

PREA AUDIT REPORT Interim Final
ADULT PRISONS AND JAILS

Date of report: July 23, 2016

Auditor Information			
Auditor name: William Peck			
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Telephone number: 901-378-3998			
Date of facility visit: July 5-6, 2016			
Facility Information			
Facility name: Rapides Parish Prison and Detention Centers			
Facility physical address: 701 Murray St. Alexandria, LA 71309			
Facility mailing address: <i>(if different from above)</i> P.O. Box 1551 Alexandria, LA 71309			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer			
Number of staff assigned to the facility in the last 12 months: 44			
Designed facility capacity: DC 1-328/DC 2-239/DC 3-391/TWP-218 Total Capacity:1176			
Current population of facility: As of 7/18/2016 DC 1-312/DC 2-237/DC 3-380/TWP-192 Total Population:1121			
Facility security levels/inmate custody levels: Minimum, Medium and Maximum, and Transitional Work Program			
Age range of the population: 17 +			
Name of PREA Compliance Manager: See Narrative			Title: PREA Compliance Managers
Email address:			Telephone number:
Agency Information			
Name of agency: Rapides Parish Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i> Rapides Parish, LA			
Physical address: 701 Murray St. Alexandria, LA 71309			
Mailing address: <i>(if different from above)</i> P.O. Box 1551 Alexandria, LA 71309			
Telephone number: (318) 473-6700			
Agency Chief Executive Officer			
Name: William Earl Hilton			Title: Sheriff
Email address: debrac@rpsso.la.gov			Telephone number: (318) 473-6703

Agency-Wide PREA Coordinator	
Name: CPL Richard Dufour	Title: PREA Coordinator
Email address: rdufour@rpso.la.gov	Telephone number: (318) 449-4360 ext. 246

AUDIT FINDINGS

Acronyms:

Rapides Parish, LA (RP):

RPSO: Rapides Parish Sheriff's Office

DC: Detention Center

RPP: Rapides Parish Prison (the Jail)

RPTWP: Rapides Parish Transitional Work Program (Work Release)

DPS&C: Louisiana Department of Public Safety and Corrections

DOC: Louisiana Department of Corrections

NARRATIVE:

The Rapides Parish, LA PREA audit was conducted July 5-6, 2016 by Auditor William Peck and is determined to be compliant with national PREA Standards.

There are 3 Detention Center compounds (DC's 1-3) and a smaller Transitional Work Program (TWP) at the Rapides Parish Complex, all operated by the Rapides Parish Sheriff's Office (RPSO). Each Detention Center has its own Warden. There is also a TWP (Transition Work Program) located at DC 2 and a Reentry program located at DC 3. The tour was led by the respective Wardens and Compliance Managers, as well as the Agency PREA Coordinator, CPL Richard Dufour; and we were accompanied by Michele Dausat, PREA Coordinator for Louisiana Division of Public Safety & Corrections (DPS&C) and Arthur Crews, DPS&C PREA Local Level Liaison.

The Louisiana Department of Corrections is integral to and serves as strong support for PREA compliance efforts by local facilities. Rapides Parish is pursuing this Audit because of the commitment of the Sheriff and the facility leadership to operating a safe facility, one with no tolerance for sexual abuse or harassment.

The Rapides Parish Sheriff's Office (RPSO) has dedicated significant effort towards following PREA Policy and achieving compliance with the PREA standards. The local RPSO policies are detailed and adhere closely to national PREA standards. Interviews conducted and records reviewed substantiated that the facility does in fact comply with these policies and trains to them extensively. In practice, there were a few areas in need of correction, albeit minor.

Sheriff William E. Hilton has placed a Major over each RPSO Division (Enforcement, Narcotics, Detectives, Corrections) and these Majors answer directly to the Sheriff and his Chief Deputy. The Corrections Division Major (over all RPSO correctional facilities) is Major Doug Hollingsworth. The command structure is a military model heavily oriented to secure operations. Sergeants are Shift Commanders; LT's have significantly broad areas to supervise and are essentially Assistant Wardens; Captains serve as Wardens; and the Major oversees the entire corrections operation for the Sheriff.

Thus each separate component of the complex has a Warden who answers to the Major, usually through the Major's Deputy, who holds the rank of Commander. The Commander's duties are the same as any XO, he has some specific assigned areas and duties (oversee daily operations of Facilities; staffing; oversee Corrections Investigators; etc.) and he takes command of the Corrections Division if the Major is out.

During the tour, staff were aware of the requirement of announcing the presence of the opposite gender and did so in a timely manner prior to opposite gender entry, sometimes multiple times; and staff also ensured that restrooms and showers were clear of disrobed inmates. All announcements were made either from the area entry control or the central control unit and all entrance announcements are recorded in the Jail Events Log at the Control Center. Staffing appeared adequate and there was no shortage of female staff to ensure appropriate staffing in the two female areas at the DC 1. Female staff were also available in the intake/booking and medical areas. All female offenders are housed in DC 1 and, regarding male staff entering the female confinement areas of DC 1, the announcement rules are observed in the same manner.

During the tour, the only non-correctional staff entering living areas were noted as medical staff and mental health and programs staff. All others are brought to the interview rooms or visitation areas located away from housing units. These staff were always supervised by correctional staff. Store/canteen call staff were observed in other areas working with offenders, and documentation reviewed showed these staff had received appropriate PREA training.

Higher level staff were seen making unannounced rounds and this practice was discussed during interviews. The unannounced rounds conducted are documented in the electronic logs in DC2 & TWP and the handwritten logs in DC1 & DC3 by the control officer.

No major issues were raised during the facility tour or the pre-audit work up and review of the Pre-Audit Questionnaire (PAQ). Areas to be further reviewed, based on analysis of the PAQ, included: confidentiality notification to offenders regarding the PREA reporting methods; Youthful Offender program and routine; use of the PREA Coordinator as an investigator; use of the Assistant Warden as a Victim Advocate; and Offender Handbook availability in Spanish. These were either satisfactorily answered or resolved during the audit, or have been resolved subsequent to the on-site visit and are now compliant.

Youthful Offenders:

Prior to PREA, youthful offenders were housed in the facility in conformance to Louisiana law but without compliance to PREA standard 115.14. In order to facilitate compliance to PREA standards, Youthful Offenders (YO) are now housed and programmed in DC 1 in a separate area from adults; senior staff are immediately notified by Booking of the arrival of any Youthful Offender; and these senior staff, in turn, ensure notification to Mental Health within 72 hours. There are about 60 YOs received a year on average; 6 were currently confined as of the Audit; the longest present had been there for 272 days; and there were no female YOs at the time of the audit. Annual number of female youthful offenders received is about 4 and they normally stay under 72 hours, the longest being 34 days. Female programs and supervision have the same policy and procedures as male Youthful Offenders and their cell/dorm locations are within Cell 519, a unit of 5 cells and a dayroom.

Most Youthful Offenders housed at DC 1 have an average stay of 3 days to a week. They are primarily either released on recognizance under parents' supervision or released on bond. Sometimes the facility has 0 youth confined for periods of weeks or months. Those who stay for a month or more are under direct court order from grand jury indictments.

Given the separation needs of the populations, the higher supervision-level of DC 1 makes sense as the choice for target populations such as youth and females.

Policy requires that separate programming for youthful offenders include: mental health assessment upon arrival (within 72 hours) and minimum weekly visits by mental health staff or Classification Counselor; involvement of local educational authorities if the offender is not moved to another facility quickly (usually within a week); temporary local support from counseling services at St. Matthews and other counselors until state budget allows the opening for STAR (Sexual Trauma and Response Program) and/or Project Celebration services locally; routine reviews by appropriate classification and mental health staff every 30 days; and spending significant time of the day (6-8 hours) outside the cell. They have daily access to the recreation yard, absent exigencies or weather issues.

They thus receive their own separate religious programming, counseling services through the mental health providers, recreation, and education programming that runs concurrently with the local school year through the school board secondary education Division. The schedule is also alternated between youthful males and females, each receiving the same programs access but at different times.

I had a telephone conversation with Ms. Angela Henderson, Director of the victim services agency at Project Celebration and they do have an array of programs but cannot greatly assist Rapides Parish due to the distance (about one and one-half hours' travel). Ms. Henderson indicated the staff at Rapides Parish had requested Project Celebration to provide the services and offered space to do so, but the Project Celebration staff was unable to make that plan work due to distance. Project Celebration can provide training to staff Victim Advocates and has done so, and they can assist any offender who writes to them, dependent on the needs of the individual youth, but they are unable to react in person to a crisis from that far way.

I have reviewed assessments of current youthful offenders, the approved policy and log entries indicating the schedules have been implemented as planned. The facility is making a significant effort towards compliance with 115.14, providing programming, mental health and education, time outside the cell, and additional recreation space outside of the cell. The facility has been able to accomplish this even as they continue the total separation of youth from adult inmates.

It was noted during review and interviews that the facility does not utilize inmate interpreters and has 2 trained on-call staff Spanish interpreters. The facility also implemented "Language Line" interpreters to address the infrequent need for other languages to be translated and to be used if both Spanish translators were unavailable; usage has to be supervisor-approved and the required usage codes are provided to all units, with laminated calling instructions placed in located at the booking/intake area. The equipment required for deaf/hearing impaired inmates is updated and its locations are in all units in the facility and there is a Braille inmate handbook available.

Offenders receive required and recommended training and allowance has been made to ensure completion by offenders with disabilities, educational deficits, or languages other than English.

Staff Training receives significant emphasis and appears compliant at all levels. All staff receive Initial training, complete the NIC training, and complete specialty training in their area (e.g., investigators, mental health, etc), quarterly updates, and an annual Refresher training. Training is provided concerning cross gender pat searches in the event there is an emergency but these searches are not routinely occurring. Staff are aware of the prohibition of physically examining a transgender or intersex inmate to determine sex.

The facility refers all criminal cases or allegations of sexual assault and sexual abuse to the Sheriff's Office criminal investigators for investigation and has trained corrections investigators as well. The investigators have received appropriate specific training and were familiar with required processing of evidence and prosecution.

The facility maintains a mental health program that is utilized in the various compounds, especially where offenders are held for LA DOC. LA DOC can also transfer an offender if needed to receive more intensive care for mental health. Mental health services for non-DOC offenders are also outsourced locally to Caring Choices District, where they can address mental Health, Social Work, and Substance Abuse Counseling needs for offenders.

During the pre-visit phase of the audit, Arthur Crews, DPS&C Coordinator of statewide PREA efforts for local facilities, and Rapides Parish PREA Coordinator CPL Richard Dufour provided the team with documentation containing the pre-audit questionnaire (PAQ) with policies, procedures, and documents related to Rapides Parish for the team to review in advance of the site audit. Documents provided consisted of site descriptions, training information, investigative reports, operational memoranda, the Rapides Parish Detention Center governing PREA Policy (RPDC 22 Series) relating to sexual abuse/harassment, and other supporting documentation.

It became clear during the pre-visit review that Policy RPDC-22 component sections, issued by the RPCD (Rapides Parish Corrections Division) were uniformly compliant. The staff has drafted RPCD #22 Sections to be compliant for all their facilities and it paralleled very closely, often verbatim, the PREA Standards and Checklist for policy. The on-site visit, then, was strongly focused on actual compliance in operations and determining whether local training, process and procedure mirrored these RPSO policies.

On July 5, 2016, the auditor met with facility staff for an in-brief to discuss plans and logistics for the site audit. Following this meeting, the auditor was led by facility staff for an extensive tour of the 3 main facility Detention Centers (DC 1-3) and the TWP (Transitional Work Program) that lasted approximately 3 hours. The Auditor spent an additional 1-2 hours on the second day of the audit to tour other areas where additional data was needed.

The tour provided an opportunity for the auditor to conduct in-depth observations of the different areas of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain an understanding of facility operations and practice as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included: living units, work areas, cells which included toilets, shower's, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds. Video monitoring systems were observed and noted, and the auditor took thorough notes during the entire tour that were later discussed after the site visit. Video coverage is impressive and servers retain data for 13 months.

Reviewing documentation is a critical component of the audit process, so throughout the site audit, the auditor conducted a thorough review of various documents including personnel records, investigation files, training and education records, assessment and screening tools, policies and procedures, and a variety of other materials relating to the PREA standards and compliance.

A major portion of the site audit consisted of conducting structured interviews with specialized and randomly selected staff and also with randomly selected and specific categories of offenders (LGBTI, reported victims or perpetrators of abuse, etc.).

The Auditor interviewed a wide range of 46 staff that included executive leadership (Commander, Wardens, PREA Managers and PREA Coordinator). Interview data is summarized at the end of this narrative. Specialized staff interviews included the nursing staff, Sergeants and higher-level supervisors, Human Resources staff, Training Supervisor, Classifications Staff, Volunteer Staff, and Intake Staff.

During the visit the auditor conducted 21 random prisoner interviews and special category offenders as noted below; 11 random staff and 9 First Responder staff, since all line staff do both functions; and all specialized staff as outlined. The prisoners and staff were well aware of PREA and the zero tolerance policy of the Agency. Prisoners interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information either on their arrival or on the housing units for those that have been at the facility for a considerable amount of time. The 2 LGBTI offenders interviewed both reported that they felt safe (one transgender, one gay). Older random prisoners responded in a similar vein.

All of the staff and offenders interviewed were very cooperative during the interview process.

Staff Interviewed:

- 1 Agency Head or Designee (Commander)
- 3 Wardens **Each Detention Center has its own Warden
- 1 Assistant Warden
- 1 Victim Advocate
- 1 PREA Coordinator
- 1 Compliance Manager (each Facility has its own Manager)
- 1 Intermediate- or higher-level facility staff; (SGT/shift supervisors)
- 1 Line staff who supervises youthful inmates
- 2 Medical staff- Nurses
- 1 Administrative (human resources) staff
- 1 Volunteer who has contact with inmates
- 2 Qualified Prison investigators
- 1 Qualified law enforcement investigator
- 1 Staff who performs screening for risk of victimization and abusiveness
- 1 Staff who supervises inmates in Segregated housing
- 4 Staff on the incident review team; (Major; Wardens; and PREA Compliance Coordinator)
- 2 Designated staff members charged with monitoring retaliation
- 1 Intake staff (Booking)

11 Random Staff Interviews

9 First responder staff

- **1 Community Crisis Response Agency director interviewed by phone**

Offenders Interviewed:

2 LGBTI Offenders

1 Offenders Segregated for Protection

1 Offender Who Reported an Abuse

2 Female Offenders

1 Youthful Offender

21 Random Offender Interviews

The facility staff was very accommodating and the auditor appreciates the hospitality and all that the facility staff did to make him feel welcome. The facility staff made positive efforts to ensure the audit process went as smoothly as possible.

At the end of the day July 6, 2016 the PREA Auditor conducted a preliminary out brief with the Major and Wardens, PREA Coordinator, PREA Managers and a variety of facility leadership and staff to give them an overview of the process and to thank them for their participation. The timeline, deliverables and expectations for the remainder of the audit were discussed. Attendees included Arthur Crews, LA DPS&C PREA Local Level Liaison.

The Auditor has gathered all of the audit findings, completed the analysis, conducted additional follow-up with the facility, reviewed the further documentation received from the facility, and drafted the Final report.

DESCRIPTION OF FACILITY CHARACTERISTICS

Rapides Parish Prison is a complex of several operationally distinct facilities developed over numerous prior years, from the mid-1970's until 1999, now consolidated and with most buildings' construction adequate for their functions. The buildings are maintained in good condition and are reasonably well-staffed. They are designated Detention Centers 1 through 3; the TWP (Transitional Work Program) is located with DC 2; and the Re-Entry Program is located in DC 3.

It should be noted that the use of the word 'cell' at these facilities rarely refers to a single cell for one individual. Most 'cells' house multiple individuals and often have a dayroom included. There are also 2-person cells, and a few individual cells. Different facilities use different terminology: a cell at DC1 is a housing unit consisting of a dayroom and several double bunk open-bar sleeping areas. At DC2 and DC3, cells are open dorms. As an example, the DC 1 area used for youthful offenders is Cell 519, which consists of Four (4) 2-man cells and a dayroom, shower and restroom facilities.

Detention Center 1

DC 1 was built in 1976, has 30,300 SF and is located on top of the courthouse parking garage, it has a capacity of 328 with 312 currently in the facility. Detention Center 1 serves as the jail and an intake facility for all of the Rapides Parish correctional entities. It houses Pre-trial detainees, Parish prisoners, and offenders serving time for municipalities throughout Rapides Parish. Due to the different missions and populations, and the high turnover, DC 1 is a relatively higher-security custody operation.

There are 58 officers assigned to DC1 staff, with four shifts of 11 deputies assigned to each shift. Housing consists of 9 open dormitory housing units holding 35 to 38 offenders each. There is also a small area of ten 2-man open-bar cells surrounded by an open day room; and two Administrative Segregation cells. The DC 1 outside recreation area is on the roof, so there are days that weather hampers access. DC 1 has video monitoring in the Medical and Suicide cells. DC1 Zone 2 has a suicide cell plus one other cell also camera covered; one is furnished; the suicide cell is not.

During tour of all three Detention Centers, it was noted that multiple cells are equipped with video monitoring. The monitors in both facilities are kept in their Central Control stations as well as each area control center and monitored 24hrs. Cross-Gender staff do view these cameras; however, in any cell or housing units that receives cross-gender viewing (except suicide watch) there are "blankets" or "threads" electronically placed over toilet and shower areas that block out the view of offenders' private body parts.

DC 1, as the main intake jail, receives many mental health offenders since the LA Mental Health hospitals for the region were shut down due to budget shortfalls. This population does tend to make occasional false allegations, but each allegation is nevertheless investigated and followed up.

DC1 housing is only on the fourth floor of the Courthouse Building, with Recreation space outdoors on the roof. Women are housed in two female housing units at DC1, cells 519 and 581. When a female youthful offender is received, a rare event, Cell 519 is emptied of adults and the youthful female is housed there. The youthful male offenders are in Cell 518. Both units contain some 5 regular cells, dayroom space and bathroom/shower space.

Cameras are located in the following cells 510 & 511 in the medical area and for suicide observation.

DC1 offenders eat in their housing units or cells. There is one kitchen and laundry at DC1.

Total Housing Units: Five Dormitories and One small cellblock of 12 cells

Warden Matthew Dausat

PREA Compliance Manager – Deputy Kevin McCoy

Detention Center 2

DC2: One Corporal and Two deputies assigned (Sergeant from TWP is also a supervisor)

Detention center 2 is split between two buildings identified as a trustee dorm and a boot camp. One of the shift supervisors makes rounds throughout the facility periodically and conducts unannounced PREA checks. Deputies make rounds in dorms every thirty to forty-five minutes as well as conduct headcounts a minimum

of every two hours. All rounds and PREA checks are logged into the shift log (Jail Events Log). Shift log for the trustee dorm is maintained at each station by the deputy assigned.

Rapides Parish Sheriff's Office DC-2 facility currently houses 200 offenders who provide contract labor for State, Parish and local public agencies.

DC 2 was built in 1995, has 17, 592 SF (two buildings: Trusty Building-- 6,612 SF; and Bootcamp Building-- 10,980 SF) and has a capacity of 239 with 237 currently in the facility. There is also a laundry and kitchen operation sited here. There are 37 Full-Time/ 1 Part-Time deputies assigned, with four shifts of 3 deputies assigned to each shift. The facility is primarily Minimum Custody and offenders remain here normally for 12-18 months. DC 2 and TWP only house La DOC offenders although DOC offenders are scattered among other facilities as well.

Total DC 2 Housing Units: Five Dormitories and One block of 21 Cells

DC 2 and DC 3 each operate the same Substance Abuse program. The main difference is the level of custody and level of trusty status. Offenders from DC 2 have the highest trusty status due to their work outside of facility grounds and in high level trusty jobs and DC 2 only houses La DPS&C offenders, while DC 3 houses state, parish and local offenders with only a percentage on trusty status.

DC 2 has extensive video monitoring and multiple cells are equipped with video monitoring. The monitors are in Central Control. There is no cross gender viewing due to all male staff and offenders both.

Trustee dorm: One deputy assigned

Each shift has a deputy assigned to the trustee dorm who makes rounds every 30-45 minutes and conducts a head count every two hours. Unannounced PREA checks will be made periodically by the Corporal or TWP Sergeant. The Trustee dorm holds a maximum of 99 offenders with 8-four man rooms, 8-six man rooms, 2-two man rooms, 1-fifteen-man room all of which are behind a closed door and therefore a blind spot. Seven of the rooms have a bathroom inside the rooms behind a closed door; the remaining eight rooms share one of four community restrooms that are also behind closed doors. The trustee dorm has an outside smoking area as well as a recreation area and these areas are monitored by video surveillance and checked on as part of the deputies' rounds.

Boot Camp: One deputy and one Corporal assigned

Each shift has one Corporal and one deputy assigned to the boot camp. The Corporal is the supervisor over both the boot camp and trustee dorm. Rounds and head counts are as with the other units. Unannounced PREA checks will be made periodically by the Corporal or TWP Sergeant. The Boot Camp consists of Five dorms, 4-thirty man dorms and 1 20-man dorm. Each dorm has a community bathroom with partitions constructed to block line of sight while offenders are using the restroom. All dorms are under video surveillance with very few unclear viewing spots in any dorm; cameras are monitored at the control desk. The open floor plan allows for easy viewing into all of the thirty man rooms from the single control desk, the only exception is the twenty-man room which is easily viewable on the camera system. Deputies will make rounds into each dorm and walk through the bunks every 30 to 45 minutes. The boot camp has a weight area, smoking area and recreation yard all located in the same place. This area is monitored by camera as well as being part of the deputies' rounds.

Warden – Malcolm Dyess` - (318) 449-4360

Asst. Warden Kenneth Ferrell

PREA Compliance Manager - CPL Brandon Jordan

Transitional Work Program (Asst. Warden Arthur LeBrane)

TWP: One Sergeant, One Corporal, and Two deputies assigned

The TWP is a facility by itself. DC2 does have one dorm housed under TWP's spaces due to housing needs since Rapides Parish has taken over contracts from a state facility that was closed.

TWP (Transitional Work Program) was built in 1994, has 30, 924 SF and has a capacity of 218 with 192 currently in the facility, all Minimum Custody. The average offender stay is 18 months. There are 33 Full-Time/ 40 Part-Time assigned to staff with four shifts of 4 deputies assigned to each shift.

Total TWP Housing Units: 2 Dormitory-like general housing areas totaling 41 multi-occupancy open pod units (cubicle-like spaces).

One of the Shift supervisors makes rounds throughout the facility periodically and conducts unannounced PREA checks. Deputies make rounds in dorms every thirty to forty-five minutes and conduct headcounts a minimum of every two hours. All rounds and PREA checks are logged in the shift log. Dorm 1 and Dorm 2 shift logs are maintained by the sergeant's desk (*control room*). The two deputies assigned are each assigned a dorm and both work at the sign out desk in front of the sergeant's desk. When not searching or signing out offenders, deputies make rounds.

The Rapides Parish Transitional Work Program consists of two dorms, populated with shared rooms for the offenders. Each dorm has their own day room/TV area that is monitored by video surveillance. Both dorms share a weight room area, recreation yard, and smoking area that are all under video surveillance.

Dorm 1:

Each shift has a deputy assigned to dorm 1 who makes rounds and checks inside the rooms/bathrooms every thirty to forty-five minutes as well as conducting a headcount that is conducted every two hours, all documented in the shift log. Dorm one holds a maximum of 112 offenders with 18-four man rooms, 4-six man rooms and 2-eight man rooms. Most all common areas, including day rooms, weight room, hallways, smoking yard, etc., are monitored through video surveillance. Each room is behind a closed door with no video monitoring; thirteen of the 24 rooms have a bathroom in the room and the other rooms share one of three community restrooms that are also behind closed doors.

Dorm 2:

Each shift also has a deputy that is assigned to dorm 2 and someone who makes rounds of rooms/bathrooms every 30-45 minutes and a headcount every two hours. Dorm two holds a maximum of 106 offenders with 2-two man rooms, 15-four man rooms, 4-six man rooms, and 1 eighteen-man room. Most common areas, including day rooms, weight room, hallways, smoking yard, etc., are monitored through video surveillance. Each room is behind a closed door with no video monitoring; eleven of the 22 rooms have a bathroom in the room and the other rooms share one of four community restrooms that are also behind closed doors.

Detention Center 3 (And Reentry Program)

One kitchen and laundry at DC3.

DC3 was built in 1999, has 27, 785 SF and has a capacity of 391 with 380 currently in the facility. There are 57 deputies assigned to staff with four shifts of 12 deputies assigned to each shift. DC 3 has a mixture of LA DOC offenders, parish, different municipal offenders, and federal prisoners. DC3 is the only facility that houses federal prisoners, held temporarily for court/trial and then transferred back to a federal prison. The custody is Medium and Minimum and an offender's stay can be any length.

1. DC 3 offenders are fed in dorms and the food is also prepared at this facility.
2. DC 3 has video monitoring in only the Medical cell. DC 3 Suicide cells receive 15-minute observation checks.
3. DC 2 and DC 3 each has the same Substance Abuse programs. The main difference is the level of custody and level of trusty status. Offenders from DC 2 have the highest trusty status due to their work outside facility grounds and in high level trusty jobs; DC2 only houses LA DOC offenders, while DC 3 houses state, parish and local offenders with only a small percentage on trusty status.
4. It is noted that when the Re-entry program was added to DC 3, it necessitated an additional 16 cameras as a result of the Staffing Plan Review.

Housing

Nine (9) small open dormitory housing units consisting of adult male offenders (trusty status) with a maximum capacity of 40 offenders; these units are of a size, adjacency and configuration that function more like 3-4 adjacent and contiguous units. Aluminum partitions in shower and toilet area restrict line of sight visibility. Staff monitoring is almost constant due to heavy traffic.

- 11 single offender isolation cells with one cell having video monitoring for suicide watch. Deputies make checks every 15-30 minutes, depending on offender status.
- Medical office monitored by two cameras; the only non-covered area is the examination room.
- Hallway is covered by video monitoring and includes PREA electronic block that restricts visibility of receiving area search areas.
- 2 isolation single occupancy showers.
- Booking desk with no less than 2 Deputies assigned.
- Property room with assigned trusty for work detail, includes video monitoring.
- Officer Bathroom located behind the booking desk.

Central Control

- No less than one officer to monitor cameras and control electronic doors. Staff-only bathroom located inside.

Re-Entry Building

- Separate building used for offender reentry classes. One officer conducts the class with a maximum of 30 offenders attending. Staff/Offender bathroom is located inside the building.

Administration

- **Consists of one offender trusty, Staff/Offender bathroom (in front lobby) and no more than 7 officers assigned.**

Total Housing Units: Nine Dormitories and one block of 11 Single Cells;

Warden - Antoine Batiste - (318) 449-4385

Reentry Program Coordinator - Lesley Martin Davis - (318) 449-4378

PREA Compliance Manager - CPL Jansen Marsh

FACILITIES TOUR:

All areas of the facilities were reviewed during the on-site tour, to include Rapides Parish Detention Centers (DC) 1-3 and the Minimum Custody TWP (Transitional Work Program) area. Names do not accurately convey the mission of each of those facilities as there appears to be noticeable overlap of offender types. For example, DC 1 is a relatively Maximum Custody operation and serves all custodies and jurisdictions except LA. DOC (Division of Corrections), part of LA. DPS&C. DC 1 also houses the female and youthful offenders. The facility designated DC 2 has Medium and Minimum offenders who are regional Louisiana DOC offenders and Parish inmates, as well as having a substance abuse program for DOC offenders. DC 3 houses all custody levels, all jurisdictions and also has a substance abuse program open to all offenders. Housing areas all have same-gender supervision; and medical areas have staff of both genders present for same-gender processing.

Each facility area appeared clean, sanitary, secure, adequately staffed and well operated. During the facility tours, the large number of well-placed cameras were noted and it appears that the facility planning efforts are providing a good effort to eliminate the small number of blind spots. This was reinforced by review of the camera placement plans, which also evidenced good planning and foresight on locating cameras.

Shower and toileting areas of all units were constructed in a manner that allowed for security monitoring of entry areas to toilets/showers, yet provided a good amount of privacy since offenders can now opt for toilets and showers located behind barrier walls placed between the bunk areas and the showers and since mid-level partitions have been installed between toilets. All facilities had very few areas in which are not viewed by camera and, for those, staffing provides appropriate supervision. The facility practice is to electronically block (on monitors) areas of the showers and toilets that have frequent nudity, a practice that increases privacy but also creates minor blockages to full view of parts of the dormitory areas.

All posts are fixed posts with the exception being supervisors which are roving posts. All cross-gender posts are fixed but also have one same gender officer assigned to same post.

The strip search for the returning outside workers, before they are placed back in the housing units, has been configured with hinged privacy doors that allow expedited searches with adequate privacy and without loss of working space in the unit or hallway, an excellent design.

The auditor observed security control throughout the audit and found staffing and procedures to be according to policy and to also be reflective of a detailed analysis focused on sexual safety of inmates. There is a Control Area in each complex facility for staff to monitor 261 TOTAL cameras (DC1-107, DC2-24, DC3-90, TWP-40) located throughout the physical plant. The control unit cameras are primarily monitored by female staff due to staffing ratios. Units are scheduled to receive roving visits by deputies assigned.

Kitchens:

The kitchens are comprised of the main work area, prep room and storage area. The areas are small, compact and appear well-supervised. The storeroom contains multiple shelves and is monitored by cameras. There is a single offender restroom, the entrance easily visible for supervision.

Medical:

There is no infirmary or medical housing. Each facility has a medical office and area where they do their medical assessments and care. There are medical staff on site, including all weekend. The only time offenders are taken to the hospital is under the contract Doctor's orders or when in need of emergency medical care. In the absence of a large medical area and a full infirmary, inmates do not remain in the area for very long. Medical services are available 24 hours a day, seven days a week. Handicap-accessible showers are available. There are 2 medical observation cells (DC1-1, DC3-1) and there is camera capability on both of them since active suicidal cases can be placed here. The facility cameras are primarily monitored by female staff due to staffing ratios.

Recreation:

There are several recreation yards to serve the general populations: DC1 has 1 on the roof; DC2 has 1 yard and 1 covered recreation area (basketball court); DC3 has 2 yards, 1 covered recreation area (basketball court); and TWP has 2 yards and 1 covered area basketball court). Having only one recreation area in DC1, on the roof, puts some stress on the ability for inmates to receive large muscle exercise; this was a common complaint as Parish Prison inmates indicated they sometimes receive access to these yards only once or twice a week.

SUMMARY OF AUDIT FINDING

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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

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

In order to make a determination of compliance, the following policies were reviewed and personnel interviewed:

Rapides Policy RPDC 22-1: “The Corrections Division shall strictly enforce its zero tolerance for all sex related offenses within RPSO facilities”...(and, Guideline B) ...”shall apply to all staff, volunteers, visitors and other agency representatives...”

The facility developed its first PREA-responsive policy (RPDC 22 Series) and it is a comprehensive work very much in line with PREA national Standards. Senior level staff interviewed stated their commitment to a compliant program and one operated according to the PREA standards. The policy does include definitions of prohibited behaviors regarding sexual abuse and sexual harassment and does include required sanctions for those found to have participated in prohibited behaviors.

Staff interviewed included the following: Wardens; Captain; Human Resources staff; and random staff and offenders. Staff reported they all supported the policy and stated that training in PREA was routine and ongoing; and all stated it was taken seriously.

Offenders felt the policy was observed and taken seriously. All offenders interviewed reported they felt safe, that the camera and staffing systems were effective and that it was unlikely that any sexual abuse would occur given the housing layouts and numbers of staff and offenders in every area.

The Organization Chart shows the placement of the PREA Coordinator reporting directly to the Major who is Chief of all RPSO Corrections. In the practical approach required in any organization, the Coordinator attempts to resolve issues at the lower level but does have access to the senior-most staff anytime it is needed. If there is an issue, he goes first to that facility’s PREA Compliance Manager and Warden to assess the situation and work out a solution. If unable to, he will go to the Corrections Major to get the problem fixed as quickly as possible, still ensuring the facility Warden and Compliance Manager are informed and involved.

The various RPSO facilities each have a Compliance Manager with supervision by that facility’s senior managers, but who also have a collateral responsibility for a fully coordinated approach with the PREA Coordinator. It appears that the PREA Coordinator is successful due to his access to the RPSO Corrections Major, despite the rank and status of the Coordinator being junior to some of the Compliance Managers he has to coordinate. Upward coordination issues to accomplish the PREA tasks appear manageable. Staff interviews included the PREA Coordinator, Compliance Manager, Corrections Major, and random staff.

No observations during the tour related to this provision, but it was obvious that all staff recognized the PREA Coordinator and knew the relationship between that task and the team’s visit.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Based on documentation provided and interviews with the Commander, Wardens and PREA Coordinator, it was determined that this facility does not contract with other facilities to house inmates assigned to their custody. This standard was found to be **NOT APPLICABLE**.

Standard 115.13 Supervision and monitoring

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

In order to make a determination of compliance, the following policies/documents were reviewed:

Policy RPDC 22- 3; Shift Activity Rosters, Weekly Administrative Visit logs, Annual Staffing Plan Review.

The Auditor reviewed the staffing plan and the analysis shown appears very adequate; video monitoring and camera sites have changed as a result of the plan. Senior staff interviews (Major, PREA Coordinator, Warden, Assistant Warden) support that they annually review the analysis, as well as after any incident, and recommend decisions on resources.

In order to make a determination of compliance, the following observations were made during the on-site tour of the facility: Camera coverage; officer stations; control unit sites and staffing. Comments by several staff noted that changes had occurred to both staff posts and to camera coverage after leadership reviews. Observations while conducting tour indicated adequate staffing. Staff interviewed during the tour indicated that staffing we observed was routine and normal, and need for overtime was limited. Interviews with staff stated that there were no significant deviations noted on the shift activity logs.

Policy RPDC 22-3 requires documentation of staffing plan issues and shortfalls by Jail Commanders in the Shift Activity/Event Logs and Weekly Administrative Visit logs.

Interviews with the Major and the PREA Coordinator. Interviews with supervisors, senior staff and PREA Compliance Manager, Jail Captains and shift Lieutenants all identified the same actions and log documentation requirements in the event of staff shortfalls. Interviews with staff stated that there were no major deviations noted and only minor absences, usually caused by peak vacation periods or illnesses are noted on the shift activity logs. Documentation in logs is adequate to support that deviations are being noted and appropriate reasons given.

Interviews with the Major, Wardens and the PREA Coordinator. All concurred that the Staffing Plan Analysis is been done each December and that changes, especially in adding and positioning cameras, had occurred. This area of security is also reviewed as part of every post-incident review, without awaiting the Annual Review.

RPDC 22-3C.4 is the facility policy of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Interviews with the Major and the PREA Coordinator, Interviews with Supervisors and Staff supported that Policy RPDC 22-3 is observed in practice; it was noted in the logs; and in the Control Center Events Log.

Observations while conducting tour were that several supervisory staff were moving randomly around the facility and interacting with both staff and offenders.

Standard 115.14 Youthful inmates

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

Most Rapides Parish Youthful Offenders are not kept at the correctional complex but at the Renaissance Home for Youth; however, Detention Center 1 (DC 1) does book in and keep youthful offenders being held on grand jury indictments. DC 1 averages about 60 Youthful Offenders annually, and there were 6 on board at the time of the audit. They are primarily either released on recognizance under parental supervision or released on bond. DC 1 does have a few who do stay, due to direct court orders and grand jury proceedings, upwards of several months.

RPDC Policy 22-3D, which mirrors national PREA Standards, governs Youthful Offender PREA management for those not transferred. A review of agency policies, facility design, inmate rosters, interviews of inmates and staff, and onsite observation reflected that the facility does prohibit the placement of youthful inmates in a housing unit in which a youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

Youthful Offenders are housed completely separated from adult inmates, fed in their housing units, and have separate programming from adults. They receive their own religious programming, counseling services through the mental health provider, have separate recreation, and separate education programming that runs concurrently with the school year through the school board secondary education Division. Female Youthful Offenders, although rare, follow the same separation, daily recreation and programming, rules and conditions, but are scheduled so as to alternate programming with male youth so that there is no interaction between the two groups.

The staff get them up in the morning to clean, eat chow, etc. and they are left out in the day room for most of the day unless there is a security issue with a particular youth. They have TV, phone, and table to play cards, domino's etc. If the weather permits, they are given daily recreation outside. DC 1's recreation yard is on the roof so weather does sometimes limit them, but if they are unable they still have time in the day room for movement, etc. A youthful offender on average spends 6-8 hours outside the cell.

All cell doors open into a day room w/ television and table space. This room is large enough to provide some large muscle exercise if the weather dictates that staff is unable to allow outside recreation (located on the roof of the jail). The only interaction youthful offenders have with adults is the staff and volunteers for programming.

The female Youthful Offenders have the same programming as the male Youthful Offenders (but not at the same time) for Recreation, religious, education or substance abuse or counseling. They split the time so to have it separate. Since is a rarity to get a female youth, senior staff try to have them transferred to another facility, but on the rare occasion that one that stays, the staff empties out cell 519, which normally houses pretrial females, and place her in there. Cell 519 consists of five two-person cells, a day room with table, TV, phone and shower, the same accommodations design as the male Youthful Offenders. There is no new post assigned as there is already a staff assignment for 519. The females also receive recreation outside daily unless unable due to weather

constraints. They are also usually allowed 6-8 hours a day in the day room. There were no female Youthful Offenders housed at DC1 at the time of the audit.

Staff, random offenders, and the youthful offender interviewed all reported sight and sound separation from adults is maintained while youthful offenders are housed in the facility at DC1. No interaction between youthful offenders and adults was observed; and staff and offenders both validated this observation as normal practice when asked during tour conversations.

Policy RPDC 22-3D.3: “Facility staff will attempt to avoid placing youthful offenders on a Segregation housing status to comply with this policy, but the safety of the youthful offender will take precedence.”

Generally, segregation is only used as a last resort following an incident or at the onset of an investigation into an allegation. There is a policy on “PREA Isolation”, a status where that offender (youth or adult) is placed in Administrative Segregation or a Dry Cell to ensure the offender’s safety during the initial separation by a first responder staff at the start of an investigation or as a response to an allegation. It normally continues only until the initial contact investigation is completed and the offender is placed in appropriate housing to ensure safety and monitoring for retaliation, usually within a few hours. If, due to exigent circumstances, this status is continued for a longer period of time, or it is decided to keep that offender housed in Administrative Segregation, then they are afforded the same programming as any other offender. The decision is on a case by case basis, depending on totality of the circumstances with offender history, current charges, mental status, medical status, etc.

Standard 115.15 Limits to cross-gender viewing and searches

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

The agency has developed and documented a compliant Policy RPDC 22-3 regarding cross-gender strip and visual body cavity searches. Both Policy RPDC 22-3E and interviews supported the practice that searches are by same-gender security staff and that only medical staff performs body cavity searches.

PREA Policy RPDC 22- 3E clearly prohibits cross gender body cavity searches except by medical; also prohibits all cross gender searches of females, regardless of type search, and requires all directed strip searches to have an Incident Report. There were no documentations because there were no occurrences.

Policy RPDC 22-3E prohibits staff members from:

1. Viewing offenders of the opposite gender when they are disrobed and/or performing bodily/hygiene functions except in exigent circumstances or as incidental to/during routine cell checks.
2. Conducting strip searches on offenders of the opposite gender.
3. Conducting visual body cavity searches on offenders of the opposite gender.
4. Being present during medical examinations or procedures on offenders of the opposite gender.

It also requires staff of the opposite gender to announce their presence when entering an offender housing unit and this is recorded in an entry in the Jail Event Log. There are no gender restrictions on working any housing units or posts. There are female housing unit day rooms that are video monitored by male officers or vice versa. In these cases, either there is no line of sight issue due to video monitoring in areas for offenders changing, showering or use of bathroom facilities; or there is an electronic “thread” or “blanket” that is placed on the monitor to block this view. The “thread” or “blanket” is only on the real time monitor and can be unblocked if the footage is reviewed for an investigation.

Staff interviewed included the following: Medical staff; LT; Wardens; and random staff and inmates.

All interviewees were consistent in stating that cross gender searches do not occur. There was no indication from anyone that any cross-gender body cavity search had occurred at any time.

Although Policy RPDC 22.3E does allow cross-gender searches in emergencies or exigent circumstances, and then only with the authorization of a supervisor, and requires such training, daily practice is that cross-gender searches are not permitted at Rapides facilities. Through documentation and interviews, it is apparent that all staff receive appropriate training concerning PREA and the facility's zero tolerance policy during initial training and at annual refresher training. Recruit training lesson guides support this training being provided during the initial 90-hour training program. Policy RPDC 22-3E (Searches), random staff and inmate interviews say that all exceptions would require documentation on an Incident Report and there were no reported exceptions. Deputies must document any search conducted on a member of the opposite sex. This rule applies to all types of searches identified in the Sheriff's

Policy RPCD 22-3E tracks the PREA Standard on searching or physically examining transgender or intersex inmates largely verbatim. Random staff and inmates; intake staff; supervisors; mental health staff; and classification staff were interviewed and all were aware of the policy; all claimed it is followed.

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

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

Policy RPDC 22-3, Section F, addresses the need to provide requirements included in PREA Standards: "Disabled offenders, including but not limited to, offenders with limited English proficiency, shall be provided the same opportunity to participate in or benefit from all aspects of efforts to prevent, detect, and respond to sexual abuse and sexual harassment."

The policy also addresses the access to one of two staff interpreters; there is the ability to gain access to Telecommunications Device for the Deaf (TDD) equipment, and AT&T Language Line for over-the-phone interpretation in over 150 languages. Basic forms are available in Braille and staff are prepared to deliver information orally to those with difficulty reading. If orientation and PREA data is read to an offender, it is done in a room not in the booking area.

The closed-caption videos are shown Monday-Wednesday-Friday to all newly arrived offenders, available in English and Spanish. The Handbook was in English, but not Spanish, at the time the audit commenced and this was noted to staff. Subsequent to the visit, a Spanish Language Handbook has been completed and issued in all facilities.

The auditor observed the PREA information posted throughout the facility and at each housing unit, and the information was in English and Spanish. There were also larger PREA Posters posted throughout the facility. The program and equipment is available in all units and is utilized upon supervisor approval.

Policy RPDC 22-3F prohibits the use of offenders to interpret, read or provide other types of assistance except in limited circumstances and requires that such instances shall be documented.

A majority of the staff and inmate interviews reported inmates are not allowed to interpret for other inmates in circumstances involving sexual assault, medical or legal issues, and a few were uncertain or unaware. They reported that some staff are bilingual or know sign language, or an outside source is used.

Standard 115.17 Hiring and promotion decisions

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

Policy RPDC 22-3, section G was reviewed. The policies do address the “hiring” of staff and contractors, and they do address the “promotion” component of the standard. It also states that Contract personnel shall be subject to a criminal history and background check.

By review of policy, interview with the staff responsible for Human Resources functions and documentation review, it was found that the facility does not hire or promote or enlist the services of any contractor who may have contact with inmates if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a), or had any incidents of sexual harassment. New employees and potential contractors receive criminal background checks and those are renewed every 5 years through the NCIC system (RPCD 22-3G). Applicants for hire or promotion are asked directly about misconduct through a separate reporting form during the application process. Requests from employers concerning former employees are responded to by the staff responsible for the facility HR functions. Staff reported this provision of the standard is followed and newer staff recall being asked these questions.

Staff reported staff are required to report any misconduct, not just sexual, and this is Sheriff’s policy, not just Corrections Division policy.

An employee file reflected applicants sign the “Certification, Acknowledgement of Conditions for Employment and Authority to Release Information” which includes a clause stating, “I certify that all statements made on this application are true and complete ... and that any misrepresentation or material omission may cause my application to be delayed, rejected, disqualified, and/or subject me to dismissal from employment from the Rapides Parish Sheriff’s Office.” Staff reported a change has been made to meet this PREA requirement. The auditor noted the newly created “Background Investigation PREA Reference Check” Form is designed for RPSO applicants (employees and contractors), which ensures RPSO is conducting a thorough background check.

Standard 115.18 Upgrades to facilities and technologies

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

During this audit cycle, there have been no structural modifications but some of the video monitoring systems have been refreshed. An assessment was conducted to ensure camera placement was appropriate and adequate to enhance the facility's sexual safety. The video monitoring system installed has impressive clarity and capability to

monitor activities within the housing zones and other facility areas with excellent lines of sight and coverage. Staff as well as inmates confirmed during interviews that they felt safe and secure with the new camera system. Observations during the tour made it evident that the new system can observe virtually every area in the facilities while still enabling the privacy in toilet and shower areas afforded by the visual barriers installed in these areas. An excellent and well-managed camera monitoring system.

The auditor noted the current placement of cameras in housing units (dayrooms) intake processing area, high observation rooms (cells), program areas (chapel, recreation), and other areas. Interviews with staff reflected that changes had occurred in video coverage as a result of senior staff reviews; interviews with random offenders indicated they believed the coverage to be extensive with relatively few blind spots.

Standard 115.21 Evidence protocol and forensic medical examinations

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

No forensic exams were required during CY' 15 or 16 to date.

Any allegation of sexual abuse will be referred to the local Sheriff's Department for a criminal investigation by an investigator with specific training in sexual abuse investigations. In the event it is determined that there is no crime or not enough evidence to support substantiation of a crime, it will be referred back to the facility. All on-site staff have been trained in the collection and preservation of usable evidence and were able to well verbalize the steps required. The facility follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence. Staff reported the person(s) responsible for conducting sexual abuse investigations are the PREA Coordinator, Internal Affairs (IA), and the Criminal Investigations Division (CID).

Policy RPCD 22-4A addresses Rape/Sexual Battery Investigations. "Investigators of the Rapides Parish Sheriff's Office shall ensure that all aspects of an investigation of sexual abuse, including the handling of evidence and forensic examinations are conducted appropriately and in accordance with nationally recognized standards for both adolescents and adults."

RPCD #22-4A and RPSO Policy #404 (Evidence) both require protocols for investigations, evidence collection and preservation, and documentation through a standard Evidence Submittal/Transfer Form. These review and staff interviews reflected a knowledge of investigating sexual abuse allegations in a confinement setting

Staff interviews (Random, First Responder, Intermediate Supervisors, Investigator) were responsive and reported their initial response would require the separation of the alleged victim (protect) and alleged perpetrator, securing the scene/area (lockdown), preservation of evidence, and instructing the inmates involved not to shower or remove clothing until they are taken to medical who will then direct them on what to do.

An inmate who is a victim of, or alleges, sexual assault will be offered access to forensic examination at no cost at the Cabrini Hospital where a SAFE/SANE is available. Policy RPDC 22-4 directs health care staff ensure the offender is referred to the St. Francis Cabrini Hospital Emergency Room in order to be evaluated and/or treated for the alleged sexual assault in accordance with the Hospital's standard operating procedures. LA DOC dictates what doctors are used for Direct Care, whether they be at Cabrini, Rapides Regional Hospital, Lafayette, Shreveport,

etc. The M.O.U. that RPSO has is with the Parish Coroner's office to transport to Cabrini for all forensic examinations. Policy RPDC 22-4 states, "Victims of sexual abuse shall have access to forensic medical examinations whether on site or at an outside facility without financial cost where evidentiary or medically appropriate."

RPCD 22-4A says in the event of need, or request by a victim, a trained victim advocate would be made available through the hospital as well as one provided inside the facility by senior staff. "The PREA coordinator or other designated staff will ensure that a Victim Advocate is notified immediately upon receiving a report that an alleged sexual abuse has occurred" and that Advocate will be the Assistant Warden internally, as well as a separate Advocate in the hospital setting. The facility attempted to have a community based program, Project Celebration, provide this service but they are too far away, about 1.5 hours each direction. Staff reported Project Celebration is certified to provide advocacy training to staff Victim Advocates and also to provide assistance to victims. Project Celebration has trained the staff as Advocates and offenders are free to write to them, and they will respond and visit, they just cannot respond immediately in a crisis due to distance and time.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Facility policy requires that an administrative or criminal investigation be conducted for any allegation of sexual abuse or harassment. Any allegation of potential criminal activity will be forwarded to the Sheriff's Office for investigation and prosecution as warranted. All requirements of the standard are outlined in the policy published on the website as required.

Random staff interviews, specialized staff interviews and documentation reviews were utilized to determine compliance. Staff interviews were able to explain the investigations process and when the reported incident moved from an administrative investigation to a criminal investigation. The investigator mentioned completing the NIC PREA Investigations training. However, with no recent sexual abuse reports, staff could only state what they would do if a report was made. The PREA Coordinator is a trained investigator and is used as such.

Standard 115.31 Employee training

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

All staff receive preservice training upon hiring, as well as annual refresher training, on the specific standards outlined in sections 1-10 of standard 115.31(a), as well as specific training on being first responders. It was evident during the staff interviews, as well as upon review of training documentation, that staff received the

training and were aware of their inmate protection responsibilities concerning sexual abuse and harassment incidents as well as required steps of evidence collection. Review of curricula showed that training is tailored to the gender of all inmates. Training documentation reveals that staff acknowledge their understanding of the training received. All documentation is maintained within the facility files and the individual training files.

Policy RPDC 22-5, requires that Training for Employees:

- (A) Orientation training: will include comprehensive training on PREA.
- (B) New Hires will complete the NIC Course on their role in responding to sexual abuse.
- (C) In-service training includes the latest resources available... on sexual abuse and sexual harassment training.

Policy RPDC 22-5, requires that Training for Volunteer Staff and Contract Personnel:

- (A) Orientation training: “will include a review of the Rapides Parish Sheriff’s Office zero tolerance policy on sexual abuse, sexual misconduct and sexual harassment and how to report such incidents.”
- (B) Acknowledgement of the Policy RPDC 22-5 and their understanding.

Policy RPDC 22-5, requires that Training for Health Care Personnel:

- (A) Orientation training as required for all new hires, including NIC training
- (B) Continuing education / In-service training can be through the RPSO or LA DPS&C training resources

Staff reported receiving the required PREA training and receiving the training while at the Training Academy and that the training is held quarterly and a Refresher training annually. Staff reported viewing a PREA video that covered the same information. The PREA Coordinator reported that, due to the potential that agency staff at one point or another could come into contact with an inmate, all agency staff, including law enforcement personnel, are also required to attend the PREA training.

Review of agency policies, curriculum, training plan, training rosters, and staff interviews. The Agency Training Plan PREA Curriculum was reviewed and does meet the element. Review of the agency’s training plan, curriculum, and training attendance rosters reflected PREA related training is provided at orientation and annually, thereafter.

Interviews at all staff levels verified the training included for orientation and for refresher annual training.

Policy RPDC #22-5 requires staff to acknowledge through signature or electronic tracking that they have reviewed and understand the training received during orientation, initial year training, annual in-service training, and other essential training. A file review evidenced signed acknowledgements in the training file.

A sampling of the Policy RPDC 22-5 Acknowledgement Forms signed by staff and their respective supervisors was reviewed. The form notes that supervisors work with new staff until they can verify that they understand the material. Staff interviews supported the input that the training was understood.

Standard 115.32 Volunteer and contractor training

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

The auditor reviewed Policy RPDC 22-5 Section B. The policy reflects that volunteers and contractors who have contact with offenders receive training on their responsibilities on sexual harassment, prevention, detection and prevention.

Contract medical staff were interviewed. Interviewees verified that PREA policies and procedures are part of the training for Volunteers and contractors. There is a personnel file form signed by the volunteers and contractors documenting that they have to complete mandatory volunteer orientation, site-specific orientation, and other training as required. Volunteers and contractors are required to conform to RPSO policies, regulations, and procedures. Training was verified through interviews with volunteer and contract staff that they were knowledgeable in the basic PREA training curriculum.

All contractors and volunteers receive training on their responsibilities under the facility's sexual abuse and harassment prevention, detection and response policies and procedures. Training included potential disciplinary and criminal or administrative procedures for violations. Training records and acknowledgment forms were reviewed to ensure compliance with the level of training required for the level of contact of the volunteer or contractor. During interview, the volunteer/contract staff confirmed receipt of the training and communicated the requirements of reporting and response.

The RPSO Acknowledgement of Responsibility Form is signed by the volunteers and contractors documenting that they have completed mandatory volunteer orientation, site-specific orientation, and other training as required and that they are required to conform to RPSO policies, regulations, and procedures. Training was verified through interviews with volunteer and contract staff.

Standard 115.33 Inmate education

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

All inmates receive the PREA-required information concerning sexual safety- to include reporting, response and retaliation- at intake by video and in person. Training/education is documented in the inmate file. The facility nurses are also involved in asking the PREA-related questions asked during Intake.

During the intake process, inmates receive additional comprehensive information explaining the zero tolerance policy regarding sexual abuse and harassment and how to report incidents or suspicions of sexual abuse or harassment. The information is also disseminated in the inmate handbook. Additional postings and signage are located throughout the facility, readily and continuously available in English and Spanish if needed. During the intake process, the inmate is questioned to verify any receipt of training while in the DOC process or while at any prior facility, and previous education and training is verified and noted in the inmate file. If there is no verification in the file or from the inmate, the entire intake PREA training is given and documented. Documentation was provided to prove inmate participation in educational sessions concerning sexual safety.

All videos are closed-captioned for the hearing impaired offenders and there are Braille forms for the Visually impaired offenders.

The video is available in English AND Spanish and is sub-titled.

The ZERO Tolerance posters posted throughout the facility were available in English and Spanish.
The PREA Information on the 8X11 sheets posted throughout the facility was available in English and Spanish.
The Offender Handbook is also available in Spanish.

Standard 115.34 Specialized training: Investigations

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

Based on review of the facility policy, training curriculum and investigative staff interviews, investigators have received additional specialized training in conducting investigations in a confinement setting in addition to general training provided for all employees. In the event of an allegation, the Sheriff’s Department would conduct a criminal sexual abuse investigation; and the Sheriff’s Investigator has received specialized training in 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 or prosecution referral. All training is documented in the training record maintained by the facility.

The PREA Coordinator is a trained corrections investigator and there are four other trained PREA investigators who are used-- one other Corrections investigator; a detective assigned to CID; and two Internal Affairs investigators. They do have numerous fail safes to avoid conflict of interest as well as vacations, illness, etc.

RPCD 22-5D requires the training as noted and defines the types of warnings, evidence collection, crime scene management, etc. skills included in the training for Investigators.

The facility supplied the auditor with copies of training certificates for some of the Investigators that conduct both the administrative investigations and criminal investigations.

Training records, training logs and certificates of the investigators that were trained were reviewed. The training curriculum was viewed.

The investigative staff members interviewed and the course curriculum confirmed that the specialized training is comprehensive in nature and covers the required material, including Garrity and Miranda Warnings.

Standard 115.35 Specialized training: Medical and mental health care

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

Policy RPDC 22-5E adheres closely to the PREA Standard dictating training required for mental health personnel and indicates that it can be provided locally, through RPSO or through the State system DPS&C training staff.

Specialized training is provided as required for all medical and mental health staff. It was verified through review of policy requirements, training records and interview of medical staff that training is received concerning how to

detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, effectively responding, and how and to whom to report. Training is documented and maintained in the facility training record. An offender requiring such service beyond facility or local capabilities could also be transferred to the State system since Mental Health Services can also be provided through the Department of Corrections.

Medical staff reported receiving basic PREA and annual training, sexual harassment training from NIC, and in-service training in addition to specialized medical-related training.

Policy RPDC 22-5 states that Medical and Mental Health care staff will ensure that all forensic medical examinations and victim services are referred to Cabrini Hospital personnel to properly assess the victim. Facility staff interviewed reported they do not conduct forensic examinations

Standard 115.41 Screening for risk of victimization and abusiveness

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

As required by the policy and standard, all inmates are screened upon intake for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. During intake, immediately upon arrival, the screening tool is utilized which considers whether the inmate has a mental, physical, or developmental disability, age, build, previous incarceration, prior sex offenses, criminal history, previous victimization, and whether the inmate is detained solely for civil immigration purposes. Additionally, the intake review considers whether the inmate is or is perceived to be gay, bisexual, transgender, intersex or gender nonconforming, as well as his own perception of vulnerability. The auditor reviewed the “Sexual Predator/Vulnerability PREA Screening Checklist”, used state-wide in Louisiana and originating with the LA DPS&C. This form mirrors the required elements in the national standards.

Inmates are not disciplined for refusing to answer, or for not disclosing information in response to questions from the screening tool. All information is maintained appropriately and sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Information collected on the screening instrument is restricted to staff making housing, work or program assignments. Policy RPDC 22-6A requires this control and restriction on data dissemination.

Policy RPDC 22-6A states, “Staff at each of the Rapides Parish Correctional facilities will screen all new offenders to determine their risk or potential risk of being sexually abused by, or sexually abusive towards other offenders. This policy also includes offenders that are being transferred between Rapides Parish facilities.” Staff reported all inmates are screened within 72 hours. Case file review of records provided and random staff and inmate interviews reflected inmates being screened within 72 hours. Policy RPDC 22-6A.1.b states, “Within 30 days of an offender’s initial PREA screening, staff will re-assess the offender’s risk of victimization or abusiveness based upon any additional or relevant information received.” Staff interviews (PREA Coordinator, Intermediate Staff) supported that the 30-day Reassessment is done on all offenders.

Most inmates interviewed reported recalling being asked at intake questions pertaining to their risk of being sexually abused or of being sexually abusing towards others and several were able to identify being reassessed.

Standard 115.42 Use of screening information

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

As required by facility policy and indicated through staff interviews, Rapides Parish Corrections uses information from the risk screening to determine housing, bed, work, and program assignments with the goal of separating inmates determined at high risk of being sexually victimized from those at risk of being sexually abusive. Additionally, identification of potential predators or victims results in the swift notification to senior staff for individualized determinations of how to ensure the safety of each inmate. This identification is enhanced by the participation of the nurse in the Intake screening process. Transfer of inmates back to a DOC facility is an option available to ensure appropriate services from a larger institution are available and provided if needed.

Two examples of use of information is that screening data that indicates potential aggressors and victims is used to locate them in different and geographically separate housing units. Additionally, in one unit with much offender movement, weaker offenders are located in rooms immediately by the constantly staffed supervisory desk.

Inmates are not placed in dedicated facilities, units or wings solely on the basis of the identification or status of lesbian, gay, bisexual, transgender, or intersex and each individual decision is made and reviewed by the most senior staff. In the event of transgender or intersex assignment to this facility, placement and programming assignments will be reassessed at least twice per year to review any threats to safety, with the inmate's own views of safety given serious consideration. The facility does not currently have any transgender or intersex inmates at this time. Facility policy does provide the opportunity to shower separately from other inmates and all facility staff interviewed were familiar with this requirement.

The following were interviewed: Classification counselor, Intake Screeners, Offender Interviews. The Agency's Policy RPDC 22-6 is verbatim from the National Standards and allows for individual determinations to be made to protect at-risk offenders and requires a screener to determine if a supervisor needs to be called to make a determination.

A transgender offender may be housed in administrative confinement only when his/her presence in general population poses a threat to self, staff, other offenders, or to ensure the orderly operation of the facility. Transgender offenders can be housed in administrative confinement based upon any of the following:

- A history of vulnerability to victimization including sexual assault/battery and/or sexual harassment;
- A history of sexual battery/assault; behavior consistent with the potential of being a sexual perpetrator;
- The offender expresses or implies safety concerns.

Interviews with intake staff, senior staff, PREA coordinator and classification staff did inform that offenders could ask for protective custody and it would receive immediate consideration.

Line Staff, Offenders, PREA Compliance Coordinator all concurred that showers are separate, or would be, and that the Agency has a form where separate showers can be requested if desired.

There is clear Policy in RPDC 22-6 dictating Semi-Annual Reviews of placement and programming assignments and more often, if for cause.

Line Staff, Offenders and the PREA Compliance Coordinator. Interviews with staff and offenders indicated that LGBTI routinely lived with all other offenders and segregation was rare.

Standard 115.43 Protective custody

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

Policy RPDC 22-6D.2 states, “Offenders who do not wish to be assigned to Segregated housing and are considered a high risk for sexual victimization; or have been classified as high risk predators may be placed in Involuntary Segregation until an assessment of all available alternative housing assignments can be made. If an assessment cannot be immediately conducted, the facility may hold the offender in Involuntary Segregation for no more than 24 hours while completing the assessment.”

Policy RPDC 22-6 and Offender Handbook were reviewed. Staff and inmate interviews, and files documentation, revealed no incidents of involuntary segregated housing being used for this purpose. Housing assignments to the smaller housing zone can be made for older inmates, but protective custody is used very sparingly. Although there have been no significant sexual incidents or allegations at this facility requiring segregation in the past 12 months, staff were aware of the requirements of the standard as well as the facility policy.

Policy RPDC 22-6 states, “All offenders housed in Special Management Units shall be afforded the same basic living conditions as those housed in general population. However, if an overriding security concern exists or as a result of a disciplinary board hearing, some privileges may be restricted. Restrictions and exceptions shall be permitted only when found necessary by the on-duty supervisor and shall be documented and justified in writing...”

Available programming is dependent on what facility an offender is housed at and what status they are, LA DOC, Pre-Trial, etc. There are Religious, Substance Abuse, Re-Entry, G.E.D., and Preparing for Success classes. If you are in Administrative Segregation for P.C., then offenders do not have access to as many programs due to their security restrictions. If it is segregation only for risk of sexual abuse or due to a PREA allegation, then the facility makes sure to allow for all programming options that offender wishes, but at either a separate time, location, or under direct supervision.

In one of the few cases available, DC 1, for example, only had one placed in involuntary housing until he could find suitable housing, and that offender was transferred to a new unit after an hour.

Standard 115.51 Inmate reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Multiple avenues are provided to the inmate population for reporting purposes, to include mail, free telephone services to internal or external agencies, and directly to any staff member or third party who may report back to the facility. It also includes ability to drop a complaint into a housing mail box or file a grievance. The contact information for the external agency is posted throughout the facility and listed in the inmate handbook; all inmates interviewed were aware of the poster or number. Inmates may remain anonymous if desired, both by using the external agency or by submitting an anonymous 'chit' since the facility does not require a name on a submitted chit. Staff knew the methods to report and all interviews stated that they would also be comfortable doing so.

The facilities have two different phone system companies for four facilities. All offenders in all facilities have the option of either collect calls or a prepaid phone card for personal calls. The PREA Hotline and National Crisis Hotline are toll free calls at no charge.

Staff interviewed (PREA Coordinator, wardens) indicate the companies were very helpful in setting up hotlines and allowing access free of charge to the national rape crisis hotline as well. Both systems have also set up an alert system that sends email to advise the PREA Coordinator that a call has been placed on the hotlines and allows him to hear them or download the call for a case. This indicated a corrective action need to ensure that limits on confidentiality are included on the posters giving phone numbers for reporting and this was discussed with the PREA coordinator. During the visit, as a result, the PREA coordinator and Wardens issued notices on all posted boards that explained confidentiality limits, clarifying what is a confidential reporting method and what is not. Additionally, subsequently, a revised PREA Awareness Training Acknowledgement form, which is signed by all offenders at Intake and training, has been issued and implemented for all new intakes as of 7/6/16 for all new offenders and that form also clarifies the confidentiality status and guidelines. This information has now been placed into the offender handbooks as well and they have been updated and approved by La DPS&C in both English and Spanish versions.

Policy RPDC 22-7B follows Standards language, and no time limit is imposed. Informal resolution is allowed but not required and, if used, may be replaced at any time by a formal process by the offender.

The policies and Offender Handbook both make it clear that reporting can be to any staff member, any outside agency, the national hotline number posted universally through the facilities, or in any other manner including the grievance process. This is now considered compliant.

Policy RPDC 22- states, "A decision on the merits of any grievances or portion of a grievance alleging sexual abuse or sexual harassment shall be made within 90 days of the filing of the grievance."

Policy RPDC 22- review and inmate interviews as well as random file reviews indicated compliance is the norm. Regarding third-party reporting, Policy RPDC 22-7B.4 states, "If a third party files such a request on behalf of an offender, the alleged victim must agree to have the request filed on their behalf and must personally pursue any subsequent steps in the administrative remedy process (ARP).

If the offender declines to have the request processed on their behalf, the agency shall document the offender's decision."

The agency has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. Policy RPDC 22-7B.5 review reflects the Standards provision verbatim; random file reviews and inmate interviews, as well as interviews with the PREA Compliance managers indicated this policy would be followed routinely.

Policy RPDC 22-7B.6 "Disciplinary action may be taken against any offender for filing a grievance/ARP related to alleged sexual abuse if it is determined that the grievance/ARP was filed in bad faith."

Supervisory Staff reported there were no disciplinary actions by the agency against any inmate for having filed a grievance in bad faith and disciplinary file random checks showed no such action.

Standard 115.52 Exhaustion of administrative remedies

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

The policies and Offender Handbook both make it clear that reporting can be to any staff member, any outside agency, the national hotline number posted universally through the facilities, or in any other manner including the administrative remedy process (ARP).

Policy RPDC 22-7B follows Standards language, and no time limit is imposed. Informal resolution is allowed but not required and, if used, may be replaced at any time by a formal process by the offender.

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Policy RPDC 22-7B.6 “Disciplinary action may be taken against any offender for filing a grievance/ARP related to alleged sexual abuse if it is determined that the grievance/ARP was filed in bad faith.”

Supervisory Staff reported there were no disciplinary actions by the agency against any inmate for having filed a grievance in bad faith and no disciplinary file random checks showed any such action.

Standard 115.53 Inmate access to outside confidential support services

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

The facility provides the inmate population with access to outside victim advocates for emotional support services related to sexual abuse through the Project Celebration (Toledo Rape Crisis Center). A signed Memorandum of Understanding (MOU) Between Rapides Parish Sheriff’s Office and Project Celebration (PROJECT CELEBRATION) is dated July 2, 2015.

As viewed during the facility tour and documented in the inmate handbook and facility policy, mailing addresses and toll-free hotline numbers are provided to the inmate population. Based on an issue noted during the auditor tour, facility postings needed to be revised to inform inmates of the extent to which reports of abuse will be forwarded to authorities and the degree to which communications are monitored. Confidentiality is the issue here

if all calls are reported back to the PREA Coordinator and he can play back the calls. Offenders must be informed of the limitations on confidentiality. Neither Offender Handbook nor posted signage addressed this provision. Inmates reported not being sure if conversations over the phone would be private. As noted above in 115.51, the facility responded quickly: The new Handbooks, both in English and Spanish, a new intake form, and a memo by all offender and the new updated PREA posters placed in all units completes all that the auditor requested.

Policy RPDC 22-7C mirrors national Standards language but implementation is not as good as would be hoped. It appears that a primary crisis response agency for the State, Project Celebration, has their address provided offenders but not their phone number, ostensibly because Project Celebration cannot respond quickly to Rapides Parish due to distance. Thus, support from Project celebration is via mail and advance-planned visits, not during a crisis. The PREA Coordinator indicated that offenders could write to project Celebration but used the hospital Victim Advocate and the facility Assistant Warden as their Victim advocates during a crisis. The policy does specifically list "Project Celebration" as an outside victim advocacy resource for emotional support services.

Policy RPDC 22-7C has this policy of informing inmates clearly stated but information on confidentiality limitations is not displayed; the Offender Handbook review showed no information on confidentiality; and signage did not indicate any restrictions. Inmates were unclear in interviews if the calls were confidential but mostly assumed they were. This was discussed with the PREA Coordinator and the required information was implemented for all new intakes as of 7/6/16 for all new offenders. This has been placed into the offender handbooks now being issued in English and Spanish as well.

Standard 115.54 Third-party reporting

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

Policy RPDC 22-7D states that the agency provides information concerning how to do third party reporting directly to the facility or through the website, as well as on postings for the inmate population in the telephone area of each housing zone. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated.

Policy RPDC 22-7D also says that visitors shall be informed of this Policy via signage and shall be able to report sexual abuse and sexual harassment on behalf of an offender. Additionally, this information is on the agency website and was viewed by the auditors. Offenders interviewed were aware of this information as were random staff.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Facility requires all staff (to include medical and mental health practitioners unless precluded by law) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation.

Policy RPDC 22-8A states, “All Rapides Parish Sheriff Office staff members, as defined in RPCD #22-1 section E are required to immediately report any knowledge, suspicion or information regarding incidents of sexual abuse, sexual misconduct or sexual harassment as well as any acts of retaliation against others who have reported such incidents. “

Staff interviewed (random, PREA staff, Volunteer) reported they are required to report any incident and would document the incident on an incident report form, which is given to the supervisors and forwarded up the chain of command.

In Policy RPDC 22-8A, the auditor found the requirement that such data be revealed to no one other than superiors and investigators.

Policy RPDC 22-8A.3 “Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioner’s shall be required to report sexual abuse pursuant to A-1 of this section and to inform offenders of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services.”

Medical and counseling staff reported they do disclose to inmates, at the initiation of services, their limitations of confidentiality and their duty to report. Staff reported they are required to report incidents of sexual abuse and would report these incidents, but have not had personal knowledge of such incidents. At Policy RPDC 22-8A.4, this provision is addressed and delineates State law regarding who are mandatory reporters in all instances as well.

Policy RPDC 22- states, “The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators.” Staff responded the process for these is “the same.”

Staff interviews reported all allegations are sent to the PREA Coordinator or to their superior. The PREA Coordinator, Compliance managers and Supervisors were aware of the referral of the information to investigators.

Standard 115.62 Agency protection duties

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

The facility policy requires staff to take immediate action to protect any inmate subject to risk of imminent sexual abuse. During interviews, staff were aware of the steps to take to protect an inmate as well as first responder procedures. Extensive training concerning this topic was evident throughout all positions at the facility. Random questions to staff during the tour gave the same results, that they were aware of the steps and processes required.

If necessary in order to protect an inmate, Rapides Parish Corrections may also transport aggressive State inmates to a DOC facility where more housing and treatment options would be available if needed but this is a DOC-driven decision.

Policy RPDC 22-8C says Rapides Parish Corrections Division staff will take immediate steps to protect all offenders believed to be at risk of sexual abuse.

- a. Rapides Parish Corrections Division staff is required to report and respond to all allegations of sexual abuse, sexual misconduct and sexual harassment.
- b. Rapides Parish Corrections Division staff is expected to assume that all reports of sexual victimization, regardless of the source of the report (i.e. “third party, anonymous, verbal, etc.”) are credible and respond accordingly.”

Staff interviews reported that inmates are separated and an investigation is initiated. If information is first detected in classifications during the initial screening process, the nurse or mental health staff may also get involved. If the inmate is at risk, he is placed in Segregation. Staff reported they would immediately remove the inmate, notify their supervisor and classifications to get the inmate to another unit.

There was one case file for review where the offender was immediately removed from the risk, placed in involuntary housing for about an hour until they could find suitable housing, which was found, and he was then transferred to another housing unit.

Standard 115.63 Reporting to other confinement facilities

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

Policy RPDC 22-8C states, “Upon receiving an allegation that an offender was sexually abused or sexually harassed while confined at another facility. The Rapides Parish PREA coordinator or the Warden of the facility where the report was made will notify the Director/Warden or the PREA Coordinator/ Compliance Manager of the facility where the alleged abuse occurred to ensure the allegation is investigated.” It also includes language so that RPSO and the Major has identical responsibilities if they receive such information from another facility.

The Major, Wardens and PREA Coordinator reported when an allegation is received, it would be investigated by RPSO investigators in accordance with the sexual assault investigation policy.

There was documentation reflecting the facility had received one allegation from another facility of an inmate alleging sexual abuse while confined at this facility. It was fully investigated, following policy outlined and no evidence was found. At the end of the process, the offender admitted having lied about the allegation in an effort to be transferred back to Rapides.

The PREA Coordinator interview supported that this is the policy that would be followed if an incident arose

Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

Rapides Parish Corrections policy specifically outlines the detailed procedures. in accordance with the standard, for all staff to respond to an allegation that an inmate was sexually abused. All facility staff are trained as first responders and were aware of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. Staff have received required training specific to these duties as confirmed through training rosters as well as staff interviews.

Policy RPDC 22-8D reviews steps of responses reflected in Corrections Incident Reports. The incident report reflected notice being given to the alleged victim or alleged perpetrator not to take any action that could destroy physical evidence. Staff interviews reflected they would instruct the alleged victim or alleged perpetrator not to shower, brush their teeth, eat, etc. in accordance with this provision.

Policy RPDC 22-8D2 directs that the first staff responder, if not security, will first protect the victim, then request that the alleged victim not take any actions that could destroy physical evidence; and notify the security staff.

All staff interviewed they would separate the alleged victim from the alleged perpetrator, lock the cell down or otherwise secure the area for evidence, notify the supervisor and ask the supervisor to come to the location and take over, at which point the supervisor would contact the investigators. Medical and mental health staff would also be contacted.

Allegations this past year caused first responses to be initiated, but not for long, as the charges were quickly shown to be unfounded. Two cases reviewed were against one staff member and were immediately determined unfounded from video coverage; another was an offsite allegation from a work release offender and a work release employer's civilian employee. It was also determined unfounded when the video coverage was reviewed.

Standard 115.65 Coordinated response

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

The facility has developed and implemented an institutional plan though the facility policy to coordinate actions of staff in response to an incident of sexual abuse. Interviews with senior managers, PREA Coordinator, Wardens, random staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each. Senior staff are very involved in this process in all facilities.

Policy RPDC 22- has excellent data and guidance on a coordinated response and addresses the response by all facility resources, including medical and mental health staff. There was no institutional occurrence that had required this response, so there was none available for review that demonstrated a coordinated response.

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

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

The agency has not entered into any agreements limiting 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 discipline warranted. Employees are subject to disciplinary sanctions up to termination for violating the RPSO Corrections Policy regarding sexual abuse and harassment. Leadership interviewed stated that no agreements that included such limitations would be entertained. The State of Louisiana is an at-will employment state.

Standard 115.67 Agency protection against retaliation

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

As defined in facility policy, multiple protection measures such as housing changes, transfers to a larger DOC facility, emotional support services and removal of perpetrators have been put in place to protect all inmates and staff who report sexual abuse or harassment from retaliation. Monitoring is ongoing for a minimum of 90 days with periodic status checks unless additional time is warranted or the monitoring is terminated due to the allegation being determined unfounded. Policy RPDC 228G – “Such status checks shall continue for up to 90 days to monitor the offender or staff member’s behavior for changes that may indicate or suggest possible acts of retaliation by other offenders or staff. The designated retaliation monitor shall promptly notify the PREA Coordinator of any suspected or reported acts of retaliation.”

Retaliation Monitors are designated by position. The Facility Compliance Managers of each facility are assigned that role. They are all trained as to security, what to look for, how to respond to, and how to facilitate a safe environment. As a backup, the policy also says the PREA Coordinator may assign the monitor when necessary.

Once an offender makes a PREA allegation or an incident has occurred, then it is practice that the facility PREA compliance manager is the retaliation monitor, however, there is some flexibility in this policy because there may be a time when there is a conflict of interest or unavailability due to sick leave, etc.

Policy RPDC 22-8G addresses reporting retaliation of staff or inmates who report sexual abuse or sexual harassment, and also addresses retaliation from staff or inmates against staff or inmates who cooperate with sexual abuse or sexual harassment investigations; the PREA Coordinator, per his interview, designates which staff members are charged with monitoring retaliation in any given case.

All investigations are done by Corrections investigators unless they are not available, then it is placed on the PREA investigators, certified detective, or internal affairs investigators. All corrections investigators have the training and authority to take any case from allegation to D. A’s office including arrest warrant.

Standard 115.68 Post-allegation protective custody

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

There have been no inmates placed in involuntary restrictive housing for protection following an allegation of sexual abuse. One offender was restricted for about an hour while a unit change/move was arranged.

Facility policy outlines that housing in involuntary restrictive housing occurs only when no alternatives are available for separation and safety purposes. Policy also states that the segregation, if used, will be very short-term or will include the provision of programs and privileges being offered. Generally, an inmate would be transferred to a DOC facility for housing to ensure safety if needed. Interviews with specialized staff confirmed this procedure and understanding of policy.

RPDC 22-8G says “Facility Wardens and/or Assistant Wardens, in consultation with Medical and Mental Health staff will make the final decision regarding housing placement for alleged victims of sexual abuse. The safety, security, and well-being of the alleged victim will be the primary focus in these decisions to ensure that the alleged victim is not housed in the same area as an offender that is or is considered to be a potential sexual predator.”

Standard 115.71 Criminal and administrative agency investigations

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

Outside agencies do not investigate; RPSO does all sexual abuse investigations.

Any allegation of sexual abuse, no matter the method used to report, is immediately referred to the investigators for investigation, with cooperation from facility staff and leadership. Upon interview and documentation review of the local Investigators, it was determined that substantial training had been received concerning sexual abuse investigations, evidence collection and preservation. All investigators and senior staff interviewed stated that any allegations found to be substantiated would be referred for prosecution and any departure of the alleged abuser or victim would not terminate the investigation. Facility policy requires that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and not be determined by any inmate status.

Complete investigative reports are required to be maintained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Law enforcement investigation records are retained indefinitely by the Sheriff's office.

All investigations are initially done by Corrections investigators unless they are not available, then it is placed on the PREA investigations certified detective or internal affairs investigators. All corrections investigators have the training and authority to take any case from allegation to D. A's office including arrest warrant.

Training records of the investigators were reviewed. This documentation showed that the investigators had also taken the online NIC course for Sexual Assault Investigations in a Confinement Setting.

There were 3 sexual abuse cases in 2015 and 2 were immediately determined unfounded. One offender was locked in isolation and not mentally stable, who swore he was being raped while in a camera cell on suicide watch by himself. The other unfounded case was another mental health offender who stated that someone who didn't exist had raped him. The one substantiated case on sexual abuse was an offender that had items placed against his rectum. He was seen by our medical staff but refused any medical attention.

There were 3 sexual abuse cases in 2016 so far. One sexual abuse allegation case was seen as unfounded when the video surveillance for that cell was rolled back and it clearly showed that the deputy only touched the offender on the back of the leg to wake him up for count, although the offender swore that he had raped him. Another Sexual abuse allegation was that two deputies had grabbed an offender's penis and testicles. When the camera was reviewed, it showed him fighting the deputies and being non-compliant and combative, not being sexually assaulted. The third sexual abuse allegation was determined unfounded because the alleged victim wasn't even in contact, or in the same cell, as the other offender and had no way of coming into contact with him, much less sexually assaulting him.

Based on interviews with the investigators, they had referred allegations to the prosecutor's office for charges that appeared criminal. The investigators also reported referring charges to the prosecutors even if the case appeared weak.

Policy RPDC 22-9C Investigations; and Policy RPDC 22- E Crimes Against Persons; require all cases to be filed indefinitely.

Standard 115.72 Evidentiary standard for administrative investigations

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

Policy requires that the 'preponderance of evidence' standard be used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Investigative staff interviewed verified this as the measure they utilize. In the absence of such events having occurred, auditors relied on policy and interviews regarding assessment of this standard.

Supervisory staff interviewed reported they used a standard of preponderance of the evidence when investigating allegations and determining the credibility of the victim.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

RPDC 22-9C has this policy exactly and complies with it according to interviews with random staff, investigators, and supervisors. Per Rapides policy, the facility has the responsibility to inform the reporting inmate as to whether his allegation was determined to be substantiated, unsubstantiated or unfounded. Following an allegation that a staff member has committed sexual against the inmate, the agency will inform the inmate in writing if the staff is no longer posted in the unit or no longer employed at the facility; and if they have been indicted or convicted. If it involved another inmate, while in custody, the victim would be notified in writing whenever the alleged abuser was indicted or convicted. Although there have been no allegations thus far to be reported, intermediate and higher-level staff, and PREA staff, indicated in their interviews they were aware of the requirement and the procedures to follow.

There was no documentation reflecting all such notifications or attempted notifications are documented, however the requirement to do so is clearly spelled out in RPDC 22.9C4 and interviews with PREA Coordinator and supervisors determined that they were all aware of the requirement if such a situation arose.

Standard 115.76 Disciplinary sanctions for staff

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

Staff are subject to disciplinary sanctions, to include termination, for violating the facility sexual abuse or harassment policies. Termination is the presumptive disciplinary sanction for staff and that policy is reaffirmed in staff training and on acknowledgement documents with staff signatures throughout the hiring process. Disciplinary sanctions for violations related to sexual abuse are commensurate with the circumstances of the acts and all terminations (and ‘in-lieu of’ resignations) related to sexual abuse will be reported to local law enforcement and relevant licensing bodies, unless determined to be not criminal acts. Departure of the staff does not halt the investigative process.

Offender Handbook: What is Sexual Abuse? “...Sexual activity between staff and an offender can never be consensual and is against the law.”

Policy RPSO #104, titled, Disciplinary Procedures; RPSO # 152, titled, Unlawful or Sexual Harassment; and Policy RPDC 22-10 state that sanctions up to and including discharge are possible for any type of PREA offense or allowing/not reporting such offenses. It also states any such charge will be referred for possible criminal charges.

Standard 115.77 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

Facility policy clearly designates that sexual abuse of an inmate by contract, volunteer or staff member is reported to laws enforcement agencies and relevant licensing bodies and such persons will be prohibited from further contact with inmates. There have been no incidents involving volunteer or contractor sexual abuse of an inmate, but interviews with a contractor reinforced that they are trained in the agency’s policy, the stated consequences, as well as related training information on preventing, recognizing, and reporting signs of abuse by others. All volunteer and contractor staff sign acknowledgement forms regarding these policies, actions and consequences.

The Corrections Division has the option of limiting, suspending and/or discontinuing the services of any contract personnel or volunteer at any time. Infractions of policies and/or procedures shall be reviewed by designated staff. Any contract personnel or volunteer no longer approved or cleared to provide their services shall be informed in writing.”

Rapides Policy RPDC #22: The Corrections Division shall strictly enforce its zero tolerance for all sex related offenses within RPSO facilities...and Guideline B. ...” shall apply to all staff, volunteers, visitors and other agency representatives...”

Policy RPDC #22-2 (Sexual Abuse) states, regarding Volunteers and Contract Personnel, there is no consensual status, and sexual misconduct with offenders by contracts is prohibited, and contract personnel who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported and subject to administrative and criminal charges, and will be reported to professional and licensing bodies.

Policy RPDC 22-10B also continues that any sexual abuse, regardless of consensual status, shall be reported and subject to administrative and criminal charges.

Policy RPDC 22-10 makes it clear that access to the facility may be denied, suspended, or terminated if the volunteer violates any established rule and/or is such access is believed to threaten the safety, security, or good order of the facility. This is also included in Volunteer training and was discussed during interviews with volunteers and supervisors.

There was one reported case regarding a contractor and an offender in which the investigation indicated the contractor exposed her breasts for the offender but in which there was no physical contact. The contractor was terminated and a report made to her licensing board.

Standard 115.78 Disciplinary sanctions for inmates

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

In accordance with the Standard as documented in facility policy and accurately reported during random and supervisory staff interviews, inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following a finding that an inmate engaged in sexual misconduct. The disciplinary process does consider whether an inmate's mental disability or illness contributed to his behavior when determining the type of sanction, and all sanctions are to be commensurate with the nature of the abuse committed, the inmate's history and comparable offenses of other inmates. The disciplinary process clearly defines the ability to hold an inmate accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. All interviews mentioned that good faith reports of sexual abuse, based on a reasonable belief, would not constitute false reporting.

Policy RPDC 22-10C tracks Standards language exactly, as does the Offender handbook. The auditor reviewed the Handbook and a limited number of files. Data in those concurred with the feedback from PREA Coordinator, investigator staff and Wardens that this disciplinary policy is followed.

Staff interviewed, random and supervisory, indicated that offenders found to have committed an offense are disciplined according to the offender handbook taking several factors, including the severity of the offense and discipline history, into account.

Policy RPDC 22-10C5 indicates that the Rapides Parish Sheriff's Office will offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Designated staff (classification and mental health) will consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

The facility supplied the auditor with a number of investigations and none of the reviewed cases related to this provision, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, reportedly as no instances had occurred that are covered by this Standard. Interviews with supervisors and random staff elicited no awareness of any such instances. Policy RPDC 22-10D addresses this provision verbatim from the Standard.

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

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

Any inmate disclosing prior sexual abuse, whether the victim or perpetrator, while incarcerated or at any other time, will be seen by a medical or mental health practitioner very quickly after disclosure. Informed consent is obtained prior to reporting prior victimization of adults which occurred outside the institution setting.

Upon interview of medical staff and review of facility policy, it is evident that information related to sexual victimization or abusiveness occurring in the institutional setting would be strictly limited to those staff required to provide appropriate care and program/housing assignments.

Extensive Mental Health Services are available through the Department of Corrections facilities, as needed, and inmates with significant needs would likely be transferred back into the larger State system.

Policy RPDC 22-11A requires that offenders identified as at risk for sexual victimization, or those offenders who have disclosed prior sexual victimization, be assessed by a mental health or other qualified professional within 14 days of admission but interviewed staff indicated it occurred in just a few days. While conducting interviews, no inmate reported he/she had reported a sexual victimization during the risk screening. Staff interviewed reported that such offender cases are referred to medical or mental health for further evaluation. If already a known victim, they are housed in one of the direct supervision areas or in protective custody. If a potential victim, they are also sent to mental health and sent to one of the same areas. A known perpetrator will also be referred to mental health. Information is offered to both victims and perpetrators and they are automatically classified as high risk.

While touring the intake area, after observing an inmate being classified, staff were asked to explain the process. Staff explained that a criminal history was run and then the inmate was assigned to a housing area. Staff stated the PREA screening was done, then stated that if an arriving offender indicated past abuse, or was a known victim or predator, that housing decisions were impacted and supervisors and classification were notified as well as medical.

Standard 115.82 Access to emergency medical and mental health services

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

DOC and Rapides Parish Corrections policies mandate immediate and unimpeded access to medical and mental health services, to include crisis intervention and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, for any alleged victim of sexual abuse at no cost to the inmate.

Policy RPDC 22-11B makes clear that the nature and scope of a victim's access to emergency medical and mental health services shall be determined by medical/mental health practitioners according to their professional judgment. And, policy also requires that health care staff will ensure that the victim receives timely, unimpeded access to emergency medical treatment and crisis intervention services. (RPDC 22-11C).

Medical and mental health staff interviews reported inmate victims receive timely and unimpeded access to emergency medical treatment and crisis intervention services and that services are provided as soon as they are medically cleared in house or by the hospital personnel. Staff also reported the nature and scope of these services are determined according to their own professional judgment.

Health care staff ensures that the offender is referred to the St. Francis Cabrini Hospital Emergency Division in order to be evaluated and/or treated for the alleged sexual assault, in accordance with the Hospital standard operating procedures.

There are medical staff that on site all weekends. The only time they are taken to the hospital is under the contractor's Doctor's orders or in need of emergency medical care. It is never a question of using a hospital because there is no medical staff available or onsite. There is no infirmary or medical housing. Each facility has a medical office and area where they do their medical assessments and care.

Policy 22-11 requires transit to the hospital when medical care is unavailable on-site but this situation should not occur given the staffing plan for medical.

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

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

Based on medical staff interview and Parish policy, the facility will offer medical and mental health evaluation, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any correctional setting. The evaluation and treatment of such victims will include appropriate follow-up services, treatment plans, and referrals when necessary; and all are to be consistent with the community level of care. Inmates would receive access to sexually transmitted infection prophylaxis and emergency medical or treatment services at no cost. Policy RPDC 22-11C requires this no cost requirement; interviews of medical staff and wardens supported this view and approach.

Policy RPDC 22-11C and Procedures were reviewed. Both policies reflect that the facility offers medical and mental health services to inmates who have been victimized.

Policy 22-11C requires this community standard of care but there was very little documentation available for the auditor to review for this standard; it does appear that the victims receive adequate medical and mental health services consistent with the community level of care in the few cases available for review.

The facility maintains a mental health program that is utilized in the various compounds, especially where offenders are held for LA DOC. L A DOC can also transfer an offender if needed to receive more intensive care for mental health. Mental health services for non-DOC offenders are also outsourced locally to Caring Choices District, where they can address mental Health, Social Work, and Substance Abuse Counseling needs for offenders.

Medical, investigatory and PREA staff indicated no sexually abusive offenses had occurred involving vaginal penetration but treatment and testing would be available if it had happened.

Standard 115.86 Sexual abuse incident reviews

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

Facility policy requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. The review team includes the upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. Although there have been no incident reviews to date, due to no allegations having been made, interview with staff that would be included on

the incident review team, to include the Warden and PREA Compliance Manager, confirm familiarity with the policy requirement and all considerations that must be reviewed in compliance with the standard.

Policy RPDC 22-12A requires this review and it is reported as capable of being done by staff interviewed (Wardens, PREA Coordinator). RPDC Policy 22-12A uses the list from the national Standards as a guide to the review process. Interviews with PREA staff and Wardens indicated these items are considered and discussed in each review.

Policy RPDC 22-12B indicates that the review committee is composed of Wardens, Assistant wardens, PREA staff and medical or mental health staff.

Standard 115.87 Data collection

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

Based on staff interviews, with the PREA Coordinator, and with staff from both State and Parish levels, and policy requirements listed, Policy RPDC 22-12B states the facility will collect accurate, uniform data for every allegation of sexual abuse using the standardized instrument and set of definitions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The facility maintains, reviews, collects, aggregates and provides all incident-based sexual abuse data to the Department of Justice by June 30th annually. The Parish does not contract the confinement of its inmates to any private facility.

Interviews with the Wardens and PREA Coordinator verified their efforts in preparing and maintaining this report. The report was made available and reviewed by the auditors. Monthly PREA Activity Reports were reviewed for the audit. The report does answer all questions from the SSV.

The Rapides Parish Corrections Division shall collect and combine the incident-based sexual abuse data at least annually according to RPDC 22-12B. Interviews with the Wardens and PREA Coordinator verified their efforts in preparing and maintaining this report. The report was made available and reviewed by the auditors.

RPDC Policy 22-12B also requires the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews this and the files reflect the data. Data is retained indefinitely by the Investigative Division of RPSO.

Standard 115.88 Data review for corrective action

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

Policy requires the review of data collected and aggregated to assess and improve the effectiveness of its abuse prevention, detection and response policies and training. A report is prepared annually for the facility to compare the current and prior year's data. Although there have been no incidents, other aggregate information is reviewed to seek improvements and submitted to the DOC for inclusion in their annual reporting and publishing. The PREA Coordinator indicated having been involved in the report that was provided. The Annual report can be requested and will be provided, but the data on the website has no statistical information, just policy and ways to report third party issues to the Sheriff.

Policy RPDC 22-12C addresses this provision and the task is assigned to the PREA coordinator who verified in the interview that he does accomplish this. He produced emails and memoranda to demonstrate compliance. Data is published on the RPSO website, [rpso.org](http://www.rpso.org). The data and the agency zero tolerance policy is located on the Corrections Division. <http://www.rpso.org/corrections-division>

Standard 115.89 Data storage, publication, and destruction

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

Facility policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment and/or counseling are securely retained for a minimum of 10 years after the date of the initial collection unless otherwise required by law. The provided documentation shows that all aggregated sexual abuse data is made available to the public through request or the agency website, following the removal of all personal identifiers.

Policy RPDC 22-12C addresses this provision and the task is assigned to the PREA coordinator who verified in the interview that he does accomplish this. The electronic storage is password protected and available only to senior staff.

The website was visited. [HTTP://WWW.RPSO.ORG/CORRECTIONS-DIVISION](http://www.rpso.org/corrections-division)

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.

William E. Peck

Auditor Signature

July 26, 2016

Date