders by tracking all alleged and substantiated incidents of sexual abuse and sexual harassment. WNC will have zero tolerance of all sexual abuse within its facility." Department policy C-01-022 outlines the prevention, detection, response, reporting, investigating and tracking of all alleged and substantiated incidents of sexual abuse.

The agency's PREA coordinator and the facility's PREA Compliance Manager both have sufficient time and authority to develop and oversee compliance. The PREA Coordinator appears to have sufficient authority, as she reports to the Chief of Operations and the Compliance Manager reports to the Warden, which supports sufficient authority.



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

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

### 115.12 (a)

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

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

WNC is a state facility, managed by the LaSalle Corrections, a subcontractor of the Winn Parish Law Enforcement District. LaSalle Corrections took over management of the facility on September 30, 2015. LDSPC's contract with LaSalle requires facility work toward PREA compliance.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

**115.13 (b)**

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  
 Yes  No  NA

**115.13 (c)**

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

**115.13 (d)**

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

**Auditor Overall Compliance Determination**

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

LDPSC regulation C-01-022 and WNC policy 14-7 requires a Staffing Plan be developed that provides for adequate levels of staffing to protect offenders against sexual abuse. In accordance with the pre audit phase, the WNC provided the facility's "Security Staffing Summary", which outlines staff assignments for each position and both shifts. In addition, the facility provided the "Staffing Plan and Review for Winn

Correctional Center” which shows the facility reviewed their staffing plan on June 14, 2017. The document shows the facility reviewed each component required by this standard.

Agency regulation C-02-022 mandates unannounced rounds by supervisory staff showing, “both intermediate-level or higher-level supervisors conduct and document unannounced rounds for the purpose of identifying deterring staff sexual abuse and sexual harassment. These rounds shall occur during both night and day shifts.” Housing unit logbooks were reviewed during the tour. The logs showed unannounced are being conducted as outlined by policy and required by this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

WNC does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

**115.15 (d)**

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

**115.15 (e)**

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

**115.15 (f)**

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

**Auditor Overall Compliance Determination**

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

Standard 115.15 Cross Gender Viewing and Searches requires the facility to implement policies and procedure that enable offenders to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. LDPSC regulation C-01-022 supports this standard.

While speaking with offenders during the tour and during formal interviews, offenders reported that staff could readily see into the restroom and shower areas in some areas of the facility. Auditors observed that several restroom and shower areas allow unobstructed view.

Areas that require additional privacy barriers were discussed with facility staff. The Warden seemed very willing to correct the restroom issue and indicated that they were waiting on input from the auditors to ensure the corrective action would meet the standard.

**The following are the areas that were identified that require additional privacy barriers:**

- Isolation cells in medical needed windows covered/frosted
- Bathroom in programs needed window covered/frosted
- Education Building - a mop closet was not secured (locked) and no window was in the door. It is recommended door be kept locked.
- Laundry - Area has two bathrooms one with two stools and a solid door and another with one toilet and a shower curtain for privacy. Recommend solid door be moved to the single toilet bathroom and curtain be moved to the double stall bathroom. Also, add to procedure to keep the doors secured when not in use.
- Recreation - keep bathroom gym secured when not in use.
- Ballfield - two toilets need a new barrier installed.
- Suicide Cells – cameras in cells allow female staff to view live feed on monitors. When offenders are removed from suicide watch, they are not immediately removed from cell. Camera needs to have toilet area obscured to prevent cross gender viewing.
- Offenders currently change clothing, to include boxers, in the open bay. Recommend offenders be provided an area to change clothing.

Regarding cross gender announcements, this standard requires that staff of the opposite gender announce their presence when entering a housing unit. WNC policy 14-7 shows, "Upon entering a housing unit, it shall be announced to offenders the presence cross-gendered staff." In addition, the facility has posted signs on housing doors to remind female staff to announce their presence. However, it was noted during the tour and verified through record review and offender interviews, that housing units are not consistently making cross gender announcements or logging such announcements when female staff entered a living area. In addition, the facility did not have a plan to ensure deaf or limited English offenders understood the announcement when made.

**Corrective Action Plan:**

- Provide auditor with a labeled picture of each area noted above showing the corrective action taken.
- Train staff on when and how to make cross gender announcements
- Provide auditor with documentation showing staff have been trained.
- Provide auditor with chronological logs from three housing units showing cross gender announcements were conducted as required by this standard.
- Develop and implement plan to ensure deaf or non-English speaking staff are notified when female staff enter the housing unit. Provide the auditor with the plan and documentation to demonstrate compliance.

**Corrective Action Period:**

WNC provided the auditor with pictures showing barriers were installed in the areas that were identified during the tour. All areas now provide offenders with the ability to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia.

In addition, WNC provided the curriculum they used to train staff on cross gender announcements and rosters showing staff attended the training. WNC developed a Cross Gender Announcement Plan that is an attached to Facility Policy 14-7, Prison Rape Elimination Act. The attachment shows, "Staff of the opposite sex of the offender is required to announce their presence prior to entering the offender's assigned living area. "Female on the tier!" Make sure to document the announcement being made in your log-book." WNC developed a process to ensure offenders who are deaf or non-English proficient understand the announcement. WNC will assign all such offenders to A2 tier in Birch Unit where a light fixture with a blue bulb was installed. The light will be turned on prior to the cross-gendered officer entering the tier. All deaf or non-English speaking offender received at WNC will be trained on the function of the blue light.

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

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

#### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,



and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No

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

**115.16 (b)**

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

**115.16 (c)**

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

## Auditor Overall Compliance Determination

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

LDPSC regulation C-01-022 and C-02-016 address this standard. Offenders with disabilities and offenders who are limited English proficient have equal access to PREA information. The facility has PREA brochures available in English and Spanish and during the tour, auditors noted that PREA posters in English and Spanish are posted within each wing of the housing units. In addition, the facility has the capability of providing the information in various languages, as needed.

WNC has entered into a contract with Sign Language Services International, Inc. to provide interpretative services for hearing impaired offenders. During this reporting period, WNC has had no instances where an offender interpreter or reader was utilized.

### **Recommendation:**

- It is recommended the facility utilize closed caption for the hearing impaired when showing the PREA educational video.

## Standard 115.17: Hiring and promotion decisions

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

### 115.17 (a)

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

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

**115.17 (b)**

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

**115.17 (c)**

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

This standard states the agency shall not hire or promote anyone who may have engaged in or been convicted of any sexual abuse in any confinement or community facility to include force, implied threats of force or coercion. Before hiring, the agency shall perform a criminal background check and make best efforts to contact institutional employers regarding allegations of sexual abuse or any resignation during pending investigation of sexual abuse. This standard also applies to any contractor the agency may hire.

LDPSC regulation C-01-022 and WNC policy 4-7 supports this standard. The policies shows, the facility cannot hire or promote any applicant or employee who has engaged in sexual abuse in any community confinement facility or jail or has been convicted of engaging or attempting to engage in sexual activity. Before hiring or promoting, the facility shall perform an initial criminal background check, and subsequently one should be performed every five years.

During the onsite audit a review of five random employee personnel files in the Human Resources Department at WNC showed, two of the files did not contain documentation that criminal background checks were sent to their former employer. Two files showed the background check was sent to the former employer; however, no documentation was discovered in the file to show the background check was returned. Another file revealed that a current employee was terminated from another correctional facility and started employment at WNC without a criminal background check.

The standard requires that all employees that may have contact with offenders have a criminal background conducted prior to hiring and every 5 years. Facility does not have criminal background checks documented on all employees.

**Corrective Action Plan:**

- Conduct background investigations on all employees to ensure staff have not been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion.
- Provide auditor with documentation showing background checks were conducted on all employees.
- Ensure that all applicants and employees who may have contact with offenders have documentation in their personnel file which shows they were asked either directly or on a written application about previous sexual misconduct.

**Corrective Action Period:**

WNC conducted background checks on all current employees and will conduct checks every 5 years moving forward. WNC had adopted a process to conduct PREA reference checks during all applicant interviews and prior to employment. Each applicant completes form 3-01-022-G "PREA Requirements for Applicants and Employees Being considered for Hire..." The form requires the applicant to respond to the questions required by this standard and sign the Authorization, which allows WNC to contact previous employers. WNC also adopt the state for C-01-022-H PREA Reference Check which requires staff to document their attempts to contact past institutional employers.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

WNC has not had any major expansion or modification since LaSalle Management took over the operation of the facility on September 1, 2016. WNC has 155 video camera: 116 in general population housing units, 26 in administrative segregation, 3 in visitation building, 3 in medical/infirmary, 2 in the chapel and 5 in the kitchen/dining hall.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes    No    NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

**115.21 (e)**

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

**115.21 (f)**

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

**Auditor Overall Compliance Determination**

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

WNC conducts both criminal and administrative investigations. During interviews, it was determined the Warden makes the determination as to when and if an allegation would be referred to law enforcement for investigation. If this occurs, the case would be forwarded to Winn County Sheriff's Office for investigation. In the last 12 months, Winn County Sheriff's Office has investigated one PREA incident for WNC.

Forensic exams, if indicated, would be conducted at Winn Parish Medical Center. WNC included with the PAQ a letter from Winn Parish Medical Center addressed to the WNC medical director, which shows the hospital, will except patients from WNC. During this audit period, the Winn Parish Medical Center conducted one forensic exam on a WNC offender due an alleged sexual assault. A certified SANE nurse conducted the forensic exam. A trained advocate provided advocacy services for the alleged victim. All services were offered at no charge. To demonstrate this, a copy of the alleged victim's offender account was reviewed.

This standard requires that facilities have an evidence protocol. The protocol must adapted from the DOJ Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. WNC did not have a protocol.

The facility must attempt to make available to the alleged sexual abuse victims an advocate from a rape crisis center. If not available, the facility must make available a qualified training staff member. The victim advocate should be available to accompany and support the victim through the forensic medical examination process, and during investigation interviews. The advocate shall provide emotional support, crisis intervention, information and referrals when applicable. It was evident during interviews that WNC does not have a clear protocol outlining when an advocate will be offered to a victim, and who will ensure the victim is offered the advocate.

NOTE: While this standard addresses allegations that require a forensic exam, all alleged sexual abuse victims must be offered an advocate follow an allegation of sexual abuse.

**Corrective Action Plan:**



- Develop a written evidence protocol
- Train staff on their role with collecting evidence.
- Provide the auditor with the protocol and evidence that staff received training.
- Develop a written process that outlines who is responsible for offering advocacy to all alleged victims, which includes when will advocacy be offered, and how this will be documented.
- Provide auditor with the written plan and any form that may be created to document the offer of advocacy.
- Provide auditor with documentation showing the plan is in practice. If an allegation of sexual abuse is received within the next 180 days, provide the auditor with the offer of advocacy services and the investigative report.

**Corrective Action Period:**

During the Corrective Action Period, WNC developed and implemented a crime scene evidence protocol that outlines the steps staff must take to preserve a crime scene and how to process the evidence following an offender sexual abuse allegation. WNC provided the roster of staff who received the crime scene procedures/evidence collection training. In addition, WNC added Section I, Evidence Preservation to Security Post Order #21 on February 9, 2018.

WNC provided documentation showing they developed and implemented a process to ensure victims are offered advocacy following a sexual abuse allegation and that this offer of advocacy is documented. WNC adopted the state form C-01-022-1 Consent for Victim Advocate that the victim completes and indicates on the form if they would like an advocate appointed or if they refuse advocacy. In addition, WNC will utilize the PREA Incident Checklist for Incidents of Sexual Abuse and Harassment, which requires staff to document the time and date that an advocate was notified.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

**115.22 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

**115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

**115.22 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

**115.22 (d)**

- Auditor is not required to audit this provision.

**115.22 (e)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

LDPSC regulation C-01-022 requires that allegations of sexual abuse or sexual harassment be referred for investigation. WNC policy 14-7 shows the facility PREA Investigator shall work with the District Attorney's Office to ensure appropriate criminal prosecution of substantiated cases of sexual abuse.

In the past 12 months, WNC received 11 allegations of sexual abuse and sexual harassment. Of the 11 allegations and subsequent investigations, only one investigation was criminal. That investigation was conducted by the Winn Parish Sheriff's Office.

In addition to having a policy that requires all allegations of sexual abuse and sexual harassment be forwarded for criminal investigation unless the allegation does not involve potential criminal behavior, this standard also requires, that if a separate entity is responsible for conducting criminal investigations, the policy should describe the responsibilities of both the facility and the investigative entity. In addition, the standard requires that the policy regarding referrals be placed on the agency's website. As noted above, LDPSC has the state regulation posted on the state website, WNC is a for profit facility therefore, their policy should be posted on LaSalle's website.

**Corrective Action Plan:**

- Expand policy to show when allegations will be forwarded to outside law enforcement and the role of the in-house investigator when an allegation is referred.

- Provide auditor with a copy of the revised policy
- Post policy on agency/facility website and provide the link to the auditor.

**Corrective Action Period:**

WNC revised Facility Policy 14-7, Prison Rape Elimination Act, which now includes language that shows if an allegation of offender sexual abuse is substantiated, the investigation, will be forwarded to the Winn Parish District Attorney for a decision regarding prosecution. WNC will proceed with disciplinary action on the aggressor. In addition, the policy shows if an outside law enforcement agency investigates the offender sexual abuse allegation, WNC will request that the outside agency abide by PREA Standards.

Facility Policy 14-7, Prison Rape Elimination Act policy that outlines the responsibilities of both the facility and investigative entity is posted on LaSalle Corrections website at [http://www.lasallecorrections.com/index.php?engine\\_id=&src=search&search\\_id=search\\_box&search\\_t his=winn](http://www.lasallecorrections.com/index.php?engine_id=&src=search&search_id=search_box&search_t his=winn).

<b>TRAINING AND EDUCATION</b>
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**Standard 115.31: Employee training**

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

**115.31 (a)**

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

**115.31 (b)**

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

**115.31 (c)**

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

**115.31 (d)**

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

**Auditor Overall Compliance Determination**

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

This standard requires that the agency train all employees who may have contact with offenders on the, “zero tolerance” policy for sexual abuse and sexual harassment. This includes offender’s rights to be free from sexual abuse and harassment. The training should also include how to recognize, respond and report signs of sexual abuse; avoidance of inappropriate relationships with offenders; how to effectively and professionally communicate with LGBTI offenders. The agency shall keep documentation that employees received initial and annual training. The standard requires the training be tailored to the gender of the offenders at the employee’s facility. In addition, if the employee is reassigned to a facility that houses a different gender, the employee shall receive additional gender specific training.

LDPSC regulation C-01-022 shows, during orientation and annually thereafter, all staff shall be trained in the prevention, detection, response, reporting and investigation of sexual abuse. This includes the Department’s “zero tolerance” policy for sexual abuse and harassment.

A review of employee training files at the WNC’s Training Department revealed that only newly hired employees that were currently attending the Training Academy received adequate PREA training as defined above. The Training Officer provided a copy of the comprehensive PowerPoint lesson plan utilized for new hire training. No employees currently assigned inside the facility have received any formalized PREA Training. Documented in some of the employee training files were signed, “Sexual Assault and Sexual Misconduct with Offenders” acknowledgement forms. These forms were distributed to employees during roll call on the various shifts. Staff briefly read over the forms and returned them to their supervisor. The signed acknowledgement forms do not meet the standard.

**Corrective Action Plan:**

- Ensure all employees receive a comprehensive PREA training
- Ensure all employees verify through electronic verification or employee signature that they understood the training that was provided.
- Provide the auditor with the training curriculum.
- Provide the auditor with the plan to provide training to staff.
- Provide the auditor with documentation demonstrating staff received the training.

**Corrective Action Period:**

To address the deficiencies noted during the onsite audit, WNC provided PREA Training to all staff. The facility demonstrated staff this by providing rosters signed by the staff that attended the training. WNC employs 240 and by March 14, 2018, all 240 staff had received the required PREA training. The facility provided the PowerPoint that shows all areas required by this standard were addressed.

## **Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

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

**115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

Standard requires that all volunteers and contractors that may have contact with offenders receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. This training must be documented.

LDSPC regulation C-01-022 and WNC policy 14-7 shows, all volunteers and contractors who have contact with offenders will be trained on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

Based on interviews and an onsite record review it was determined that the 249 assigned volunteers have not received any formalized PREA Training, yet all of the volunteers have contact with offenders at this facility. Five of the 249 volunteers signed Sexual Assault Acknowledgement forms that states, "Any sexual activity or relations or attempted sexual activity between a volunteer, intern or contractor and an offender are expressly forbidden. Any violation will result in disbarment from the unit and may include the filing of criminal charges as warranted". The staff person interviewed acknowledged that this form does not meet the standard and plans to have volunteers receive the required training.

The WNC administration indicated that no contractors have contact with offenders; therefore, none were identified or interviewed.

**Corrective Action Plan:**

- Provide auditor with the training that will be provided to the volunteers.
- Provide training to all volunteers.
- Provide auditor with documentation showing the training has been delivered.

**Corrective Action Period:**

During the CAP, WNC adopted the Louisiana Department of Public Safety and Corrections, Volunteer Orientation and Training Manual that includes a section devoted to Sexual Misconduct and Sexual Harassment as well as a section entitled PREA Rape Elimination Act of 2003.

WNC has 88 potential volunteers on file, by May 9, 2018, 57 of the volunteers had completed the background check, PREA Training and had been approved by the warden. Of the remaining volunteers, 18 were still pending a background check approvals and 13 were still waiting to attend PREA Training. Each volunteer that completed the training signed the acknowledgement. A copy of the signed form was placed in the volunteer's file. WNC provided the attendance rosters as documentary evidence to show the training was completed. The facility created a tracking document to ensure all volunteers receive a background check, PREA Training and approval by the warden before participating in the facility's volunteer program.

## **Standard 115.33: Inmate education**

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

#### **115.33 (a)**

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

#### **115.33 (b)**

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

#### **115.33 (c)**

- Have all inmates received such education?  Yes  No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

**115.33 (d)**

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

**115.33 (e)**

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

**115.33 (f)**

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

**Auditor Overall Compliance Determination**

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

This standard requires that during the intake process that offenders receive information regarding the agency's zero tolerance policy and how to report incidents or suspicions of abuse and harassment. Within 30 days of intake, the agency must provide comprehensive education regarding offender rights to be free from sexual abuse and sexual harassment. Current offenders that have not received comprehensive education shall receive it within one year of the effective date of the PREA standards.



The offender education shall be provided in all formats to serve those offenders who are visually impaired have limited reading skills, limited English proficiency, hearing impaired or any other disability. The agency shall maintain documentation of offender PREA education and shall continuously display PREA information in the form of brochures, posters, and video and in other written formats. LDPSC regulation C-01-022 and WNC policy 14-7 shows, offender education shall be provided to incoming and current offenders regarding reporting, self-protection, retaliation, treatment and counseling. Appropriate formats shall be provided to those offenders with disabilities and who display limited English proficiency. The facility will maintain documentation of offender training and continuously provide "Zero Tolerance" information in the form of posters, brochures and video.

During the onsite audit, WNC provided documentation that shows incoming offenders receive PREA Education during intake. Offenders are issued PREA Offender Rights brochures and are required to watch a video that explains PREA. Although the facility provided PREA educational materials written in Spanish, there was no documentation that Spanish-speaking offenders received the materials.

Offenders with limited reading skills and offenders with other disabilities are also required to receive initial and comprehensive PREA education. No documentation was presented that showed these offenders were educated on PREA. An offender with a hearing impairment was identified and interviewed regarding PREA education he received. Through written communication, the offender advised that the facility has not provided him with information regarding sexual abuse and sexual harassment that he could comprehend. It was noted during the tour that PREA informational posters were displayed throughout the facility.

Although there is no immediate Corrective Action measure the facility should take regarding Offender Education, it is recommended that the facility document Offenders with disabilities and limited English comprehension, are receiving the required educational materials on PREA. It is also recommended that the PREA brochure that is distributed to offenders be updated to explain in detail how to report sexual abuse and explain how to obtain a victim advocate.

**Recommendation:**

- Provide offenders with basic PREA information verbally at intake along with the brochure. Offender could quickly be informed of the facility's zero tolerance policy for all types of sexual abuse and the multiple ways to report.
- The comprehensive education should provide more in-depth education through video with Q and A.
- Develop a method to document trainings for future audits.

## **Standard 115.34: Specialized training: Investigations**

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

#### **115.34 (a)**

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

**115.34 (b)**

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

**115.34 (c)**

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

**115.34 (d)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

This standard requires that staff who conduct PREA investigations must receive specialized training in conducting such investigations in confinement settings. The training must include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action (preponderance) or prosecution referral. LDSPC regulation C-01-022 and WNC policy 14-7 shows "When sexual abuse is alleged, the unit shall use investigators who have received special training investigating incidents of sexual assault and sexual misconduct..." The onsite record review

showed the WNC investigator had attended Detective and New Criminal Investigator training and PREA Compliance Manager Training, however, these training does not meet the requirements of this standard.

**Corrective Action Plan:**

- Investigative staff must receive specialized PREA Investigator training
- Provide the auditor with the curriculum
- Provide auditor documentation that training has been completed.

**Corrective Action Period:**

Staff assigned to conduct PREA Investigations completed the National Institute of Corrections' PREA: Investigating Sexual Abuse in a Confinement Setting on January 17, 2018. The facility provided the training certificates to demonstrate compliance with this standard.

## **Standard 115.35: Specialized training: Medical and mental health care**

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

### **115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

### **115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

### **115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

**115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

**Auditor Overall Compliance Determination**

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

This standard requires that all medical staff received specialized training that addresses how to detect and assess for signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and, how and to who to report allegations or suspicions of sexual abuse or sexual harassment. In addition, the facility must maintain documentation showing medical staff completed the training.

A review of documentation shows medical staff received specialized training from the National Institute of Corrections – Specialized Medical and Mental Health Care Curriculum.

<p style="text-align: center;"><b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b></p>
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**Standard 115.41: Screening for risk of victimization and abusiveness**

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

**115.41 (a)**

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

**115.41 (b)**

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

**115.41 (c)**

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

**115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

**115.41 (e)**

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

**115.41 (f)**

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

**115.41 (g)**

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

**115.41 (h)**

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

**115.41 (i)**

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

**Auditor Overall Compliance Determination**

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

LDSPC regulation C-01-022 Prison Rape Elimination Act and WNC policy 14-7 addresses the standard requirements. WNC conducts a PREA screening upon intake and then again within 30 days. During the 12 months preceding the onsite audit, 750 offenders were admitted into the facility whose length of stay was for more than 30 days. During the onsite audit, the auditor randomly selected 15 offenders' names and reviewed risk screening to ensure timeliness. The risks screenings reviewed were conducted within 72 hours of intake, with majority being conducted on the day of intake. In addition, the PREA Vulnerability Reassessment Questionnaire was conducted on all randomly selected offenders within 30 days of intake as required by this standard.

A review of the agency's PREA screening checklist showed all criteria required by 115.41 (d) is addressed in the screening instrument.

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.

WNC maintains confidentiality of the assessments. Completed PREA Checklist is filed in the offender's master record and in the mental health section of the offender's medical records. WNC policy shows the Checklist is not considered a public record.

**Standard 115.42: Use of screening information**

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

**115.42 (a)**

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

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

**115.42 (b)**

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

**115.42 (c)**

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

**115.42 (d)**

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

**115.42 (e)**

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

**115.42 (f)**



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

**115.42 (g)**

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

**Auditor Overall Compliance Determination**

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

Agency regulation C-01-022 and WNC policy 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. Policy indicates that 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 regarding housing and cell assignment. The screening instrument scores each offender as PREA Blue: Confirmed as a sexual victim or appears to be at high risk for sexual predation, PREA Green: No significant risk of victimization or perpetration, or PREA Red: Propensity to sexually assault others.

While policy shows the risk score should be utilized to determine housing and programming, it was determined that WNC is only utilizing the score to place offenders in housing. Through informal discussions with work supervisors and during formal interviews, it was discovered that worksite supervisors or custody staff do not know if the offenders they supervise were scored as risk of victimization or perpetration. In addition, when determining a work assignment for an offender, the PREA score does not inform the placement.

This standard also requires a plan to address housing and programming assignments for transgender and intersex offenders. At the time of the audit, Winn housed no transgendered however; the facility did not have a plan in place should they receive an offender who identifies as transgender.

**Corrective Action Plan:**

- Develop a documented process to ensure offenders at risk of victimization (BLUE) are kept separate from offenders at high risk of victimizing others (RED).
- Provide plan and documentation that demonstrates the plan was implemented.
- Develop a documented plan to ensure transgender and intersex offenders' housing and programming assignments are considered on case-by-case bases.

- The plan must include:
  - The offender being reassessed every 6 months to review for any threats to safety experienced by the offender.
  - Taking into consideration the offender views of safety
  - The offenders must be offered the opportunity to shower separately.
  - Plan should include direction on how the above will be documented.
- Provide the written plan to the auditor.
- If WNC receives a transgendered offender within the next 180 days, provide the auditor with documentation that shows the plan was implemented.

**Corrective Action Period:**

On May 3, 2018, the Warden provided written guidelines to staff tasked with assignment of offenders to housing and programming. The directive shows the Initial Classification Board is tasked with making housing assignments, jobs and group activities assignments for offenders at risk of sexual victimization and those at risk of victimizing others. The guidelines address housing and programming assignments for transgender and intersex offenders as well and reiterates that transgender and intersex offenders will be given the opportunity to shower separately.

WNC provided documentation showing department heads received training on the use of the PREA Screening information.

To assist staff identifying offenders at risk of victimizing others, a report is generated on the first working day of each month, which lists offenders assessed at high risk for victimizing others. In addition, staff was provided instructions on how to access an alpha roster that clearly notes the offenders who have been classified as a “PREA Red Propensity of Sexually Assault or “PREA Blue Sexual Victim or High Risk...”

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

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

**115.43 (b)**

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

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

**115.43 (c)**

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

**115.43 (d)**

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

**115.43 (e)**

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

**Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

Agency regulation C-01-022 and WNC policy 14-7 states offenders at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment for all available alternatives has been made, and determination has been made that there is no available alternative means of separation from likely abusers.

A review of records indicated that WNC had no offenders who were placed in involuntary segregated housing due to risk of victimization during the last 12 months.

To ensure facilities complete the documentation required by this standard, the LCPSC recently implemented the 24 Hour Review of Involuntary Segregation Status form. The form requires staff to document the reason for the original placement in involuntary segregation, assessment findings, offender comments and the recommended action to be taken. The form requires a review and approval by the PREA Compliance Manager or designee.

## REPORTING

### Standard 115.51: Inmate reporting

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No

- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

LDPSD policy C-01-022 and facility policy 14-7 allow for multiple means for offenders to report sexual abuse, harassment, retaliation or staff neglect. This includes verbal or written reports to staff, the grievance process, writing to facility staff 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 to the state agency to ensure an investigation is initiated. During the tour, it was noted that the toll-free number for Crime Stoppers was posted throughout the facility and painted on the walls in the housing units.

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

Offenders are not detained at the facility for civil immigration purposes.

#### **Recommendation:**

- The facility should continue to educate offenders on methods available to report.
- The facility should implement a confidential means that offenders assigned to segregated housing can report sexual abuse to an outside agency.

## Standard 115.52: Exhaustion of administrative remedies

### 115.52 (a)

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

### 115.52 (b)

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

### 115.52 (c)

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

### 115.52 (d)

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

by which a decision will be made? (N/A if agency is exempt from this standard.)

Yes  No  NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

**115.52 (e)**

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

**115.52 (f)**

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

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

The agency has a policy in place that address this component – Department Regulation No. C-01-022. Offenders as well as B-05-005 Administrative Remedy Procedure (ARP). Information on reporting sexual abuse utilizing the ARP process is provided to the offenders in the Winn Correctional Center Offender Orientation Handbook.

The ARP covers and supports all aspects of 115.52. Documentation review showed any PREA related grievances would be treated as an Emergency Grievance. In addition, WNC has a practice in place that allows an offender to file a complaint with someone outside of the facility and may have assistance from a third party. Offenders may also be disciplined for filing frivolous or malicious sexual abuse complaints.

**Standard 115.53: Inmate access to outside confidential support services**

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

**115.53 (a)**

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No



- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

**115.53 (b)**

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

**115.53 (c)**

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

**Auditor Overall Compliance Determination**

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

LDPSC has entered into a MOU with Louisiana Foundation against Sexual Assault (LAFASA) in an attempt to provide outside confidential support services to victims. LAFASA provides advocacy via mail. The MOU shows LAFASA will forward all allegations of sexual abuse to the. In addition, LAFASA may choose to respond back to the offender if the agency deems it necessary to provide resources and or emotional support letters for advocacy purposes. WNC informs offenders how to contact LAFASA for advocacy services in the PREA brochure. During the tour, it was noted that LAFASA's phone number is painted on wall in each housing unit.

**Standard 115.54: Third-party reporting**

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

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

LDPSC's regulation C-01-022 and WNC's policy 14-7 shows there is an established method for family and friends to make third party reports on behalf of an offender. LDPSC has entered into a memorandum of understanding (MOU) with Crime Stoppers, Inc. The MOU shows Crime Stoppers provides a dedicated toll free number for offenders incarcerated within a state facility to report sexual abuse and harassment. All allegations received after hours that require immediate response, are forwarded to the duty officer and the warden. If it has been more than 72 hours since the alleged event, Crime Stoppers will report the incident the next business day.

During the tour, the auditor observed Crime Stoppers posters that includes the phone number to make an anonymous or third party report posted throughout the facility. Additional avenues to make third party reports is listed on the LDSPC's website ([www.doc.la.gov](http://www.doc.la.gov)).

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**

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

**115.61 (a)**

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

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

**115.61 (b)**

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

**115.61 (c)**

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

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

WNC's policy 14-7 shows, all allegations of sexual assault, sexual misconduct or sexual harassment by either staff or offender may be reported to any staff member. The staff member, who received such reports whether verbally, in writing, or from a third party, shall immediately notify their supervisor who shall ensure that an Unusual Occurrence Report (UOR) is completed. All PREA related UOR's should be forwarded immediately up the chain of command. The appropriate supervisor shall immediately contact the PREA investigator.

All staff and offender interviews indicated that PREA reports or concerns were reported immediately in a private manner. All parties knew that the facility investigators were responsible for conducting PREA investigations.

## Standard 115.62: Agency protection duties

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

### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

The facility has procedures in place to ensure the protection of offenders who allege sexual abuse or assault. It clearly outlines staff responsibilities in regards to protection of offenders and PREA. The facility had no documented incidents within the last 12 months. Staff interviews support that each person understands their responsibilities as presented in this standard.

## Standard 115.63: Reporting to other confinement facilities

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

### 115.63 (a)

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

### 115.63 (b)

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

**115.63 (c)**

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

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

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

LDPSC regulation C-01-022 and Facility policy 14-7 indicates “upon receiving an allegation that an offender was sexually abused while confined at another facility, the Warden or designee that received the allegation shall notify in writing the Warden of the facility or designee’s appropriate office of the agency where the alleged abuse occurred. Notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegations. WNC had received and forwarded allegations to other facility but did so by phone therefore there was no documentation to show the information was forwarded within 72 hours. WNC reported they have received no reports of incidents from other facilities within the last 12 months.

**Recommendation:**

When reporting allegations to other confinement facilities, it is recommended the facility to do so in writing or follow up in writing to have verification / proof of practice.

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No

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

#### 115.64 (b)

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

#### Auditor Overall Compliance Determination

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

The agency regulation C-01-022 and WNC policy 14-7 addresses the duties of first responders. All staff was issued a first responder card, which outlines actions to be taken upon learning of an allegation that an offender was sexually abused. In the past 12 months, WNC received 11 allegations that an offender had been sexually abused. All allegations required a security staff member to separate the alleged victim and perpetrator. WNC received one sexual abuse allegation in the timeframe that required the collection of physical evidence. Some staff struggled verbalizing their responsibilities as a first responder and had to be reminded of their first responder card.

### Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

WNC has a PREA Coordinated Response Plan that the Warden provided to all security personnel on May 1, 2016. This plan provides written guidelines to staff responding to allegations and occurrences of sexual abuse, sexual harassment and sexual activity within the facility. However, it was evident during interviews that staff were unsure of their role following an allegation of sexual abuse. Shift commanders and the investigator could not clearly articulate the coordinated response protocol. WNC should have a way to clearly show the coordinated response plan was followed.

#### **Corrective Action Plan:**

- Develop method to clearly document that the coordinated response plan was followed.
- Train staff i.e. shift commanders, custody staff, etc. of actions they should take following an allegation.
- If there is an allegation within the next 180 days, provide documentation to the auditor that the actions taken by staff were coordinated.

#### **Corrective Action Period:**

WNC has adopted the state's written institutional plan that coordinates the action taken in response to an allegation of sexual abuse that includes medical, mental health, first responders, investigators and facility administration. The facility also has a PREA Incident Checklist for Incidents of Sexual Abuse and Harassment to ensure appropriate actions are taken and that victims receive needed services. WNC provided rosters showing staff received training on utilizing the PREA Incident Checklist for Sexual Abuse/Harassment.

In addition, all staff were issued a PREA card that details the first responder duties. The card is worn with their ID badge.

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

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

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

**115.66 (b)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

WNC does not have a collective bargaining agreement.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct



and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

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

**115.67 (d)**

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

**115.67 (e)**

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

**115.67 (f)**

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

LDPSC regulation C-01-22 and WNC policy 14-7 supports this standard and requires that offenders or staff who report sexual abuse and offenders who are reported to have suffered sexual abuse be monitored for retaliation for at least 90 days. In addition, policy shows, should retaliation be suspected, the facility must act promptly to remedy the situation. The agency has developed a form to be utilized when monitoring retaliation. WNC has a staff member tasked with conducting retaliation monitoring.

LDPSC has created the PREA Agency Protection against Retaliation for Offenders/Staff Member to document retaliation monitoring.

Of the eight randomly selected investigative files that were reviewed, only five required retaliation monitoring to be conducted. All five files contained a completed retaliation form indicating the retaliation monitoring was conducted. Staff interviewed informed this auditor that status checks were not conducted in a private setting and at times, he just talked to the offenders on the walk. In addition, the staff form as not being utilized correctly, the offender/staff that was being monitored was not required to sign the form.

#### **Recommendation:**

- WNC should implement the revised PREA Agency Protection against Retaliation for Offenders/Staff Member form.
- More documentation on status checks.
- All status checks should be conducted in a private setting.

### Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

Agency Regulation C-01-022 and WNC policy 14-7 prohibits offenders at high risk for sexual victimization from being placed in segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

To ensure facilities complete the documentation required by this standard, the agency recently implemented the 24 Hour Review of Involuntary Segregation Status during PREA-Related Investigation form. The form requires staff to document the reason for the original placement in involuntary segregation, assessment findings, offender comments and the recommended action to be taken. The form requires a review and approval by the PREA Compliance Manager or designee.

A review of eight randomly selected investigative files shows that WNC has not placed an alleged victim in involuntary segregated housing with in the last 12 month.

**Recommendation:**

- Recommended that WNC utilize the 24 Hour Review of Involuntary Segregation Status form to ensure complete documentation as required by this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

**115.71 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

**115.71 (d)**

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

**115.71 (e)**

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

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

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

**115.71 (i)**

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

**115.71 (j)**

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

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

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

**Auditor Overall Compliance Determination**

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

WNC's institutional investigator conducts both criminal and administrative investigations. A review of randomly selected investigative files as well as formal interviews showed the investigations are initiated promptly, including if the allegation is received from an anonymous source or by third party. WNC's investigator has not received special training in conducting sexual abuse investigations in confinement facilities.

The standard requires that evidence be preserved; this includes testimonial, video, witness statements, etc. From a random review of investigative files, it appears that investigations are not thorough and witnesses or others that may have information were not regularly interviewed. Historical information is not included such as review of prior complaints or reports of sexual abuse involving the suspected perpetrator. The report contains no attempt to assess the credibility of the alleged victim, suspect or witnesses as required by this standard. In addition, the investigative report is not being documented on the form noted in WNC's policy.

**Corrective Action Plan:**

- Investigator must complete PREA Specialized Investigator training, certificate of completion forwarded to the auditor.
- Reports must utilize the report format noted in WNC's policy.
- Develop a plan for retaining all evidence, which includes testimonial, video, physical evidence, written statements, etc. and provide the plan to the auditor.
- Conduct thorough investigations and write a thorough report, which includes victim, suspect and witnesses or other that, may have insight into the allegation that includes an attempt to assess credibility of the individuals involved in the investigation. Provide 3-5 reports to the auditor.

**Correction Action Period:**

WNC provided documentation showing that staff tasked with investigating PREA allegations had completed the National Institute of Corrections' PREA specialized investigator training. The facility developed and implemented procedures to ensure all PREA investigative case files and evidence are maintained.

## Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

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

The standard requires that no standard higher than a preponderance of the evidence be used with determining whether allegations of sexual abuse or sexual harassment are substantiated. During interviews it was apparent that preponderance was not, the standard of evidence needed to substantiate a case. When asked what the standard of evidence needed to substantiate an allegation of sexual abuse or harassment at WNC, the response was "hard evidence."

**Corrective Action Plan:**

- Within the next 180 days, provide the auditor with three investigations that were conducted that show the case was substantiated based on the preponderance of the evidence.

**Corrective Action Period:**

During the corrective action period, the staff tasked with conducting PREA investigations received training on the appropriate use of preponderance of evidence in determining when to substantiate an investigation. The auditor received a letter dated May 30, 2018, from Warden Deville advising that, "...there have been no "substantiated" case based on the preponderance of evidence during this audit cycle."

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

**115.73 (d)**

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

**115.73 (e)**

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

**115.73 (f)**

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

Agency Regulation C-01-022 and WNC policy 14-7 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 to be utilized to notify the offender of the findings following the completion of an investigation. The form is also utilized to provide follow up notifications regarding the status of an abuser. WNC utilized the state form.

The standard requires and policy supports, that “victims” be notified following the conclusion of an investigation. If the case is substantiated, additional notifications are required. A review of investigative files during the onsite audit indicated that this is probably occurring. This issue is that offenders are not signing that they received the notification. Without a signature, the auditor cannot identify if the offender received the notification. In addition, the notification is being forwarded through offender mail that could in some cases put the victim at risk.

**Recommendation:**

- Call the offender to an office to sign the notification.
- Ask the offender if they would like a copy of the notification.



## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

Department policy C-01-022 and WNC policy 4-7 shows, "staff who violate this regulation may receive disciplinary action, up to and including termination. Appropriate steps shall be taken to ensure fairness and due process. "

Documentation indicates in the last 12 months no staff member received a disciplinary sanction or were reported to law enforcement for sexual abuse.

## Standard 115.77: Corrective action for contractors and volunteers

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

### 115.77 (a)

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

### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

WNC does not have contractor and there has been no allegation of a volunteer who has engaged in any prohibited contact with offender since September 2016 when LaSalle took over the management of WNC.

#### **Recommendation:**

WNC should ensure they have a protocol in place to report substantiated allegations of sexual abuse involving a volunteer to the relevant licensing bodies, when applicable.

## Standard 115.78: Disciplinary sanctions for inmates

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

### 115.78 (a)

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

### 115.78 (b)

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

### 115.78 (c)

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

### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

## Auditor Overall Compliance Determination

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

As required by this standard, LDPSC regulation mandates that the offender accused of the predatory behavior be evaluated by mental health staff prior to the disciplinary hearing of the violation. The regulation shows that following the disciplinary hearing, "All facilities shall attempt to conduct a mental health evaluation of all known offender on offender abusers within 60 days of learning of such abuse history and after treatment when deemed appropriate by mental health practitioners. This shall be documented utilizing the Mental Health Evaluation for Substantiated Cases of Sexual Assault (Form C-01-022-R)."

During the last 12 months, WNC had no substantiated investigations of offender on offender sexual abuse; therefore, no disciplinary reports have been issued. Interviews with staff indicated that they were familiar with the standard and expectations as well. In particular the disciplinary process shall consider whether an offender's mental disabilities and mental illness contributed to the offender's behavior when determining what type of sanction, if any, should be imposed.

### Recommendation:

- WNC should develop a process to ensure the disciplinary process considers whether an offender mental disabilities' or mental illness contributed to his behavior when determining what type of sanction to be imposed. In addition, after disciplinary action has been imposed, Mental Health services should be offered to the perpetrator.

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

**115.81 (b)**

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

**115.81 (c)**

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

**115.81 (d)**

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

**115.81 (e)**

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

**Auditor Overall Compliance Determination**

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

The standard requires that offenders who report during a PREA risk assessment, that they have a history of sexual victimization or report they have history of victimizing others, whether this occurred in an institutional setting in the community, should be offered a follow-up appointment with Medical or Mental health and must be seen within 14 days.

Agency Regulation No. C-01-022 and WNC policy 14-7 contains language, which supports this standard and requires follow up meetings with medical or mental health when an offender discloses prior victimization or perpetration during a PREA screening whether the victimization occurred in the community or in an institutional setting. WNC utilizes the state form C-01-022 M, Availability of Mental

Health Counseling to document that mental health services were offered and whether the offender accepted or declined services. The form requires the offender to sign.

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 practitioners. 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.

In addition, interviews with medical and mental health staff indicate compliance with this standard.

During the onsite audit, the auditor randomly selected seven offenders who reported a history of sexual abuse or perpetration during a PREA Risk assessment. Facility records contained documentation confirming these offenders met with staff again within 14 days of the original report and was offered a follow up with medical or mental health at that time; however, they were not seen by mental health within 14 days of the initial report. The intent of the standard is that offenders be offered a follow up appointment at the time the report is made and if they accepted, they are to be seen by a medical or mental health practitioner within 14 days of reporting the history during the PREA Risk assessment.

**Recommendation:**

- If an offender reports a history of sexual abuse or sexual perpetration during a PREA Risk assessment, staff should offer the offender a follow-up appointment with medical or mental health at that time.
- Document the offer of services as well as the offender's response.
- If the offender accepts, the offender should be seen by Medical within 14 days of the date of the report. Medical notes should show they meet with the offender because he reported a history of victimization or perpetration.
- If medical determines the offender would benefit from a referral to mental health they should refer.

## **Standard 115.82: Access to emergency medical and mental health services**

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

### **115.82 (a)**

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

### **115.82 (b)**

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

**115.82 (c)**

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

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

Medical services are provided onsite at WNC; however, when a forensic exam is required, the victim is transported to the local community hospital. Mental health services for WNC offenders is provided by Winn Community Health Center. WNC provided a letter from Winn Community Health Center that shows they have agreed to accept patients for counseling services, treatment and stabilization. The standard requires that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Winn does not have a MOU with the community mental health provider and does not know how long it will take the MH provider to meet with a victim of sexual assault.

WNC provided documentation showing medical and mental health services are offered at no cost to the victim.

**Recommendation:**

- Enter into an MOU which outlines when emergency MH services will be provided and when non-emergency services will be provided.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

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

**115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.83 (e)**

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

**115.83 (f)**

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

**115.83 (g)**

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

**115.83 (h)**

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



## Auditor Overall Compliance Determination

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

Agency Regulations C-01-022, Health Care Policy HC-09 and HC-36 support all components of this standard as well as WNC policy 14-7. A document review during the onsite audited showed offenders who are victimized in a confinement setting are offered a medical and mental health evaluation and when applicable, the victim receives appropriate follow up services. Staff interviewed reported medical services are offered victims at the community level of care. Winn Community Health Center provides mental health services to victims of sexual abuse referred from WNC. A record review showed medical and mental health services to alleged victims are offered at no cost to the victim.

WNC provided documentation indicating that perpetrators are offered follow up treatment within 14 days of arrival at the facility. Interviews with medical staff indicated that staff are very aware of all components, and are in compliance with all aspects of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

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

Agency Regulation C-01-022 and WNC policy 14-7 outlines that an incident review will be conducted at the conclusion of every sexual abuse investigation unless the investigation is unfounded which supports the requirements of this standard. WNC has developed an incident review form that ensures all components required by the standard are reviewed.

A review of eight randomly selected investigation files indicated the incident reviews are being conducted as required by this standard and facility policy.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

LDPSC regulation C-01-022 and WNC policy 14-7 supports this standard and requires incident-based data be collected which includes data necessary to answer all questions from the most recent version of the survey of sexual violence. The agency collects data for every allegation of sexual abuse and repeated allegations of sexual harassment from all nine facilities; this includes WNC, which is a contracted facility. The data is tracked and maintained in a secured database. The agency reports data each year to the DOJ. The agency appears to be in compliance with this standard.

## **Standard 115.88: Data review for corrective action**

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

#### **115.88 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### **115.88 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### **115.88 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### **115.88 (d)**

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

## Auditor Overall Compliance Determination

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

WNC provided LDPSC 2015 annual report. This auditor could not locate the agency's 2016 annual report on their website. The 2015 report included a comparison from the previous years' statistics. The report was approved by the head of the agency prior to posting on the website. Included in the report was the agency's progress in identifying and addressing problem areas with regard to PREA protocols and compliance.

### **Recommendation:**

2016 annual report should be posted on the agency's website.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

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's website <http://doc.la.gov>. Reports from 2012 through 2015 were reviewed from the website, and in these reports all personal information has been redacted.

Agency policy C-01-022 provides for secure retention of the data.

**Recommendation:**

2016 annual report should be posted on the agency's website

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

**115.401 (i)**

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

**115.401 (m)**

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

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

During the first audit cycle, WNC was managed by another for-profit management agency. Just prior to the scheduled PREA audit, the contract was terminated and the management of the prison was transferred to LaSalle. LaSalle took over the management of WNC on September 30, 2015. To allow WNC and LaSalle to have one-year of records, the PREA Audit was rescheduled. This is the first PREA Audit conducted at WNC.

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

The agency does not post audit reports on their website. The website contains the following statement: "PREA audits for individual state correctional facilities are available upon request. Please follow the guidelines for making a public records request ..." Public record requests must be submitted in writing to:

La. Department of Public Safety and Corrections  
Attn: Deputy Secretary's Office  
P.O. Box 94304  
Baton Rouge, LA 70804  
225.342.6744  
225.342.3095 (fax)

**Corrective Action Period:**

LaSalle will post the audit504 report on the agency website at <http://www.lasallecorrections.com/locations/louisiana/winn-correctional-center/>.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Veria Sturm

7/17/2018

**Auditor Signature**

**Date**