

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** August 31 , 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Thomas Eisenschmidt			
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<b>Telephone number:</b> 315-255-2688			
<b>Date of facility visit:</b> July 24-26, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Richard P. LeBlanc			
<b>Facility physical address:</b> 3695 FM 3514 Beaumont, TX 77705			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 409-724-1515			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Darren Wallace			
<b>Number of staff assigned to the facility in the last 12 months:</b> 233			
<b>Designed facility capacity:</b> 1224			
<b>Current population of facility:</b> 1157			
<b>Facility security levels/inmate custody levels:</b> G1-G2			
<b>Age range of the population:</b> 18-72 (range)			
<b>Name of PREA Compliance Manager:</b> Andrew Rollins		<b>Title:</b> Unit Safe Prisons PREA Manager	
<b>Email address:</b> Andrew.Rollins @tdcj.texas.gov		<b>Telephone number:</b> 409-724-1515 ext. 4308	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
<b>Physical address:</b> 861-B I-45 North, Huntsville, Texas 77320			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 99, Huntsville Texas, 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bryan Collier		<b>Title:</b> Executive Director	
<b>Email address:</b> Bryan.Collier@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lorie Davis		<b>Title:</b> Director, Correctional Institutions Division	
<b>Email address:</b> Lorie.Davis@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2170	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Richard P. LeBlanc Unit was conducted on July 24-26, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 5 1/2 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival and also had the opportunity to visit the Texas Department of Criminal Justice (TDCJ) and State PREA Ombudsman Office websites prior to arriving at the Unit.

This was the initial PREA audit for the LeBlanc Unit, which is one of the 106 plus facilities within the Texas Department of Criminal Justice. The entrance briefing for the PREA audit was held on July 24, 2017 with Senior Warden Darren Wallace, Assistant Warden Todd Allen, Major Derrick Broussard, Captain Beau Mathews, Officer Andrew Rollins (Unit Safe Prison PREA Manager), and Vicke Mossbarger, Region III Safe Prisons PREA Manager in attendance. The auditor gave a brief overview of the audit process and once it was completed, the tour portion of the review began.

Upon completion of the tour, interviews began. The auditor completed 50 offender interviews during the site visit. A list of random offenders from each of the housing units (38 offenders), offenders disclosing prior victimization (4), a limited English speaking offender (1), offenders identifying as gay, bisexual and transgender (6) and Segregated Housing Unit offenders (1) were interviewed.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Mental Health Administrator, Human Resources, Mid-Level Supervisor, Upper Level Supervisor, Intake Staff Orientation, Risk of Victimization Assessment staff, Chief Of Classification, Segregation Supervisor and Line Staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, Unit Safe Prison PREA Manager, Facility Investigator, Office Of Inspector General Investigator and the Senior Warden. The auditor reviewed the interviews of the Director's Representative, Agency Safe Prisons PREA Coordinator, and the Contract Administrator prior to the audit. These interviews were conducted in September 2016, by Barbara King, certified PREA auditor. The auditor also conducted interviews with 11 random staff from the three shifts.

At the LeBlanc Unit there were three (3) PREA allegations made in the last twelve months all alleging sexual abuse. All of these allegations involved offender on offender accusations. Two (2) of the allegations were found to be unsubstantiated and one (1) is pending. There were no sexual harassment allegations.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.texas.gov/publications/index.html#PREA>). The site gives an overview of the PREA Policy providing valuable additional information available by clicking on the topic hyperlink.

The facility utilizes Baptist Hospital Beaumont in the community should it be necessary for an offender to receive a forensic exam. There is a SAFE/SANE Nurse available if needed. A review of the last 12 months indicated no offender needed to be sent for a forensic exam.

Training records (2014, 2015, and 2016) for all staff mandated PREA training were verified during the visit by the auditor. The auditor also reviewed records for the one time additional training requirement for each Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

At the conclusion of the site visit at the LeBlanc Unit, the auditor met with Senior Warden Darren, Assistant Warden Todd Allen, Major Derrick Broussard, Captain Beau Mathews, Andrew Rollins (Unit Safe Prison PREA Manager), Albert Marquez, and Stacy Lammers, Safe Prisons PREA Managers were in attendance. The auditor let those in attendance know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The physical location of the LeBlanc Unit is 3695 FM 3514, Beaumont, Texas, 77705. The unit is owned and operated by the Texas Department of Criminal Justice as a minimum custody pre-release all male correctional facility. The unit co-occupies 770 acres of land with two other correctional units belonging to the TDCJ. The unit consists of ten buildings, six of which are inmate housing. Each of the six housing buildings, has three open-bay style dorms utilized for general population inmates. There is one cellblock with seven cells, one bunk each used for solitary confinement, pre-hearing confinement and transient inmates. The other four buildings house programs, food service, maintenance, commissary, visitation and administration. There is a large covered recreation pavilion located in the center of the compound.

### Facility Demographics

Rated Capacity:	1,224
Actual Population:	1,123
Average Daily Population for the last 12 months:	1,150
Average Length of Stay:	8 months
Security/Custody Level:	Minimum/General population G1/G2
Age Range of Offenders:	18 to 70 years old
Gender:	Male
Full-Time Staff:	183
Administrative/Support:	9
Program:	36
Security:	138

## **SUMMARY OF AUDIT FINDINGS**

On July 24-26, 2017 a site visit and PREA compliance audit was conducted at the Richard P. LeBlanc Unit. The final report was provided on August 31, 2017. The methodology used by the auditor to determine standard outcomes at the LeBlanc Unit included review of the Pre-Audit Questionnaire, review of the agency and facility policies, physical plant review, and interviews conducted with staff and offenders. The final results of the audit of the LeBlanc Unit are listed below:

Number of standards exceeded: 5

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

### 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)

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

The Texas Department of Criminal Justice (TDCJ) employs the Safe Prisons PREA Plan, dated August 2014, as their primary comprehensive sexual abuse and sexual harassment policy for every facility within the Texas Department of Criminal Justice agency. This comprehensive document outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment in each of its facilities.

In September of 2016, Barbara King, certified PREA auditor, interviewed Lorie Davis as the Agency Head designee. She is also the agency wide Safe Prisons PREA Coordinator. During her interview she described how the Director has committed the Agency to providing a safe environment for staff and inmates by insuring the PREA standards remain a top priority. She informed the auditor that any expansion or major facility modifications will continue to take into account the PREA Standards when considering design and installing video equipment.

As the Safe Prisons PREA Coordinator, Ms. Davis has six (6) regionally based Safe Prison/PREA Managers who report directly to her and to each of the Regional Directors where they are assigned. TDCJ has ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. Interview with the PREA Coordinator confirmed she has sufficient time and authority to coordinate the Agency efforts to comply with the PREA Standards. Her position is found on the Agency organizational chart, reporting directly to the Director.

Andrew Rollins, Safe Prison PREA Manager, is the PREA Compliance Manager at LeBlanc. Officer Rollins is confident and knowledgeable with the TDCJ policies, the PREA standards and the PREA process. He was very helpful to this auditor during the site visit. During his interview he confirmed he has sufficient time to perform his PREA duties along with his other responsibilities. He also indicated he has direct access to the Regional PREA Manager for any questions or suggestions. The inmates and staff at LeBlanc were well aware of his position as well as the point of contact for any questions, concerns, reporting or information relating to PREA.

### 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)

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Cody Ginsel, is the Director of Private Facility Contract Monitoring/Oversight Division for the Agency and the individual who supervises the employee contract monitor at each facility and oversees the fifteen private prisons within Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified auditor, in September 2016. The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's primary responsibility is overseeing that the vendor is compliant with PREA Standards as well as TDCJ Policies and Procedures. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor would take immediate action to resolve the situation. All other concerns would be documented and feedback provided to the vendor; the contract monitor would continue to monitor the concerns until compliance is met. All 12 private facilities under contract with TDCJ have completed their initial PREA Compliance Audit.

### 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)

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The Security Operations Manual (SOP) section 8.06 requires each facility within to develop, document, and make its best efforts to comply on a regular basis with a staffing plan. This plan must provide for adequate levels of staffing and, where applicable, video monitoring to protect inmates against abuse.

Warden Wallace and the Safe Prisons PREA Manager Rollins were well aware and well versed with the staffing plan for the LeBlanc Unit. During each of their separate interviews both indicated the plan is reviewed annually by them prior to sending it to the Regional Office. The review is assessed with the Regional Director and the Agency Safe Prisons PREA Coordinator, Safe Prisons PREA Compliance Manager, Warden, Assistant Warden, and Central Office Security Staffing staff and then forwarded to the Director with any recommendations if warranted. The auditor examined the staffing reviews conducted in March of 2014, 2015 and 2016 for the LeBlanc Unit. Each of the reviews document that they take into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements.

There were some deviations from the LeBlanc staffing plan during the last 12 months. The major deviation was caused by emergency medical trips. All deviations from the staffing plan must be documented and reported directly to the Warden and the Regional Director as required by policy. The auditor did review this deviation notifications.

The Facility Warden, Department Heads and Security Supervisors, are required by policy to make unannounced rounds daily at the LeBlanc Unit. The security supervisor rounds are documented on the daily shift reports and in the housing unit log books.

Interviews with staff and offenders confirmed that unannounced rounds are done randomly throughout the facility as required. Supervisors acknowledged that unannounced rounds are accomplished by staggering the round times and locations to keep staff from notifying other staff. TDCJ also has a policy that prohibits staff from notifying other staff about supervisor rounds. Staff violating this policy face disciplinary sanctions.

### 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)

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There are no youthful offenders ever housed at the LeBlanc Unit, therefore the standard is not applicable.

### 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)

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Staff at the LeBlanc Unit is required to follow Agency policy, Administrative Directive (AD) 03.22, Offender Searches when conducting any searches on offenders. The policy restricts cross gender strip searches or cavity searches except in exigent circumstances and requires that each be documented if ever performed. During the random staff interviews, each was well aware of the policy and documentation requirement if performed. The interview with Warden Wallace, review of the file documentation and review of the Pre-Audit Questionnaire (PAQ), indicate that cross gender strip searches of offenders have not occurred at the LeBlanc Unit.

Interviews with staff and offenders indicated that offenders are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The LeBlanc Unit only has cameras inside the facility visiting area and by the entrance. No cameras were noted in any area causing privacy concerns.

The auditor reviewed training records for 2014, 2015 and 2016. The review indicated all staff received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, never for the purpose of determining genitalia status as outlined in policy AD 03.22. Random staff interviews confirmed their knowledge of this policy requirement.

The auditor toured the facility spending time in the living areas of the facility. Female staff were observed verbally announcing their presence upon entering the male offender living areas

### 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)

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

Administrative Directives 04.25 (Language Assistance to Offenders) and AD-06.25 (Qualified Interpretive Services) requires, all facilities within TDCJ take appropriate steps to ensure that offenders, with disabilities (including offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Leblanc Unit utilizes staff to provide interpretive service including sign language if needed. The auditor reviewed those staff on the interpretive services list. For those offenders with a hearing impairment, the PREA video presentation is provided in writing.

During the site visit the auditor observed the intake process (incoming chain) conducted on new arrivals to the institution. Each offender arriving at the facility receives a facility orientation pamphlet as he enters the unit. This booklet is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy as well. The pamphlet details how to report, to whom to report, and informs the offender he can not be punished for reporting sexual abuse/sexual harassment.

### 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)

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All hiring done within TDCJ receives clearance through Agency Headquarters in Huntsville utilizing direction found within policies PD-75 (Applicants with Pending Criminal Charges or Prior Criminal Convictions), PD-73 (Selection Criteria for Correctional Officer Applicants), PD-71 (Selection Systems Procedures), PD-27 (Employment Status Pending Resolution of Criminal Charges or Protective Orders) and the Safe Prison PREA Plan. These policies require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters one of TDCJ facilities regardless if he/she has contact with any inmate or not.

A State Identification Number (SID) is created for each employee/contractor fingerprint working at the LeBlanc Unit. The system checks daily to ensure all SIDs are entered in the system and provides warrant checks every six months on each employees, generated the month of their birth date and six months after each year. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee, contractor or volunteer. The Safe Prisons PREA Plan and Standards of Employee Conduct mandates employees disclose, to the facility, any sexual misconduct allegation made against them.

The current specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor or volunteer: that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; anyone who has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, is prohibited entrance into any TDCJ facility.

### 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)

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The LeBlanc Unit has not had any substantial expansion or modifications or installed or updated any video monitoring equipment since August 20, 2012. There are currently ten (10) cameras at the facility. None of these cameras are located in any of the living areas, or in any area that might present any privacy concerns. The Security Operations Program Manual (SOPM), 7.02 Security Surveillance Systems outlines what each facility must follow when relocating or adding any new video equipment.

Warden Wallace confirmed during his interview that LeBlanc was not scheduled to receive any new enhancements over the next couple years but if they received additional funding for video equipment the Safe Prisons PREA Manager would be involved in the equipment location selection.

### 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)

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Investigators at the LeBlanc Unit and Investigators from the Office of the Inspector General (OIG) must adhere to investigation and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, National Protocols for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. The OIG Investigators have the legal authority to conduct criminal investigations within TDCJ facilities.

Investigative training for the facility investigators included a course based on the National Institute of Correction (NIC), "PREA: Investigating Sexual Abuse in Confinement Settings" training. It was provided by TDCJ staff and the subject matter of this course included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations." The training is documented in each of the training records of the investigators. The interview conducted with one of them detailed his training including the requirement he follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions.

The auditor interviewed Richard Amburn, Investigator from the OIG. He described his training and indicated that he had received specialized sexual abuse training for confinement settings. The training included protocols from the recent edition of DOJ "National Protocol for Sexual Assault Medical Forensic Examinations." He also indicated he follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions. A copy of his training curriculum was also provided to the auditor.

Baptist Hospital Beaumont is the hospital offenders from the LeBlanc Unit are sent to for a forensic exam if it becomes necessary. The examinations are conducted at no expense to the offender, by a Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) whenever possible. If a SAFE or SANE nurse is not available, other qualified medical practitioner performs the examination. The LeBlanc Unit did not send any offenders out for forensic examinations in the last 36 months.

LeBlanc Unit provided the auditor with solicitation letters requesting victim advocate services for their offenders from a community Rape Crisis Center without success. The facility does make available trained Offender Victim Staff Representatives who provide support to victims of sexual abuse. The auditor interviewed one of these staff advocates and verified the training she and the others receives. During the interview she indicated she could and would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

#### **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)

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The handling of administrative and criminal sexual abuse/harassment investigations is specified in the Safe Prisons PREA Plan. This policy requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment in each of the TDCJ operated facilities.

As previously noted, the Office of the Inspector General (OIG), a separate division, under the Texas Board of Criminal Justice (TBCJ), is legally responsible to conduct all criminal investigations occurring within a TDCJ facility. Administrative investigations are conducted at LeBlanc Unit by facility-trained staff. Interviews conducted with both the OIG Investigator and a facility Investigator confirmed that investigations are initiated and completed on all allegations of sexual abuse or sexual harassment. Administrative investigations are conducted on each allegation regardless if the OIG conducts a criminal investigation or not.

At the LeBlanc Unit there were three (3) PREA allegations made in the last twelve months all alleging sexual abuse. All of these allegations involved inmate on inmate accusations. Two (2) of the allegations were found to be unsubstantiated and one (1) is pending. There were no sexual harassment allegations.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.texas.gov/publications/index.html#PREA>). The site gives an overview of the PREA Policy providing valuable additional information available by clicking on the topic hyperlink.

### 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)

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Executive Directive PD-29 outlines the mandatory orientation training requirements for those (employees, contractors and volunteers) working in TDCJ facilities. Training is broken down in to pre-service and in-service requirements. The auditor reviewed the pre-service and in-service curriculum. It covers the TDCJ zero-tolerance policy for sexual abuse and sexual harassment covering information on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Offender's rights to be free from sexual abuse and sexual harassment; Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; Recognizing the dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with offenders; How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. LeBlanc Unit staff are required to take this training annually while uniform staff receive an additional 2 hours more a month at shift briefings. Documentation provided to the auditor indicated, except those individuals who were out for long term absences, had received the required mandatory training for 2014, 2015 and 2016.

Interviews with uniform and non-uniform staff confirmed both the pre-service and in-service training requirements. These interviews also confirmed, regardless of the individual's title, each is trained as a first responder. Non-security first responders, during their interviews, confirmed that when responding after securing the offender, when necessary, secure the area, and would immediately contact a security staff member.

### 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)

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As noted above, Executive Directive PD-29 (Personnel Directive) outlines the mandatory orientation training requirements for those contractors and volunteers) working at LeBlanc. Prior to entering the facility all contractors and volunteers must receive the Safe Prisons PREA video training. The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016. The records indicated that contractors and volunteers signed documents indicating each has received and understood the agency Zero Tolerance policy, prohibited behaviors, how and whom to report, and consequences for policy violations. Interviews conducted on site with two (2) contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDCJ policy.

### 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)

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Each offender arriving at LeBlanc receives a copy of the Offender Orientation Manual (which he signs for). Attached to this manual is a two-page pamphlet containing information describing the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. This document details to the offender how to report incidents or suspicions of sexual abuse or sexual harassment. Letting them know they can report verbally, anonymously and in writing. This informative document also reminds the offender, should he have any questions about anything related to PREA to contact the facility Unit Safe Prisons/PREA Manager. The offender is also required to watch the PREA video usually on the day of his arrival but no longer than 24 hours after he arrives. This video, like the pamphlet, details the TDCJ policy on zero tolerance, how and to whom offenders can report any allegation to without fear of retaliation.

The Safe Prisons PREA Plan requires the facility to provide education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. The facility has a list of staff at local facilities, within the region for offender interpreters. Should they have a need where there is not an interpreter available then the facility has the ability to provide services from a vendor.

As noted in the facility narrative Leblanc is a pre-release facility. All the offenders assigned to the facility have been there since 2016, none arriving prior to 2013.

The auditor interviewed random inmates who indicated they received PREA information upon arrival and had watched the video. Some indicating viewing it more than once.

### 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)

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

The Safe Prison/PREA Plan requires all facility investigators receive specialized training in order for he/she to conduct administrative sexual abuse allegations or sexual harassment cases. Each allegation made at the LeBlanc Unit is referred to OIG. However the facility investigator conducts an administrative investigation on the allegation regardless if the OIG believes it rises to the level of a crime or not. Training records and course curriculum were reviewed for both the OIG Investigator and the facility investigators. These reviews and interviews conducted with the OIG Investigators and one of the facility investigators indicated each received training specific to conducting sexual abuse investigations in confinement settings. The training curriculum was based on NIC "Investigating Sexual Abuse in a Confinement Setting" training. The curriculum which includes 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. Training also involves interviewing and interrogating. Participation and successful completion of this training was verified in the training records review completed during the site visit.

### 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)

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

The University of Texas Medical Branch (UTMB), a contract provider, delivers all Medical and Mental Health services to offenders at the LeBlanc Unit.

As with all staff, the Safe Prison PREA Plan and PD-29 require this staff takes the mandatory zero tolerance training. Correctional Managed Health Care policy C 25-1 also requires that all full time and part time medical and mental health practitioners receive additional training covering topics: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment. Interviews conducted with medical and mental health staff indicated that this additional training was required of each of them over the mandated PREA training. This one time training is not documented at the facility but the auditor was able to verify all medical and mental staff at the LeBlanc staff have received it.

### 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)

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

The LeBlanc Unit has a streamlined intake process for screening offenders for risk of sexual abusiveness and sexual victimization upon arrival. Each receives this risk screening for sexual victimization or sexual abusiveness toward other offenders by the Unit Safe Prisons PREA Manager. If the offender arrives on a weekend or after hours, he waits no longer than 72 hours from the date of his arrival. The auditor observed the intake process (risk assessment) during the site visit.

Every offender upon arrival at the LeBlanc Unit, during normal hours, receives an orientation pamphlet with PREA information in it. Most will see the PREA informational video while in this area but if they do not, the Safe Prisons PREA Manager insures it is viewed the next morning.

During normal business hours the offender is then brought to the Unit Safe Prisons PREA office, where he is questioned about his knowledge about PREA. The Safe Prison PREA Manager informs him about how and whom to report sexual abuse or sexual harassment if necessary. He informs the offender if he needs victim support services to contact him, the Unit Safe Prisons PREA Manager. The offender is then immediately assessed by the trained PREA Manager. He begins the assessment by asking the offender: (1) If he has a mental, physical, or developmental disability; (2) The age of the offender; (3) The physical build of the offender; (4) Whether the offender has previously been incarcerated; (5) Whether the offender's criminal history is exclusively nonviolent; (6) Whether the offender has prior convictions for sex offenses against an adult or child; (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the offender has previously experienced sexual victimization; (9) the offender's own perception of his vulnerability. The Unit Safe Prisons PREA Manager also assesses if the inmate is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical and/or Mental Health Referral immediately completed and forwarded on behalf of the offender.

Upon completing this part of the assessment, the offender is seen by medical staff and then brought before the Unit Classification

Committee for review. Prior to his appearance before this committee, they are provided with his completed risk assessment form, which they review along with his prior institutional record, pre-sentence investigation information and any other information they have available. At his appearance before the Unit Classification Committee he is again reassessed for his risk of victimization or abusiveness and questioned about his vulnerability.

The auditor conducted interviews with the screening staff and the Unit Classification Committee Chief. Both confirmed the Safe Prisons PREA policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness.

Interviews with a random sample of offenders confirmed they received a risk assessment upon arrival and within the first thirty (30) days. A few of those interviewed could not remember receiving the initial or second assessment. The auditor reviewed their records and confirmed they were in fact conducted. These interviews also confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked: (1) Whether the offender has a mental, physical, or developmental disability; (2) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (3) Whether the offender has previously experienced sexual victimization; (4) The offender's own perception of his vulnerability. Those offenders interviewed who disclosed prior victimization during intake, indicated during their interviews that they were offered medical and mental health services upon disclosure.

Information obtained during this screening process is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

### 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)

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

The Unit Classification Committee utilize information obtained during the risk assessment along with offender records on hand to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive. This requirement is outlined in Administrative Directive 04.17 (Offender Housing Criteria Procedures) and Administrative Directive 04.18 (Offender Job Assignments and Job Descriptions).

During interviews conducted with the Unit Safe Prisons PREA Manager and the Chief of the Unit Classification confirmed all information obtained from the risk assessment screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

There are no dedicated housing units based on sexual identity at the Leblanc Unit. Interviews with offenders identifying as gay, bisexual or transgender (6 in total) indicated they were never placed on any housing unit except those designated for general population. Assessments for transgender and intersex offenders are done individually twice a year according to policy and staff interviews. Two offenders who identified as being transgender indicated during their classification hearing for housing assignment and work assignment that their safety concerns were elicited during their hearing.

### 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)

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

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

The Safe Prison PREA Plan states offenders at high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there are no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

The auditor interviewed the Warden and the Segregation Supervisor during the site visit. Both indicated that for the last three years segregation had not been utilized for the placement of any offender who was at risk of victimization. They further stated that if it ever did become necessary for a victim offender to be placed in segregated housing for protective custody, the offender would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be documented on the Administrative Segregation Hearing Record Form.

As previously noted the LeBlanc Unit is a facility with an average stay of 18 months. The auditor observed and confirmed no offenders were in protective custody for protection from victimization during the tour of the 7 cell segregation unit.

### **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)

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

In every area in the institution that offenders have access to, a sign is posted alerting them to contact the Major, the Office of Inspector General (OIG), or the PREA Ombudsman to report any allegation of sexual abuse or sexual harassment. The PREA pamphlet each offender is given upon arrival and the video each offender is required to watch informs them of the multiple internal ways they can privately report any PREA allegation. Allegations by offenders can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). General Information Guides for Families of Offenders are available at the entrance of the LeBlanc Unit and in the facility visiting room.

The PREA Ombudsman is an independent office reporting directly to the chairman of the TBCJ and is external to the reporting process of the TDCJ Executive Director. The PREA Ombudsman receives and immediately forwards offender reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries". The random interviews conducted with the offenders at the Unit revealed that they were well aware of the reporting venues available to them if needed.

### **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)

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

Board Policy 3.77 Offender Grievance allows offenders at the LeBlanc Unit and their family members and friends to file sexual abuse grievances (allegations). This policy indicates that there are no time limits imposed on when the offender may submit a grievance regarding an allegation of sexual abuse. The policy further states any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to any staff member who is the subject of the complaint. The policy states that when a grievance alleging sexual abuse is filed, the Grievance Investigator must notify the Warden, the Unit Safe Prisons PREA Manager and OIG. The Grievance Office has 5 days to respond back to the offender with the findings. At the same time the grievance office is investigating the grievance, a criminal and/or and administrative PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the facility investigator, the Investigator from the OIG or both.

There were no sexual abuse grievances filed by offenders at the LeBlanc Unit during the past 12 months.

### 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)

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

Offenders assigned to the Leblanc Unit must be provided access to victim advocates for emotional support service related to sexual abuse as outlined in the Safe Prisons PREA Plan and this standard. The Plan also requires the facility enable reasonable communication between offenders and these organizations and agencies.

The LeBlanc Unit provided the auditor with solicitation letters demonstrating they had tried to solicit services with the local outside victim advocate to provide emotional support services related to sexual abuse for their offenders. The auditor reviewed their written attempts. However they have made available to offenders ways to contact national support services by providing the name, address and phone numbers for all Statewide Victim Advocates. Offenders are informed that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

Random offender interviews indicated to the auditor that they are aware of the outside support services because notices are posted for ways to access State and national contact information in each of the living areas and is available in the law library. The auditor did observe this information during the tour of the housing units.

### 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)

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

As noted earlier "General Information Guides for Families of Offenders" are available at the entrance of the LeBlanc Unit and in the facility visiting room. During the tour of the visiting area the auditor observed posters (provided in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of an offender.

The TDCJ agency web page also has a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any offender through that link. Offenders disclosed to the auditor, during their interviews, that they were aware of this "third" party reporting.

#### 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)

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

The Safe Prisons PREA Plan requires all staff members immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on the unit, as well as retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This is emphasized in pre-service and in-service training each of them receives as well. Uniform staff also receive additional training about this during daily turnout.

During interviews with random staff, contractors and medical/mental health practitioners each acknowledged their reporting requirements. Each interviewed also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official.

#### 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)

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

The auditor specifically questioned random staff and Senior Warden Wallace about what action each would take once they became aware an offender was at substantial risk of sexual abuse. All indicated the safety of the offender at risk was paramount. Each of the line staff indicated they would find and secure the offender and notify their supervisor so that proper procedures could be followed.

Warden Wallace indicated he and the staff are guided by policies, Safe Prisons/PREA Operational Manual and the Safe Prisons/PREA Plan. He indicated offenders might be placed in transient housing during a pending Offender Protection Investigation (OPI). Offenders are placed in transient status in segregation for 72 hours pending the investigation. It may be extended for another 72 hours if needed for completion of the investigation. He further stated that segregation would not be an option he would use as a means of safeguarding a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately.

### 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)

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

The Safe Prisons PREA Plan mandates that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred within 72 hours.

The LeBlanc Unit was notified by another TDCJ facility that an offender arriving at their facility notified staff of a sexual abuse allegation occurring at the LeBlanc Unit. The facility initiated an investigation and the OIG was notified indicating OIG would not take the case. The reporting facility in cooperation with the LeBlanc Unit conducted an administrative investigation with an unsubstantiated outcome.

### 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)

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

All staff at the LeBlanc Unit are trained as a first responder for sexual abuse/harassment allegations as required by the Safe Prisons PREA Plan. The auditor interviewed both uniform staff and non-uniform staff questioning what their duties as first responders were.

The uniform staff indicated they would: (1) Separate the alleged victim and abuser; (2) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

All non-custody staff interviewed stated that after securing the alleged victim, each would immediately contact a security person to take charge of the situation.

### 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)

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

The LeBlanc Unit has a Sexual Abuse Allegation Procedures policy which covers the coordinated efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to any allegation of sexual abuse. Interviews with medical staff, mental health staff, investigators and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response. The Safe Prisons PREA Plan also has an Attachment G, which is a checklist filled out on every allegation of sexual abuse, ensuring each of these disciplines is notified and provided their appropriate response in the process.

#### **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)

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

Texas is a right to work state and does not have collective bargaining agreements. This standard is not applicable.

#### **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)

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

The Safe Prisons PREA Plan requires all offenders and staff that report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations be free from retaliation by other offenders or staff. This is accomplished at the LeBlanc Unit by two staff. The Safe Prisons PREA Manager monitors offender retaliation and the Major monitors staff retaliation.

Both informed the auditor that retaliation monitoring is periodic and continues for at least 90 days and longer if required. The Safe Prisons PREA Manager indicated he looks at the offender work assignments, disciplinary reports and evaluations and meets with him to discuss any concerns he has. The Major, during his interview, indicated he monitors staff retaliation by looking at the employees job assignments and evaluations. The auditor did review the two cases that were completed within the last 12 months that required monitoring and found it complete and in accordance with agency policy.

#### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Safe Prisons PREA Plan prohibits the LeBlanc Unit from utilizing segregation for the protection of offenders who alleged to have suffered sexual abuse unless no alternative is available. This same policy further states that if it ever became necessary for an offender to be placed in segregation the facility must provide him with programs, privileges, education and work to the extent possible. When this can not be accomplished the unit must document any denial of these items if they are not provided.

In most cases, offenders are placed in transient status in special housing for up to 72 hours pending investigation completion; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. The Warden and the Special Housing Unit Supervisor confirmed that segregation has not been used for the placement of any victim of sexual abuse except as described above in OPI/transient status and would not be used to house victim offenders for protection after an alleged sexual assault.

#### **Standard 115.71 Criminal and administrative agency investigations**

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

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

The Safe Prisons PREA Plan and policy OIG-4.05 (Offender Sexual Assault Investigations) outline how criminal and administrative investigations have to be conducted at the LeBlanc Unit. Criminal and Administrative Investigations are conducted by trained individuals as outlined in policies. Every allegation of sexual abuse is immediately reported to the Office of Inspector General Investigator to determine if a crime has been committed. Regardless of whether the OIG conducts a criminal investigation or not, trained investigators at the Unit conduct an administrative investigation as well. The auditor reviewed the training records of both the facility investigators and the attendance of training by the OIG Investigator. As noted in Standard 115.34 each has received the specialized training required. During the interview with one of the facility investigators, the auditor was informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff member. Both the criminal and facility investigators indicated they do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The auditor reviewed case files for the last twelve months. Investigator interviews (Facility and OIG) indicated the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator.

The departure of the alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating any investigation according to the OIG and the Facility Investigators.

At the LeBlanc Unit there were three (3) PREA allegations made in the last twelve months all alleging sexual abuse. All of these allegations involved inmate on inmate accusations. Two (2) of the allegations were found to be unsubstantiated and one (1) is pending. There were no sexual harassment allegations. The retention time for these investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently, electronically which exceeds the standard requirement.

TDCJ publishes their investigative policy on its website (<https://www.tdcj.state.tx.us/publications/index.html#PREA>). The site gives an overview of the PREA Policy providing valuable additional information available by clicking on the topic hyperlink.

**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)

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

During the interviews with the facility investigator he informed the auditor that the investigator's training and practice is that they impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated as outlined in the Safe Prisons PREA Plan.

**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)

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

The Safe Prisons PREA Plan and Safe Prison PREA Operations Manual 5.05 mandates every offender who makes an allegation that they suffered sexual abuse, must be informed in writing at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The determination of the investigative outcome is delivered to the offender at a classification hearing (UCC) and made part of his institutional record.

These policies further require that following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is no longer assigned on his unit, no longer employed in the facility or if the employee was indicted or charged. There were no cases involving this conduct requiring this type notification within the last 12 months.

**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)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

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

Executive Directive PD-22 (General Rules of Conduct and Disciplinary Action Guidelines for Employees) and Executive Directive PD-29 (Sexual Misconduct with Offenders) details the sanctions up to and including termination for staff violating the agency's sexual abuse or sexual harassment policies.

Sexual misconduct with offenders and harassing and retaliating against an offender or another individual (staff) for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action.

No staff member has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months at the LeBlanc Unit.

#### **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)

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

Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. This practice was confirmed during the Senior Warden Wallace's interview.

The auditor conducted two (2) contractor interviews at the LeBlanc Unit during the site visit. Each of them indicated they were informed during their training of the agency zero tolerance policy and were informed of the consequences for any violation. Their training was confirmed after review of their training records where it is documented by signature that they have received and understood the agency zero tolerance policy.

There were no volunteers available to interview during the time of the site visit. No volunteer or contractor has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months at the Unit.

#### **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)

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

Disciplinary sanctions for offenders guilty of sexual abuse and sexual harassment are outlined in the Safe Prisons PREA Plan. All offenders at the LeBlanc Unit are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for

comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

As previously noted there were no substantiated cases of sexual abuse in the last twelve months so there were no disciplinary sanctions imposed at the Unit.

#### **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)

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

The Unit Safe Prison PREA Manager at LeBlanc, Officer Andrew Rollins, is the primary risk assessment staff member responsible to perform the risk assessment for victimization and abusiveness on each incoming offender at the LeBlanc Unit. He indicated to the auditor that anytime the offender discloses or anytime it is noted somewhere in the offender's record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. This is required by the Safe Prisons PREA Plan. The auditor interviewed four (4) offenders who had disclosed prior victimization and each had indicated that they were offered medical and intervention services with mental health.

Officer Rollins also stated if the risk assessment or other information made available denotes that the offender had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

The Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This practice was also confirmed during the Unit Safe Prison PREA Manager interview and medical practitioners interview who all indicated all information is shared only on a need to know basis.

#### **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)

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

Correctional Managed Health Care Policy G-57.1 Sexual Assault/ Sexual Abuse and the Safe Prisons PREA Policy require every victim of sexual abuse receives timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

The auditor interviewed the Health Services Administrator and the Mental Health Administrator at the time of the site visit. The Health Services Administrator indicated that no forensic exams are performed at the LeBlanc Unit. Those offenders requiring this exam would be

sent to Baptist Hospital Beaumont in the community where prophylactic treatment for sexually transmitted diseases would be offered to victims of sexual abuse. He also indicated that the medications would usually be started at the hospital and continued at the facility upon return. Treatment services provided to any victim is performed without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During the last 12 month there were no offenders sent out for a forensic examination from the Leblanc Unit.

### 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)

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

The Correctional Managed Health Care Manual policy G-57.1 and the Safe Prisons PREA Plan requires the LeBlanc Unit to offer medical and mental health evaluations and treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Treatment services are provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

These practices were confirmed during the Medical and Mental Health Administrator interviews. Also as previously noted interviews with offenders indicating victimization indicated they were offered medical and mental health referrals

### 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)

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

Wardens are required to conduct administrative reviews for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The review team at LeBlanc consists of the Senior Warden, Assistant Warden, Major, Captain, Unit Safe Prisons/PREA Manager, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The team review includes: (1) A review of the circumstances of the incident; (2) The name(s) of the person(s) involved; (3) Events leading up to and following the incident; (4) A consideration of whether the actions taken were consistent with agency policies and procedures; (5) Consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; (6) Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; (7) An examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (8) An assessment of the adequacy of staffing levels in that area during different shifts; (9) An assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; (10) Recommendations to the facility

administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

The Safe Prisons PREA Plan requires the facility to implement all recommendations of the review team that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on two (2) cases determined unsubstantiated. One case was still pending and not formally reviewed. The administrative incident review team reports were included in the investigation files for review. The Warden and Incident Review Team Member interviews indicated that during their reviews of each case all five elements including staffing, offender motivation, area blind spots, review of the incident area, building schedules, training records of the involved staff, and whether camera enhancements could supplement supervision in the area were taken into account.

#### 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)

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

Uniform data must be collected for every incident of sexual abuse alleged to have occurred at the LeBlanc Unit using a standardized instrument and set of definitions as required by the Safe Prisons PREA Plan. The policy also requires the incident-based sexual abuse data be aggregated annually. The incident-based data collected must include the information required by the Department of Justice in the standardized form Survey of Sexual Violence (SSV) 2012. The policy requires that all available incident-based documents including: reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

The Agency and the PREA Ombudsman aggregate this incident based sexual abuse data annually provided by each facility. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

#### 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)

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

All incident-based sexual abuse data collected throughout TDCJ must be reviewed by the Agency in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each of its' facilities and the agency as a whole. The Safe Prison PREA Plan requires this. It further requires it be accomplished through the PREA Ombudsman.

The PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each TDCJ facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends.

The 2015 report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Warden, and review PREA Audit Report

of the facility's monthly reports demonstrates the data collection process and corrective actions are performed by the facility.

**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)

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

As noted above the Safe Prisons/PREA Plan requires TDCJ maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders. This aggregate data is available to the public through the agency's website and included in the PREA Ombudsman annual report. The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed.

The State of Texas Record Retention Schedule indicates records involving offender investigation case files and criminal investigations are permanently maintained electronically.

**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.

Thomas Eisenschmidt  
Auditor Signature

August 31, 2017  
Date