# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

- **Interim**: Blank
- **Final**: ✔
- **Date of Report**: February 1, 2021

### Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Darla P. O’Connor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:darla@preaauditing.org">darla@preaauditing.org</a></td>
</tr>
</tbody>
</table>

**Company Name: **PREA Auditors of America

**Mailing Address:** 14506 Lakeside View Way  
**City, State, Zip:** Cypress, TX 77429

**Telephone:** 225-302-0766  
**Date of Facility Visit:** December 21-22, 2020

### Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Texas Department of Criminal Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>State of Texas</td>
</tr>
</tbody>
</table>

**Physical Address:** 861-B I-45 North  
**City, State, Zip:** Huntsville, Texas 77320

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>PO Box 99</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State, Zip:</td>
<td>Huntsville, Texas 77342</td>
</tr>
</tbody>
</table>

**The Agency Is:**  
- ☐ Military  
- ☐ Private for Profit  
- ☒ State  
- ☐ Private not for Profit  
- ☐ Municipal  
- ☐ County  
- ☐ Federal  

**Agency Website with PREA Information:** https://www.tdcj.texas.gov/tbcj/prea.html

### Agency Chief Executive Officer

- **Name:** Bryan Collier  
- **Email:** Bryan.Collier@tdcj.texas.gov  
- **Telephone:** 936-437-2101

### Agency-Wide PREA Coordinator

- **Name:** Cassandra McGilbra  
- **Email:** Cassandra.McGilbra@tdcj.texas.gov  
- **Telephone:** 936-437-5570

**PREA Coordinator Reports to:**  
Honorable Patrick O’Daniel, TBCJ Chair  
**Number of Compliance Managers who report to the PREA Coordinator:** 6
### Facility Information

<table>
<thead>
<tr>
<th>Name of Facility:</th>
<th>Richard P LeBlanc Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address:</td>
<td>3695 FM 3514</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>Beaumont, TX 77705</td>
</tr>
<tr>
<td>Mailing Address (if different from above):</td>
<td>N/A</td>
</tr>
<tr>
<td>City, State, Zip:</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**The Facility Is:**
- [ ] Military
- [ ] Private for Profit
- [x] Private not for Profit
- [ ] Municipal
- [x] County
- [ ] State
- [ ] Federal

**Facility Type:**
- [x] Prison
- [ ] Jail

**Facility Website with PREA Information:** [https://www.tdcj.texas.gov/tbcj/prea.html](https://www.tdcj.texas.gov/tbcj/prea.html)

**Has the facility been accredited within the past 3 years?**
- [x] Yes
- [ ] No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):
- [x] ACA
- [ ] NCCHC
- [ ] CALEA
- [ ] Other (please name or describe): Click or tap here to enter text.
- [ ] N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
A division Level Operational Review was conducted at the unit January 2020. These reviews are conducted by each functional area proponent at least every three years.

#### Warden/Jail Administrator/Sheriff/Director

<table>
<thead>
<tr>
<th>Name:</th>
<th>Aaron Tompkins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Aaron.Tompkins@tdcj.texas.gov">Aaron.Tompkins@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>409-724-1515</td>
</tr>
</tbody>
</table>

#### Facility PREA Compliance Manager

<table>
<thead>
<tr>
<th>Name:</th>
<th>Samantha Bonilla</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Samantha.Bonilla@tdcj.texas.gov">Samantha.Bonilla@tdcj.texas.gov</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>409-724-1515 ext. 4214</td>
</tr>
</tbody>
</table>

#### Facility Health Service Administrator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Edward Delone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:eddelone@utmb.edu">eddelone@utmb.edu</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>409-724-1515 ext. 4364</td>
</tr>
</tbody>
</table>
## Facility Characteristics

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated Facility Capacity:</td>
<td>1224</td>
</tr>
<tr>
<td>Current Population of Facility:</td>
<td>1115</td>
</tr>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>1157</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☐ Females ☒ Males ☐ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>20 - 86</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>10 months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>G1, G2</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>1172</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</td>
<td>1162</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</td>
<td>1037</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months:</td>
<td>Click or tap here to enter text. ☒ N/A</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g., a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☐ Yes ☒ No</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates:</td>
<td>☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g., police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>202</td>
</tr>
<tr>
<td>Description</td>
<td>Number</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>55</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>2</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>34</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>52</td>
</tr>
</tbody>
</table>

### Physical Plant

<table>
<thead>
<tr>
<th>Description</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of buildings:</td>
<td>6</td>
</tr>
<tr>
<td>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</td>
<td></td>
</tr>
<tr>
<td>Number of inmate housing units:</td>
<td>19</td>
</tr>
<tr>
<td>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a “housing unit” defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</td>
<td></td>
</tr>
<tr>
<td>Number of single cell housing units:</td>
<td>1</td>
</tr>
<tr>
<td>Number of multiple occupancy cell housing units:</td>
<td>0</td>
</tr>
<tr>
<td>Number of open bay/dorm housing units:</td>
<td>18</td>
</tr>
<tr>
<td>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</td>
<td>7</td>
</tr>
<tr>
<td>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</td>
<td>☒ N/A</td>
</tr>
<tr>
<td>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g., cameras, etc.)?</td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?  
☐ Yes  ☒ No

### Medical and Mental Health Services and Forensic Medical Exams

<table>
<thead>
<tr>
<th>Question</th>
<th>☒ Yes</th>
<th>☐ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are medical services provided on-site?</td>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td>Are mental health services provided on-site?</td>
<td>☒ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Where are sexual assault forensic medical exams provided? Select all that apply.

- ☐ On-site
- ☒ Local hospital/clinic
- ☐ Rape Crisis Center
- ☐ Other (please name or describe: [Click or tap here to enter text.])

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment: 142 Office of Inspector General (OIG)

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- ☐ Facility investigators
- ☒ An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- ☐ Local police department
- ☐ Local sheriff’s department
- ☐ State police
- ☐ A U.S. Department of Justice component
- ☒ Other (please name or describe: (OIG))
- ☐ N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment: 19

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- ☒ Facility investigators
- ☒ An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- ☐ Local police department
- ☐ Local sheriff’s department
- ☐ State police
- ☐ A U.S. Department of Justice component
- ☒ Other (please name or describe: (OIG staff investigations))
- ☐ N/A
Audit Findings

Audit Narrative

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Richard P. LeBlanc Unit is located off Highway 69, seven miles south, between Beaumont and Port Arthur in Jefferson County. The physical address is 3695 FM 3514, Beaumont, Texas. The Unit operates under the Texas Department of Criminal Justice (TDCJ) as a Pre-Release Facility. The Richard P. LeBlanc Unit, also referred to as the “LeBlanc Unit” opened in June 1995 and houses minimum security adult male offenders with G1 or G2 custody levels. The LeBlanc Unit had a rated capacity of 1224 during the visit.

The LeBlanc Unit Prison Rape Elimination Act (PREA) audit was conducted by a certified Department of Justice PREA auditor. The on-site portion of the audit was conducted at the address stated above during the period of December 21-22, 2020. The assigned PREA auditor is an independent sub-contractor, working for the primary contract holder from the Texas Department of Criminal Justice. Following coordination preparatory work and collaboration with the assigned TDCJ PREA contact, some pre-audit work was completed prior to traveling to the facility for the on-site review portion of the Prison Rape Elimination Act (PREA) audit.

On the first day of the audit the inmate count was 1,041 with a designated capacity of 1,224. LeBlanc Unit reported the average length of stay as 10 months.

PRE-AUDIT PHASE

On September 26, 2020, the Auditor signed a contract to conduct the PREA Audit at LeBlanc Unit December 21-22, 2020.

On October 23, 2020, the Auditor provided LeBlanc Unit with the Notice of Audit in English and Spanish for posting throughout the facility. The Auditor strongly encouraged the copies of the notice to be made on brightly colored paper for posting throughout the facility. The Auditor request to be provided ten (10) date and time stamped photographs of notices posted throughout the facility no later than November 12, 2020. With this email the Auditor also enclosed a pre-audit checklist to provide the institution a complete listing of everything needed for the audit.

On October 23, 2020, the auditor signed and returned a data use and non-disclosure agreement with the TDCJ.

October 23, 2020 the auditor contacted the TDCJ to confirm the maximum capacity and
the daily average population of LeBlanc Unit.

October 26, 2020 the auditor was provided the COVID-19 procedures which would be followed during the on-site audit.

October 28, 2020, LeBlanc Unit sent an email confirming they had sent out the thumb drive with the Pre-Audit Questionnaire and supporting documentation for the upcoming PREA audit. This email included the password for the encrypted data drive.

On November 5, 2020, the Auditor reached out to the TDCJ PREA contact confirming receipt of the PAQ and supporting documentation. The Auditor made the TDCJ PREA Correctional Services Consultant aware of the possibility of a Pre-Audit Issue Log and what that would entail. It was agreed the Pre-Audit Issue Log, if needed, would be provided no later than two weeks prior to the on-site audit. It was also confirmed all mail being sent out from the facility as a result of the audit notice postings, would be treated as legal mail, for the sake of confidentiality.

Pictures of the Audit Notice postings were included on the thumb drive and provided confirmation the notices were posted within the appropriate time frame. The posted notices were observed in the photographed locations, as well as numerous other locations, during the on-site audit tour.

On November 23, 2020, the Auditor provided a request for listings of inmate and staff breakdowns. The request was for:

- Alpha listing of inmates
- List of inmates who alleged PREA violations in the past 12 months
- Inmates who identify or are perceived to be Gay or Bisexual
- Transgender and Intersex Inmates
- Inmates who reported victimization during screening
- Inmates who in the past 12 months who were placed in segregated housing for high risk of victimization
- Physically impaired inmates
- Hearing or Visually impaired inmates
- LEP inmates
- Cognitively impaired residents
- Alpha listing of staff
- Staff who have been hired in the past 12 months
- Staff who have been promoted in the past 12 months

December 7, 2020, following a review by the Auditor of the PAQ and supporting documentation, a Pre-Audit Issue Log was not necessary.

Pre-Audit Section of the Compliance Tool: The completed pre-audit questionnaire, including supporting documentation, were provided to the Auditor via encrypted thumb drive. Upon receipt, the Auditor completed the audit Section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.
It should be noted that LeBlanc Unit has had one previous PREA audit on July 24-26, 2017.

There were no barriers in completing the audit. The staff whom the Auditor encountered, were prepared, cordial and accommodating. The TDCJ as an agency, which includes LeBlanc Unit, chose not to utilize the Online Audit System (OAS).

**ON-SITE PHASE**

December 21, 2020, the Auditor arrived at LeBlanc Unit and participated in an entrance meeting. The following people attended the entrance meeting: Warden, Unit Safe Prison PREA Manager for LeBlanc Unit, Unit Safe Prison PREA Manager for Gist Unit, and the Regional Texas Board of Criminal Justice (TBCJ) PREA Compliance Manager.

During the meeting, the agenda was discussed, specifically the facility tour. Staff and inmate interviews, as well as document reviews were discussed. In addition, the audit process, timelines, and expectations were discussed, which included the implementation and utilization of the PREA Auditor Handbook and possible corrective action. The primary points of contact for the on-site audit were the Warden, Unit Safe Prison PREA Manager for LeBlanc and the Regional TBCJ PREA Compliance Manager.

Prior to arrival, the Auditor received an alphabetized copy of the staff roster, including custody staff as well as those in management and specialized positions, designating the role and shift of each staff member. The Auditor also received a copy of the current inmate roster, including identification numbers, housing assignments and which inmates were part of targeted populations as defined in the PREA Auditor Handbook. From these rosters the interview lists were selected in a complete random fashion.

Each staff roster was utilized to create a list of staff randomly for interviews. The only selection criteria used for staff were individuals with a specialized position or individuals who had been promoted or hired within the last 12 months. Otherwise, the staff selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which staff were in which category for interviewing purposes, except specialized positions.

The Auditor had previously requested and received a listing of staff classified into the following categories:

- Complete alpha staff roster including position or rank
- Complete alpha roster of staff promoted over the past 12 months
- Complete alpha roster of new staff in past 12 months
- Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
- Complete list of contractors who have contact with inmates assigned to LeBlanc Unit
- Complete list of volunteers who have contact with inmates assigned to LeBlanc Unit

Each inmate roster was utilized to create a list of inmates randomly selected for interviews.
The only selection criteria used for inmates was housing unit or if they fell into a targeted population. One inmate name listed for each letter of the alphabet on the roster was selected from each housing unit. From this pool of names, the random inmates were chosen ensuring diversity in age and race. Otherwise, the inmate selections were completely random with no pattern whatsoever. The interview list that was created did not specifically identify which inmates were in which category for interviewing purposes, except targeted inmates.

The Auditor had previously requested and received, upon arrival, a listing of inmates classified into the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Inmates Identified as LGBTI
- Youthful Inmates
- Inmates in Segregated Housing or Isolation
- Inmates who Reported Sexual Abuse
- Inmates who Reported Sexual Victimization during Risk Screening

In addition to the inmate and staff lists the Auditor requested and subsequently received the following listed items:

- All grievances made in the 12-months preceding the audit which claim allegations of sexual abuse, sexual harassment, or retaliation.
- All incident reports from the 12-months preceding the audit which are related to allegations of sexual abuse, sexual harassment, or retaliation.
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12-months preceding the audit, whether Substantiated, Unsubstantiated or Unfounded.
- All hotline calls made during the 12-months preceding the audit.

An extensive amount of internet research was conducted regarding LeBlanc Unit and little information was recovered.

- August 10, 2019 there was an article in the Houston Chronicle, Federal judge dings Texas prison system for violating terms of settlement in lawsuit over sweltering prisons, regarding the heat in some Texas prisons, including LeBlanc Unit.
- September 11, 2019 there was an article by Courthouse News Service, Texas Prison Chief Admits the System Failed, detailing how inmates in LeBlanc Unit were not provided air conditioning of at least 88 degrees in July and August 2019.
- May 24, 2020 there was an article in the Beaumont Enterprise “Massive testing of state inmates’ doubles confirmed coronavirus cases at local unit”, regarding the LeBlanc Unit.
- August 27, 2020, KTLV reported Inmates in south Texas moved north for safety,
regarding LeBlanc Unit inmates being transferred ahead of Hurricane Laura.

- There were several other articles discussing COVID-19 and the Texas Department of Criminal Justice in general.

There was no information uncovered with regard to lawsuits, civil rights issues, security issues, sexual abuse or sexual harassment, or sexual violence. There was no information discovered during the research portion of the audit to suggest an unhealthy correctional environment within the LeBlanc Unit.

During the research to prepare for this audit, the Auditor learned Texas law requires any person in Texas to report knowledge or reasonable suspicion of abuse, neglect or exploitation of children, elders, adults with disabilities or any person in residential care or custody.

As a result of the posted audit notices, the Auditor did receive three (3) letters from inmates at the facility prior to arrival. At the time of the audit, one (1) inmate was no longer at the facility, one (1) inmate was in quarantine due to COVID protocols and one (1) inmate was available to be interviewed.

On-site Review: Following the entrance meeting, the Auditor conducted a thorough on-site tour of all areas of the LeBlanc Unit. In addition to the dormitories, other areas toured were the kitchen, inmate dining room, inmate commissary, administrative offices, staff officer stations, library, classrooms, medical area, dental area, intake processing area, group therapy rooms, visiting area, recreational area, gym, programming areas, chapel, and storage closets. In addition to custody staff, the facility maintains an intricate system of convex security mirrors throughout.

The LeBlanc Unit can be viewed from two exterior cameras and eight interior cameras which are monitored by CCTV from central control picket and the assistant warden’s office; recordings are retained for 18 days. The central control picket is located in the administration building and is staffed 24/7 by one officer. The officer controls the pedestrian sally port, monitors two exterior cameras, the front door and lobby area, operates the telephone switchboard, and verifies ID cards and controls movement in and out of the secure compound. IDs are collected in the sally port and returned prior to individuals passing through this security point.

Cameras were located in the visiting room for monitoring. Generally, offenders can participate in regular and special visits for two hours on Saturday or Sunday between 8:00 a.m. and 5:00 p.m., if space and time permits. However, due to COVID-19 protocols visitation has been suspended.

During the tour of the facility, the Auditor interacted informally and conversationally with staff and inmates, noted the placement and coverage of surveillance cameras, security mirrors, inspected bathrooms, showers and toilets to identify potential cross gender viewing concerns, checked for blind spots, observed staff to inmate ratios, etc.

During the on-site tour, one telephone in each housing unit was tested. Each telephone tested was in working order. Inmates are allowed to use these telephones at any time and
can call to report PREA concerns or allegations as needed. There are phone numbers posted for the PREA Ombudsman office for reports to be made outside of the institution.

During the on-site tour inmates were observed in the recreational area, performing landscaping work around the facilities, food service workers were observed preparing lunch, in the barber shops cutting hair and getting haircuts, walking around the compound going from one approved activity to another, etc.

In all inmate areas, the Auditor assessed the level of staff supervision, by asking questions about who was assigned to a specific post or staff position, reviewing staffing rosters, and asking informal questions to determine whether inmates were in positions of supervision over other inmates. When opposite-gender staff were observed entering a housing unit, an announcement was always made by the respective staff member. Prior to opposite-gender staff entering into a bathing area, the announcement was made multiple times, with a lengthy pause before staff entered the area. In all cases, if a response was made from within, no entrance was made until the inmate had completed their purpose. If no response was received after several announcements, a sufficient amount of time was waited prior to entrance. During the interviews, several inmates indicated some of the female staff will not enter the bathing areas under any circumstances and will always defer that responsibility to a male staff member.

Throughout the on-site review, the Auditor discussed what was being observed and reviewed, there were no discrepancies identified. When the Auditor would seek clarification, appropriate responses were always provided, or proper procedures were demonstrated by staff on hand.

PREA Management Interviews: During the audit period, the Auditor conducted interviews with the following members of the management team:

- Facility Head - Warden
- Unit Safe Prison PREA Manager

As a result of logistics, the Auditor was unable to conduct in-person interviews with the following members of the management team:

- Agency Head (AH)
- Agency PREA Coordinator (PC)
- Agency Contract Administrator
- SAFE/SANE Nursing Staff
- Victim Advocates

These interviews were conducted telephonically or through written statements. Each of their remarks are documented and presented in this report. Each of these individuals were interviewed using the applicable interview protocols.

All in-person interviews occurred in private areas of the facilities.

The following are a list of the staff interviews:
<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>Number of Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Staff (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Specialized Staff (Total)</td>
<td>22</td>
</tr>
<tr>
<td><strong>Total Interviewed</strong></td>
<td><strong>42</strong></td>
</tr>
</tbody>
</table>

**Breakdown of Specialized Staff Interviews**

- Agency Head (or designee)                                   | 1                              |
- Agency PREA Coordinator                                      | 1                              |
- Agency Contract Administrator                                | 1                              |
- Facility Head                                                | 1                              |
- Unit Safe Prison PREA Manager                                | 1                              |
- Intermediate or Higher Staff                                 | 1                              |
- Intake Staff                                                 | 1                              |
- Classification Staff                                         | 1                              |
- Medical Staff                                                | 1                              |
- Mental Health Staff                                          | 1                              |
- SAFE/SANE Nursing Staff                                      | 1                              |
- Investigative Staff                                          | 1                              |
- Mailroom Staff                                               | 1                              |
- Staff who perform screening for risk of victimization and abusiveness | 1                              |
- Incident Review Team Member                                  | 1                              |
- HR Staff                                                     | 1                              |
- Monitor(s) of Retaliation                                    | 1                              |
- First Responder (Custody/Non-Custody)                        | 1                              |
- Non-Medical Staff Involved in Cross Gender Strip or Visual Cavity Searches | 1                              |
| Staff Who Supervise Inmates in Segregated Housing | 1 |
| Contractor                                    | 1 |
| Volunteer                                    | 2 |

**Note:** in several instances a single person was responsible for covering two (2) separate protocols, i.e. First responder/Intermediate or higher staff, Intake staff/Monitor for retaliation, Intake staff/Screening for risk of victimization and abusiveness, etc.

**Specialized Staff Interviews:** Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers which were based on the line of questioning on the specific interview protocols for their position and responsibilities. There were fifteen (15) individuals interviewed using twenty-one (21) protocols.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: “confidential” letters can be mailed out of the facility, contacting the Office of Inspector General (OIG), calls to the PREA Ombudsman, written notes given to trusted staff, verbal reports, or through third party reporting.

Additionally, any inmate or staff member may write a note, letter or any other type of correspondence and place it in any locked correspondence box located throughout the facility. When PREA correspondence is found inside the grievance box, the mailbox, the box for legal mail, etc. it is immediately directed to the Unit Safe Prison PREA Manager and is documented and addressed according to PREA Standards.

**Random Staff Interviews:** There are 202 total staff positions allocated at LeBlanc Unit. A total of forty-two (42) staff members and different positions were interviewed, twenty (20) of which were random staff selected from all three shifts, arbitrarily chosen from a complete staff roster. There was no rhyme or reason to the selection, except that an effort was made to select staff from each of the three shifts. All staff provided answers based on the line of questioning on the Random Interview Protocol.

Work shifts for custody staff are:

- **1<sup>st</sup> shift:** 0545 – 1430 hours
- **2<sup>nd</sup> shift:** 1345 – 2230 hours
- **3<sup>rd</sup> shift:** 2145 – 0630 hours

Non-custody staff work similar variations of the three shifts. Administrative staff work 8:00am to 5:00pm, Monday through Friday.

LeBlanc Unit offers the inmate population a variety of volunteer program services, ranging from Support Groups to numerous community religious organizations, with a list of 52 volunteers. These volunteers are provided specific PREA training as it relates to volunteers, in addition to the TDCJ specific PREA training. However, due to COVID-19 all
volunteer programs have been placed on hold and volunteers are not allowed to come to the institution. Consequently, only 2 (two) volunteers were interviewed.

The only contractors who have any contact with the inmate population are directly associated with the medical, mental health and educational services provided at the facility. These contract staff members are provided specific PREA training as it relates to health care providers and educators, in addition to the TDCJ specific PREA training. The Auditor conducted (1) one interview with contract medical staff and one (1) with contract mental health staff. Both provided a comprehensive overview of the medical and mental health processes.

All in-person interviews occurred in a private space in each facility.

The following inmate interviews were conducted.

<table>
<thead>
<tr>
<th>Category of Inmates</th>
<th>Number of Interviews Conducted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Random Inmates (Total)</td>
<td>21</td>
</tr>
<tr>
<td>Targeted Inmates (Total)</td>
<td>20</td>
</tr>
<tr>
<td>Total Inmates Interviewed</td>
<td>41</td>
</tr>
</tbody>
</table>

Breakdown of Targeted Inmate Interviews

- Youthful Inmates: 0
- Inmates who reported sexual abuse: 5
- Inmates who disclosed prior sexual victimization during risk screening: 6
- Inmates who identify as Lesbian, Gay or Bisexual: 1
- Inmates who identify as Transgender Intersex: 4
- Inmates in segregated housing for risk of sexual victimization: 0
- Inmates with physical disability, blind, deaf, hard of hearing, LEP: 3
- Inmates with cognitive disability: 1

Random Inmate Interviews: The institutional count the first day of the on-site audit was 1,041. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from each housing unit to interview, ensuring diversity in age and race.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of twenty-one (21) formal random inmate interviews were conducted with inmates in varying custody levels.

As a result of the audit notice posting the Auditor received 3 letters. At the time of the audit
one (1) inmate was no longer at the facility, one (1) inmate was quarantined due to COVID-19 protocols and one (1) inmate was available for an interview.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate’s participation as voluntary and while helpful was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the protocol questions. All random inmates willing participated in the interview process. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation, and they felt the staff at LeBlanc Unit took PREA issues seriously.

In regard to personal safety at LeBlanc Unit, twenty (20) of the twenty-one (21) random inmates interviewed stated they felt safe from sexual harassment and sexual abuse. The one (1) inmate who stated he did not feel safe was not a PREA issue, but rather a COVID-19 safety issue. He stated he felt unsafe because there is not 6 feet between inmates’ beds.

**Targeted Inmate Interviews:** The Auditor requested and received a roster of inmates who fell into the targeted categories. Out of the eight (8) targeted categories, there were inmates who fell into six (6) categories. The Auditor randomly chose inmates from each housing unit to interview, ensuring diversity in age and race. Once selected each inmate was put on “call-out” with a time to report to the private space designated for interviews.

LeBlanc Unit did not have any inmates currently in house who had been in segregated housing for risk of sexual victimization. The information the Auditor gained from the facility tour, informal conversations with inmates and staff, as well as formal interviews with staff and inmates supported this assertion.

LeBlanc Unit does not house youthful inmates. The information the Auditor gained from the facility tour, informal conversations with inmates and staff, as well as formal interviews with staff and inmates supported this assertion.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate’s participation as voluntary and while helpful was not required or mandated in any way. The Auditor then asked the inmate if he wanted to participate and if so, could she ask him a few questions. The Auditor would then ask the random protocol questions followed by the specific targeted protocol questions. All responses were recorded by hand. One (1) targeted inmate declined to be interviewed.

In regard to personal safety at LeBlanc Unit, of the twenty (20) targeted inmates
interviewed, fifteen (15) reported they felt safe from sexual harassment and sexual abuse. Of the five (5) who reported feeling unsafe from sexual harassment and abuse, four (4) had reported sexual abuse in the past 12-months and one (1) was a transgender inmate. The four (4) who reported feeling unsafe who had reported sexual abuse had all completed successful retaliation monitoring without incident. The one (1) transgender inmate was being reviewed every six months as required by standard, with no reported issues.

**Document Reviews:**

A thorough review of the TDCJ, as well as the facility specific policies were included in all three (3) phases of the audit: Pre-Audit, On-Site portion, and Post- Audit.

Prior to conducting the onsite visit to the facility, the Auditor requested the facility identify a comprehensive list of inmates, staff, volunteers, and contractors along with relevant facility records to determine the universe of information from which the Auditor would sample during the onsite portion of the PREA audit. From these lists, the Auditor selected representative samples for interviews (i.e., inmate and staff) and document reviews during the onsite portion of the audit. The list requested by the Auditor in the pre-onsite audit phase is listed below:

1. Alpha listing of all inmates
2. Roster of Inmates with disabilities (i.e., physical disabilities, hard of hearing, deaf, blind, & cognitive disabilities).
3. Roster of inmates who are Limited English Proficient (LEP)
4. Roster of inmates in segregated housing or isolation
5. Roster of inmates who are or perceived to be Lesbian, Gay or Bisexual
6. Roster of inmates who are or perceived to be Intersex or Transgender
7. Roster of inmates who reported prior sexual victimization during risk screening
8. Roster of inmates who reported sexual abuse that occurred in LeBlanc Unit or a different facility
9. Complete alpha staff roster including position or rank
10. Complete alpha roster of staff promoted over the past 12 months
11. Complete alpha roster of new staff in past 12 months
12. Complete list of investigative staff who conduct sexual abuse investigations, for internal and external investigations
13. Complete list of contractors who have contact with inmates assigned to LeBlanc Unit
14. Complete list of volunteers who have contact with inmates assigned to LeBlanc Unit
15. Copies of all files of Sexual Abuse and Sexual Harassment Investigations conducted in the past 12 months in the LeBlanc Unit
16. Copies of all grievances submitted over the past 12 months which claim allegations sexual abuse, sexual harassment, or retaliation, including:
   - Total number of allegations
   - Number determined to be Substantiated, unsubstantiated or unfounded
   - Number of cases in progress
   - Number of criminal cases investigated
   - Number of administrative cases investigated
o Number of criminal cases referred to prosecution; number indicted; number convicted; number acquitted

17. List of all hotline calls made in the 12 months preceding the audit
18. List of all 3rd party reports of inmate sexual abuse, sexual harassment, or retaliation
19. Copies of all incident review team cases conducted over the past 12 months
20. List of SAFE/SANE individuals to include name of facility, address, telephone number and email address
21. List of community-based advocacy organization(s) utilized by LeBlanc Unit

The facility provided the Auditor the requested list of documents, files, and records. From this information, the Auditor selected and reviewed a variety of files, records and documents summarized in the following table and discussed in detail below:

<table>
<thead>
<tr>
<th>Name of Record</th>
<th>Total Number of Records</th>
<th>Number Sampled and Reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel Records</td>
<td>202</td>
<td>55</td>
</tr>
<tr>
<td>Training Files</td>
<td>202</td>
<td>55</td>
</tr>
<tr>
<td>Inmate Records</td>
<td>1,041</td>
<td>25</td>
</tr>
<tr>
<td>Grievances</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Incident Reports</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Investigation Records (SA and SH)</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

**Personnel and Training Files:**

The PAQ reflects LeBlanc Unit has 202 staff. There was a total of fifty-five (55) record reviews conducted on staff from various categories, including employees hired and promoted in the past 12 months.

The fifty-five (55) files were selected by randomly choosing the files of sixteen (16) new hires in the past twelve (12) months; seven (7) newly promoted employees in the past twelve (12) months and thirty-two (32) employees who had been at LeBlanc Unit for longer periods of time. All of the files contained all of the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

**Inmate Records:**

There were twenty-five (25) inmate files, chosen randomly from the master roster, with varying arrival dates between January 2019 and December 2020. All twenty-five (25) files had a signed acknowledgment sheet, had received PREA information and viewed the PREA video. All twenty-five (25) inmates had received PREA information during intake and had their PREA screening within 72 hours of admission. Twenty-three (23) had been re-assessed within 30-days, two (2) had not been in the facility for thirty (30) days at the time of the audit. Twenty-two (22) had the comprehensive PREA education within 30-days of intake. Two (2) had the comprehensive PREA education within 47-days of intake. One (1) had the comprehensive PREA education within 90-days of intake, due to COVID protocols.
Grievances:
On the PAQ, LeBlanc Unit indicated they had four (4) grievances for alleged sexual abuse in the past 12-months. All four (4) grievances alleging sexual abuse reached a final decision within 90 days of being filed.

The Auditor reviewed documentation that indicated during the past 12-months there were a total of four (4) grievances filed. The documentation review included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. All cases were investigated appropriately and were determined unsubstantiated. The inmates were given proper notice of the findings and the cases have been closed.

Incident Reports:
According to the PAQ, LeBlanc Unit reported they had a total of twelve (12) allegations of sexual abuse and sexual harassment in the past 12-months. The Auditor was provided the Incident Report and Investigative report for each of the twelve (12) allegations.

All twelve (12) of these reports were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

Investigation Files:
Information received regarding the allegations of sexual abuse indicate in the past 12-months there had been a total of twelve (12) allegations made. Of those twelve (12) allegations, staff were notified within a time period that still allowed for the collection of physical evidence eight (8) times. In each of these eight (8) cases evidence was properly collected, and the perpetrator and the victim were separated and instructed not to do anything to contaminate the evidence.

There were zero (0) forensic examinations performed by SAFE/SANE certified individuals in the past 12 months. Additionally, no forensic examinations were conducted by a qualified medical practitioner.

In every case, the Office of Inspector General was notified to determine if the evidence supported criminal charges.
Seven (7) of the twelve (12) cases were staff-on-inmate, with remainder being inmate-on-inmate. All of the twelve (12) allegations had been closed at the time of the audit. In each of the twelve cases the inmate had been notified verbally or in writing of the results of the investigation. All twelve (12) allegations resulted in unsubstantiated findings.

The Auditor scheduled the exit briefing with the Warden and his executive staff, which was conducted the final day of the audit, December 22, 2020. The Warden, Unit Safe Prison PREA Manager and the Regional TDCJ PREA Compliance Manager. During this exit briefing the executive staff members were provided with an overview of what had been observed and information about the interim or final report which is due no later than February 5, 2021.

The institution staff I encountered were extremely courteous, knowledgeable, and professional. Their combined demeanors and attitudes displayed a culture that is acutely aware of the significance of sexual safety and view the responsibility to protect inmates and staff from sexual victimization as a high priority.

POST-AUDIT PHASE

Following the on-site portion of the audit, all items were reviewed (facility tour notes, interview notes, support documents, etc.) and utilized in the compilation of the completed report.

Per PREA procedure, effective August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, it is expected if an Auditor determines a facility does not meet one or more of the standards, this report will be considered an “interim report,” triggering a 180-day corrective action point, and the Auditor will include in the report recommendation(s) for any required corrective action, and shall jointly develop with the agency a corrective action plan to achieve compliance. The Auditor is required to “take necessary and appropriate steps to verify implementation of the corrective action such as reviewing updated policies and procedures or re-inspecting portions of the facility.” At the completion of the corrective action period, the Auditor has 30-days to issue a “final report” with final determinations. Section §115.404 (d) stated that “after the 180-day corrective action period ends, the Auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.” The final report is a public document that the agency is required to post on its website or otherwise make publicly available, should include a summary of actions taken during the corrective action period to achieve compliance.

This information was discussed with the Warden, Unit Safe Prison PREA Manager; and the Regional TBCJ PREA Compliance Manager.

Just Detention International was emailed requesting information related to the sexual safety practices of LeBlanc Unit. A response was received from Just Detention International stating “a review of our database indicates we have not received any information regarding the LeBlanc Unit in the past 12-months. If you have not already done so, you may want to
contact the local rape crisis centers for these facilities to verify if they have received any reports.”

Crisis Center of Southeast Texas was emailed requesting information related to the sexual safety practices of LeBlanc Unit. At the time of this report a response had not been received.

Audit Section of the Compliance Tool: The Auditor reviewed onsite documentation, notes, staff and inmate interview notes, and site notes and began the process of completing the audit section of the compliance tool. The Auditor used the audit section of the compliance tool as a guide to determine which questions in which interview guide(s), which on-site documentation and notes from the onsite audit should be reviewed in order to determine compliance for each standard. After checking the appropriate “yes” or “no” boxes on the compliance tool for each provision of each standard, the Auditor completed the “overall determination” section at the end of the standard indication whether the facility’s policies, procedures, and practices, exceeds, meets, or does not meet each specific standard.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics, and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The mission of the TDCJ Richard P. LeBlanc Unit is to “ensure public safety, provide a safe and secure facility, assist victims of crimes, and promote positive change in offender behavior through a therapeutic community treatment program, which promotes structure and personal accountability. Through the combined efforts of all unit staff, offenders are able to reintegrate into society and become successful and productive citizens.”

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 776 acres of land with two other correctional units, Larry Gist State Jail and Stiles Unit, belonging to the TDCJ.

Each of the 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 buildings house programs, food service, maintenance, commissary, visitation, and administration. There is a large, covered recreation pavilion located in the center of the compound.

The building breakdown is as follows:

- A-building (Administration) houses staff offices, uniform issue, contact visiting/turnout room, non-contact visiting, mailroom, inmate records, count room, and central control picket;
• Buildings 1, 2, 3 are under one roof/offender housing;
• Buildings 4, 5, 6 are under one roof/offender housing;
• C-building houses education, chaplain, leisure/law library, grievance, ACA, and armory officers;
• D- building (Services) houses laundry, commissary, food service, medical, unit supply, security, and administrative segregation;
• E-building houses maintenance and warehouse;
• F-building is maintenance paint storage; and
• Back gate guard shack.

The Housing Scheme identifies offender housing within six housing buildings. Each of the 18 dorms provides 34 double bunks/68 beds for a total of 1224 beds.

Each dormitory is designed with a housing control picket in the middle surrounded by chain link fencing; one fourth of the building contains offices for staff on duty and the remainder space provides three dormitory pods with dayrooms. The Special Management Unit is located in D-building and provides one cellblock with seven single cells, which are not included in the rated capacity. The LeBlanc Unit does not provide medical housing or an infirmary. The facility provides toilets/urinals, wash basins, and showers in centralized areas in dormitory housing.

The Special Management Unit referred to as “Administrative Segregation” (Restrictive Housing) houses offenders in solitary confinement (three cells), administrative segregation/pre-hearing detention (three cells), and transient status (one cell) in accordance with the LeBlanc Housing Scheme. Transient status falls under the Restrictive Housing Plan but is not considered administrative segregation; TDCJ offenders are placed in segregation transient status when there is not an appropriate custody level bed or custody on the unit, and they are pending transfer. Each cell contains a toilet/wash basin combo, writing surface, and single bed with attached storage at the bottom; the shower is separate. All of the doors in this cellblock were detention grade with a food port and small window. The three solitary confinement cells are designed with an entrance security door, cell grill/door, and vestibule in between; these cells do not have a window to the outside for access to natural light. The officer’s picket is located in front of all cells. All movement within the unit is strictly controlled. A TDCJ Restrictive Housing Plan was in place for services and programs available to offenders, dependent on their level (i.e., library, recreation, property, etc.). The Administrative Segregation Diversion Program has a level system that allows offenders to work toward release to general population if there are no other overriding security concerns. The large center outdoor recreation yard is available to segregation offenders.

The facility grounds are well maintained and offer ample green space for inmates to spread out and get fresh air. The Auditor observed the area at both day and night. At night, with the lights on, it is amply lit for the safety of staff and inmates.

Summary of Audit Findings
The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded
- **Number of Standards Exceeded:** 3  
  **List of Standards Exceeded:** 115.17, 115.31, 115.33

### Standards Met
- **Number of Standards Met:** 42

### Standards Not Met
- **Number of Standards Not Met:** 0  
  **List of Standards Not Met:** Click or tap here to enter text.
Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)
- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Documented Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- TDCJ Policy, BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31, 2019
- LeBlanc Unit Organizational Chart
- TDCJ Organizational Chart
- TDCJ, Executive Directive, ED-03.03 (rev. 4), Safe Prisons Program, dated September 17, 2019
- Interviews with the following:
  - PREA Coordinator (PC)
  - Unit Safe Prison/PREA Manager

**Provision (a)**

The Pre-Audit Questionnaire (PAQ) indicates LeBlanc Unit has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

TDCJ Policy, BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31, 2019, p. 1 states it is the policy of the Texas Board of Criminal Justice (TBCJ) that the Prison Rape Elimination Act (PREA) Ombudsman shall coordinate the Texas Department of Criminal Justice’s (TDCJ) efforts to comply with the PREA standards in all of its correctional and community residential facilities.

TDCJ, Executive Directive, ED-03.03 (rev. 4), Safe Prisons Program, dated September 17, 2019, states the TDCJ has zero tolerance toward all forms of sexual abuse and sexual harassment. The TDCJ shall be vigilant in establishing a safe environment for staff and offenders to all secure correctional facilities. Every attempt shall be made to protect offenders who are at risk of harm by others, take a proactive approach to prevent, detect, and respond to incidents of sexual abuse and sexual harassment of offenders, reduce incidents of extortion and address the needs of offenders who have been victimized. Violators shall be subject to criminal charges and civil liability in state or federal court, as well as TDCJ disciplinary action.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, forward p. ii, states the Texas Department of Criminal Justice (TDCJ) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders. The TDCJ shall take a proactive approach concerning the detection, prevention, response, and punishment of sexual abuse, including consensual sexual contact while in TDCJ custody. The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate action to address the protective needs of offenders who have been victimized. Every attempt shall be made to prevent the sexual abuse and sexual harassment of offenders in accordance with agency
policy, ED-03.03, “Safe Prisons/PREA Programs,” directs the TDCJ to develop and implement a plan to govern the operation of the Safe Prisons/PREA Program.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, pp. 2-6, provides definitions for wording within the policy. Additionally, the policy outlines staff responsibilities, procedures for the prevention of, response to, and the reporting and investigation of sexual abuse and sexual harassment.

Definitions are also provided in TDCJ Policy, BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, dated October 31, 2019, pp. 2-4.

TDCJ, Offender Orientation Handbook, I-202, (rev. February 2017), p. 2, addresses the TDCJ and LeBlanc Unit zero tolerance policy against sexual abuse and sexual harassment. Any sexual conduct, whether inmate-on-inmate or staff-on-inmate, whether consensual or coerced, is strictly prohibited. The Offender Orientation Handbook is available in English and Spanish.

TDCJ, as well as LeBlanc Unit, policy and procedure are consistent with the PREA standards.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, specifically addresses the requirements of this provision. Additionally, it identifies the role of the Safe Prisons/PREA Management Office (p. 7), TDCJ Safe Prisons/PREA Manager (p. 7), Regional Safe Prisons/PREA Manager (p. 8), and Unit Safe Prisons/PREA Manager (p. 8). The reviewed policy is consistent with the PREA Standards and outlines the agency’s approach to sexual safety.

The positions and hierarchy within the Texas Board of Criminal Justice (TBCJ) and Texas Department of Criminal Justice (TDCJ) for PREA personnel was confirmed through a review of the agency PREA organization chart. The positions and hierarchy within LeBlanc Unit for PREA personnel was confirmed through a review of the facility PREA organization chart.

TDCJ, Executive Directive, ED-03.03 (rev. 4), Safe Prisons Program, dated September 17, 2019 states the director of the Correctional Institutions Division is appointed as the safe prisons coordinator and shall establish the TDCJ Safe Prisons Program to ensure every effort is made to maintain a safe and secure environment for staff and offenders.

The PREA Coordinator (PC) is classified at the Executive Level as confirmed through a review of Texas Board of Criminal Justice (TBCJ) organizational chart. The PC has six (6) PREA Compliance managers who report to her. According to the TBCJ organization chart, the PC reports directly to the Chairman of the Texas Board of Criminal Justice.

The PC is a full-time position dedicated solely to PREA compliance. The PC feels she has sufficient time to manager her PREA related responsibilities. Each unit within the facility has one (1) PREA Compliance Manager (USPPM). The USPPM reports directly to the Senior Warden of the facility.

Provision (c)
TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, pp. 7-8, establishes, identifies, and outlines the roles and responsibilities of the USPPM, which includes the collaboration with various levels of institutional management. Further, it establishes and identifies the responsibilities and procedures for the USPPM to coordinate the institutions efforts to comply with PREA standards. Each of the reviewed policies is consistent with PREA standards and outlines the agency’s approach to sexual safety.

The LeBlanc Unit USPPM reports directly to the Senior Warden of the facility, which was confirmed by a review of the institutional organizational chart. Through interviews with the TBCJ PC and the institution USPPM, it was confirmed the USPPM have the responsibility to ensure the institution’s compliance with the PREA standards and have the authority to address all PREA issues.

During the interview with LeBlanc Unit USPPM, she indicated she has sufficient time to complete her responsibilities. It is evident she is deeply knowledgeable with the expectations and responsibilities of her position and are able to fulfill them.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator. No recommendations or corrective action is required.

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with the following:
  - Agency Contract Administrator

Provision (a)

The LeBlanc Unit Pre-Audit Questionnaire (PAQ) revealed the Texas Department of Criminal Justice (TDCJ) requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. LeBlanc Unit does not individually contract for the confinement of inmates.

The interview notes of the Agency Contract Administrator indicate TDCJ contracts include verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed. The contract administrator pointed out:

(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, states any new contract or renewal with entities for the confinement of offenders shall adopt and comply with TDCJ policies and procedures (which include PREA).

According to the Agency Contract Administrator, there are thirty-seven (37) total contracts for the confinement of TDCJ inmates. There are 11 secure contract facilities. Ten (10) secure contract facilities are active, and one is idle. There are eight (8) residential corrections centers (RCC) and nineteen (19) transitional treatment centers (TTC).

The PREA compliance results for the contracts for confinement of inmates with other entities are managed by the contract manager in accordance with the verbiage of the contract that is in place with each entity.
Provision (b)

According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed by TDCJ who ensure appropriate adherence to the national standards. Each entity is contractually required to notify the TDCJ of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard which addresses contracting with other entities for the confinement of inmates. No recommendations or corrective action is required.

**Standard 115.13: Supervision and monitoring**

_All Yes/No Questions Must Be Answered by the Auditor to Complete the Report_

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- LeBlanc Unit Annual Staffing Plan Review for 2017; 2018; 2019; 2020
- Interviews with the following:
  - Facility Head
  - Unit Safe Prison/PREA Manager
  - Agency PREA Coordinator (PC)
  - Intermediate-or-Higher Level Facility Staff

**Provision (a)**

On the PAQ, the LeBlanc Unit indicated they have a staffing plan, and the plan addresses each of the thirteen (13) items listed in Provision (a). In addition, the LeBlanc Unit Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, pp. 7-8, identifies the PREA Coordinator as being responsible for the compilation and reporting of data related to PREA incidents as defined herein, including the data necessary to complete the PREA survey administered by the Federal Bureau of Justice Statistics using a “Survey of Sexual Victimization-Incident Form,” SSV-IA and “Survey of Sexual Victimization-State Prison Systems Summary Form,” SSV-2. The data will also be utilized to improve the effectiveness of the Department’s efforts toward sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action, and the preparation of an annual report that includes a comparison of the current year’s data and corrective actions with those from prior year. Each Compliance Manager will be responsible for compiling institution specific PREA data and preparing an annual corrective action plan for her/his institution.

The Auditor reviewed copies of the 2020 annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan is predicated upon a daily facility inmate population of 1224, which is the facility capacity. The PAQ confirms the average daily number of inmates during the past 12 months has been 1,157.

The annual staffing plans for Region 3 of the TDCJ, of which LeBlanc Unit is a part, were conducted August 12, 2020. The 2020 staffing plan does not reflect any requested changes by LeBlanc Unit.

Interviews with the USPPM and other executive staff indicated random reviews of the staffing levels, how they affect the inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted. Reviews of other concerns, such as the physical plant configuration, internal
or external oversight bodies, inmate population configuration, and placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse are also consistently conducted.

Provision (b)

LeBlanc Unit has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected according to the Level of the post. Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 11, number 2, states in circumstances where the staff plan is not complied with, the unit shall document and justify all deviations from the plan.

The Shift Supervisor as well as the USPPM indicated, when asked, that possible deviations could occur for the following reasons:

1. Medical Transport
2. Religious Programs
3. Emergency Absence
4. Hospital Security
5. Constant and Direct Observation
6. Major Projects

Provision (c)

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided a copy of the LeBlanc Unit Annual Staffing Plan Review approved August 12, 2020. This review discussed the staffing plan and the resources needed to adhere to the staffing pattern.

Policy requires an internal audit of the staffing plan be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed on an annual basis. The annual review of the staffing plan includes facility and department management level staff which include: the PC and other institutional Executive Staff.

The Auditor reviewed shift rosters for respective shifts and was able to verify that every mandatory post was covered by an assigned staff member.

LeBlanc Unit has convex security mirrors throughout their facility and camera coverage in the administrative and visiting areas. The LeBlanc Unit can be viewed from two exterior cameras and eight interior cameras which are monitored by CCTV from central control picket and the assistant warden’s office; recordings are retained for 18 days. The central control picket is located in the administration building and is staffed 24/7 by one officer. The officer controls the pedestrian sally port, monitors two exterior cameras, the front door and lobby area, operates the telephone switchboard, and verifies ID cards and controls movement in and out of the secure compound. IDs are collected in the sally port and returned prior to individuals passing through this security point.
LeBlanc Unit does not utilize video surveillance in the housing and programming areas, rather it has strategically placed security mirrors throughout these areas.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, B, 1, states security supervisors at each unit shall conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds shall be conducted during all shifts in accordance with applicable post orders.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, B, 1 expressly prohibits staff from alerting other staff members that supervisor rounds are occurring. Further it states that any staff member who does alert other staff of the unannounced rounds will be disciplined in accordance with PD-22, General Rules of Conduct and Disciplinary Action Guidelines for Employees.

Policy dictates all unannounced rounds are documented on the Employee and Visitor Log for each unit. The logs reflected unannounced rounds are being conducted per the standard. This was confirmed through staff interviews.

During the two (2) days the Auditor was on site; numerous supervisors were observed walking and working in various capacities throughout the facility. When interviewing inmates, it was confirmed the USPPM, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

There were interviews and informal discussions with seven (7) intermediate or higher-level staff. These interviews and discussions affirmed that staff are making unannounced rounds to all areas of the facility, with no warning to staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority. No recommendations or corrective action is required.

### Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)
In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Documentation Reviewed**

- Richard P. LeBlanc Unit (LeBlanc Unit) completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided
- The Texas Department of Criminal Justice, (TDCJ) Correctional Institutions Division, Safe Prisons/PREA Plan, dated February 2019
- PREA statement of Fact, *Youthful Inmates*, signed by Chief of Classification, March 31, 2020
- Observations during on-site review
- Interviews with the following:
  - Facility Head – Warden
  - Unit Safe Prison PREA Manager
Provision (a)

On the PAQ, LeBlanc Unit reported they did not house youthful inmates. In Interviews with the Warden, using the interview protocol for the facility head, he confirmed Leblanc Unit does not house youthful inmates.

During the course of the on-site tour, the Auditor did not observe any youthful inmates.

The TDCJ, Correctional Institutions Division, Safe Prisons/PREA Plan, dated February 2019, p. 10, specifies guidelines of how youthful offenders would be manages if they were in the facility.

PREA statement of Fact, *Youthful Inmates*, signed by Chief of Classification, March 31, 2020, confirms LeBlanc Unit does not house youthful offenders.

The Warden and the USPPM both confirmed the LeBlanc Unit does not house youthful offenders.

Provision (b)

N/A

Provision (c)

N/A

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding youthful inmates. No recommendations or corrective action is required.

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

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)
• Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

• Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

• Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

• Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

• Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

• Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate’s genital status? ☒ Yes ☐ No

• If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- PREA Statement of Fact, Cross Gender Search, signed by the USPPM, dated March 31, 2020.
- 2019 PREA training records for LeBlanc Unit staff
- Observations made during on-site review
- Interviews with the following:
  - Random Staff
  - Random Inmates

Provision (a)

The PAQ reflects LeBlanc Unit does not conduct cross-gender strip or cross gender visual body cavity searches of inmates. Consequently, it reports zero (0) cross gender strip or cross gender visual body cavity searches in the past 12-months.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, number 3, specifies that staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches, such as a search of the anal or genital opening, except in exigent circumstances or when performed by medical practitioners in accordance with AD-03.22, “Offender Searches.”

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, number 4 indicates in exigent circumstances, unit staff shall document all cross-gender strip searches and cross-gender visual body cavity searches for male offenders, and all cross-gender visual body cavity searches or pat-down searches for female offenders. Number 5 on the same page states These searches shall be documented on an Inter-Office Communication containing a supervisor’s signed approval and filed with the USPPM.

There were twenty (20) formal and six (6) informal random staff questioned about cross gender search practices. All of the staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

PREA Statement of Fact, Cross Gender Search, signed by the USPPM, dated March 31, 2020, confirms there have been no cross-gender viewing or searchers during this audit cycle.

Provision (b)

A total of twenty-one (21) formal and four (4) informal random inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been
part of a cross gender search.

There were twenty (20) formal and six (6) informal random staff questioned about cross gender search practices. When asked how the female staff would proceed if a male staff member was not available, they indicated there is always a male staff member on duty, who can be directed to the area to conduct the search. All staff recalled receiving training on opposite gender searches; however, each of them articulated that in all instances cross gender searches are not conducted at the facility. All staff (both male and female) reported cross gender strip searches or cross gender body cavity searches do not occur at this facility.

PREA Statement of Fact, *Cross Gender Search*, signed by the USPPM, dated March 31, 2020, confirms there have been no cross-gender viewing or searchers during this audit cycle.

**Provision (c)**

On the PAQ, LeBlanc Unit reports the facility requires all exigent circumstances of cross-gender strip searches and cross-gender visual body cavity searches be documented. As stated in Provision (a), LeBlanc Unit report there have been zero (0) cross-gender strip searches or cross gender visual body cavity searches conducted in the past 12 months.

PREA Statement of Fact, *Cross Gender Search*, signed by the USPPM, dated March 31, 2020, confirms there have been no cross-gender viewing or searchers during this audit cycle.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 9, number 4 indicates in exigent circumstances, unit staff shall document all cross-gender strip searches and cross-gender visual body cavity searches for male offenders, and all cross-gender visual body cavity searches or pat-down searches for female offenders. Number 5 on the same page states these searches shall be documented on an Inter-Office Communication containing a supervisor’s signed approval and filed with the USPPM. The reviewed policy is consistent with the PREA standard.

Random staff interviewed indicated there were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.

**Provision (d)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 9, number 6 proclaims Correctional officers shall make best efforts to allow offenders to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Staff of the opposite gender shall announce their presence when entering an offender housing area in accordance with applicable post orders. Under no circumstances shall an offender search be conducted solely for the purpose of determining an offender’s genital status.

On the PAQ, LeBlanc Unit indicated they allowed inmates to shower, perform bodily functions and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is
incidental to routine cell checks. Further the PAQ indicated opposite gender staff are required to announce their presence when entering an inmate housing unit.

Four (4) transgender inmates were interviewed. Each inmate stated they were given the option of an alternate time to shower when the remainder of the housing unit was not using the shower. They also reported they are allowed to shower on the administrative housing unit in a single shower stall.

When staff were specifically asked would transgender or intersex inmates be able to shower privately, the answer was affirmative. When asked how this would be arranged, each staff member reported alternative showering times would be implemented as needed or they could shower in administrative housing. Each staff member further stated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate’s input would carry great weight in the decision-making process.

During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence was made. The Auditor was also announced by LeBlanc Unit staff when entering inmate housing and restroom areas as she was of opposite gender.

Inmates interviewed reported female staff announce their presence when entering living areas, and always announce and wait extended periods of time before entering the bathroom areas. Every inmate interviewed confirmed they were able to dress without being viewed by staff of the opposite gender.

Of the twenty-one (21) formal and four (4) informal random inmate interviewed all reported hearing opposite gender staff announce their presence when entering the housing unit. All inmates indicated the female staff will rarely enter the bathroom area, preferring a male staff enter, unless there are no male staff present, and then will only enter after the announcement has been made several times and the female staff have waited for a response. All staff interviewed reported that opposite gender staff announcements are made when entering the housing units.

Most of the housing units are designed in an open bay setting, with one bathroom per housing unit. Each bathroom has several toilets and several shower stalls. Segregated housing cells contain toilets and sinks inside the cell. The showers are outside of the cell yet allow for privacy. All of the showers in the open bay housing units and segregated housing either have doors, curtains or privacy screens which adequately protect against opposite gender viewing. The toilets have surrounds or are situated in a way that prevents opposite gender viewing.

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.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 34, number 2 states Correctional staff shall be trained in the methods of conducting cross- gender, transgender, and intersex offender pat-down searches in order to ensure the searches are conducted professionally and respectfully, in the least intrusive manner possible, but with attention to security needs.
A total of twenty-one (21) formal and four (4) informal random inmate interviews were conducted. Each of the inmates interviewed confirmed they had never been part of a cross gender search. Of the four (4) transgender inmates interviewed, all stated they had never been searched for the sole purpose of determining genital status.

There were twenty (20) formal and six (6) informal random staff questioned about transgender and intersex inmate search practices. Each staff member specifically stated that no searches would ever be permitted for the sole purpose of identifying an inmate’s genital status.

**Provision (f)**

The Auditor reviewed copies of the 2019 PREA training sessions for LeBlanc Unit staff. The Auditor verified each signature on the sign-in sheet correlated to an existing LeBlanc Unit staff member listed on the staff roster, ensuring all staff received the required training. All participants also signed an acknowledgment of training materials. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex inmates. Additional training documents provided direction to staff on proper documentation practices when cross gender searches were conducted.

When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when male staff is not on duty and would be directed to the area to conduct the search to ensure cross gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. The opposite gender Auditor was also announced by LeBlanc Unit staff when entering the inmate housing and restroom areas.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined LeBlanc Unit meets the standard regarding the limits to cross-gender viewing and searches.

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

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

115.16 (a)

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

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations? Yes ☒ No ☐

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- TDCJ Unit Roster, LeBlanc Unit, Qualified Interpreter List, dated March 1, 2020
- LeBlanc Unit Annual PREA Training Fiscal Year 2019
- Staff attendance record for Fiscal year 2019 PREA Training
- Observations of PREA poster locations during on-site tour of facility
- Interviews with the following:
  - Facility Head - Warden
  - Random Staff
  - Inmates with disabilities or LEP

Provision (a)

On the PAQ, LeBlanc Unit reported established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency’s effort to prevent, detect and respond to sexual abuse and sexual harassment.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 33, number 4, establishes Offenders shall be provided education in formats accessible to all
offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

The Auditor reviewed written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the inmate population. Two (2) LEP inmates were interviewed. Both inmates stated that materials were made available in their language and that staff interpreters were readily available to assist them when needed.

During the tour, the Auditor also observed the PREA posters were prominently displayed in each housing unit, work area, hallways, as well as numerous other areas throughout the facility in both English and Spanish.

During the interview with the Warden, he shared that LeBlanc Unit has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as staff interpreters and outside service providers as needed.

In the event a staff interpreter is not available the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

The Auditor interviewed four (4) inmates with disabilities. Two (2) inmates were Limited English Proficient (LEP); one (1) was physically disabled and one (1) was cognitively disabled. The two (2) LEP inmates stated they received all PREA information and facility rules in English and Spanish. They further indicated language was not a barrier in programming or work assignments. The one (1) physically disabled inmate reported he felt safe and did not feel at a disadvantage due to his physical disability. The one (1) inmate with cognitive disabilities indicated he had a clear understanding of the PREA guidelines and was able to explain his rights and articulate multiple methods by which he could report an issue if necessary.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, pp. 32-33, denote numerous items relative to ensuring each inmate is given information in verbal and written form, and that all information regarding TDCJ PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will be distributed within the first 24 hours and include: Prevention of sexual abuse and harassment; self-protection; methods of reporting; and treatment and counseling availability.

The Auditor reviewed documentation that all LeBlanc Unit staff had received PREA training, during the calendar year 2020. This training was extensive and comprehensive, instructing staff of the various components of Americans with Disabilities Act, including the appropriate treatment of those inmates who are covered under the act.

Provision (c)
TDCJ Unit Roster, LeBlanc Unit, Qualified Interpreter List, dated March 1, 2020 provide a listing of staff who are assigned as interpreters for their units.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 21, 3, states Offenders with limited English proficiency shall be provided meaningful access to information regarding TDCJ efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 21, 3, a-b, states when seeking interpreters, staff shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first-response duties described within this plan, or the investigation of the offender’s allegations. Staff shall follow appropriate TDCJ policies and procedures for obtaining a qualified interpreter.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding inmates with disabilities and inmates who are limited English proficient. No recommendations or corrective action is required.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No
115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Personnel file reviews for current employees, new employees and employees receiving promotions
- Interviews with the following:
  - Human Resource (HR)

Provision (a)

The PAQ reflects 202 staff within the LeBlanc Unit. LeBlanc Unit reported fifty-five (55) new hires in the past twelve (12) months. Further, they reported thirty-four (34) contractors and fifty-two (52) volunteers who have contact with inmates.
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 38, A, 1 states the TDCJ shall not hire or promote anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who previously:

- Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 USC 1997;

- Has been convicted of engaging or attempting to engage in sexual activity in the community that was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent, refused, or was unable to consent or refuse; or

- Has been civilly or administratively adjudicated to have engaged in the activity described in Section VIII.A.1.b.

The Auditor reviewed a random sampling of staff and contractor files. The fifty-five (55) files were selected by randomly choosing the files of sixteen (16) new hires in the past twelve (12) months; seven (7) newly promoted employees in the past twelve (12) months and thirty-two (32) employees who had been at LeBlanc Unit for longer periods of time. All of the files contained all of the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

The Auditor was able to verify all files selected contained all items required by the standard, including PREA documentation and verification of the completed criminal history checks.

Provision (b)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 38 A, 2, states the TDCJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders.

The Auditor interviewed Human Resource (HR) personnel in regard to the hiring practices of the LeBlanc Unit. The HR indicated that the potential hire is required to fill out the personnel documents, which require the disclosure of the standard required items. The HR stated the TDCJ takes a very active stance with the requirements of the PREA standards and have developed a very comprehensive system of tracking to ensure that all of the required history checks are completed for pre-hires, promotions, and five (5) year reviews. Additionally, the HR stated background checks are conducted on all staff twice a year; once in their birth month and again six (6) months later. The Auditor conducted a review of the requested personnel files and verified that all of the files reviewed contained all items required by the standard, including the PREA documentation and verification of the
completed criminal history checks. The three (3) questions listed under Provision (a) were asked and answered on all documents as required by the standard. Additionally, these three (3) questions are asked, answered, and documented by staff annually.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 40, C, 1, indicates before hiring new employees who may have contact with offenders, the TDCJ shall:

- Perform a criminal background check; and
- Attempt to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse, in accordance with federal, state, and local law.

The Auditor interviewed the HR in regard to hiring practices of the LeBlanc Unit. The HR stated the TDCJ requires background checks on all new hires, promotions, and existing staff every five (5) years. Additionally, the TDCJ conducts background checks on each employee every six months, in their birth month and six months after.

In the preceding 12-months there were fifty-five (55) persons hired who may have contact with inmates who had a criminal background check completed. The Auditor conducted a review of sixteen (16) of these personnel files and verified that all of the files contained all items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 40, C, 2, indicates a criminal background check shall be performed before enlisting the services of any contractor who may have contact with offenders.

On the PAQ, LeBlanc Unit reported there are a total of thirty-four (34) contractors who might have contact with inmates. The TDCJ conducts background checks on each contractor every six months, in their birth month and six months after. LeBlanc Unit provided information for review indicating 100% of the contractors had up to date with criminal background history checks.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 40, C, 3, specifies criminal background checks shall either be conducted at least every five years for current employees and contractors who may have contact with
offenders, or a system shall be in place to otherwise attain the information for current employees.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39, A, 4 states material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination.

The TDCJ conducts a criminal background records check, upon application, when being considered for a promotion, and every five (5) years on all current employees and contractors. Additionally, per the HR, the TDCJ conducts background checks on each employee every six months, in their birth month and six months after.

The Auditor interviewed the HR who stated the agency has a centralized database, located in Huntsville, Texas, that tracks the completion of all background checks, and also tracks the due dates of the five (5) year criminal history background check.

**Provision (f)**

During the interview with the HR, it was reported all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.

During the interview with the HR, it was reported that a condition of staff employment is that any arrest activity must be reported through the respective employees reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

**Provision (g)**

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39, A, 4 states material omissions regarding misconduct of this nature, or the provision of materially false information, shall be grounds for termination.

**Provision (h)**

During the interview, the HR confirmed that unless prohibited by law, all information would be provided on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit exceeds the standard regarding hiring and promotion decisions. No corrective action is required.

**Standard 115.18: Upgrades to facilities and technologies**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice, Security Memorandum, SM 01.14 (rev 5), Operating and Monitoring Video Surveillance Systems, dated February 14, 2019
- Observations during on-site review
- Interviews with the following:
  o Facility Head - Warden
Provision (a)

On the PAQ, LeBlanc Unit reported the agency/facility has not acquired new facilities or made substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

On the PAQ, LeBlanc Unit reported the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

The LeBlanc Unit has not had any substantial expansions, modifications or installed or updated any video monitoring equipment since the past PREA audit. There are currently ten (10) cameras at the facility. None of these cameras are located in any living areas, or in any area that might present privacy concerns.

TDCJ, Security Memorandum, SM 01.14 (rev 5), Operating and Monitoring Video Surveillance Systems, dated February 14, 2019, I, A, 3, states unit administration must ensure video surveillance systems are used to protect offenders against assault, extortion, and sexual abuse in accordance with the TDCJ Safe Prisons/PREA Plan.

The Auditor conducted a comprehensive tour of LeBlanc Unit. There were no reported renovations since the last audit.

The Auditor interviewed the Warden who reported any construction, renovation or modification would be done with full consideration of all PREA standards. He further reported there are meetings that would be held regarding any building or construction considerations and that safety and cameras or other technologies would be discussed and considered at such meetings. During these meetings LeBlanc Unit executive staff would meet with all key supervisors and managers to discuss any pertinent issues, such as Data/Reporting issues, Grievances, Disciplinary Reviews, Video Summary Reviews, Use of Force Incidents, Incidents of Sexual Abuse, as well as the analysis of key data such as overtime, leave time, morale, etc.

Provision (b)

During the interview with the Warden, he reported there are video surveillance camera at the LeBlanc Unit in the administrative and visiting areas.

During the facility tour the auditor observed video surveillance camera at the LeBlanc Unit in the administrative and visiting areas.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding upgrades to facility and technology. No recommendations or corrective action is required.
Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers?
As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

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

Auditor is not required to audit this provision.

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
Provision (a)

On the PAQ, LeBlanc Unit reported the facility is responsible for conducting administrative investigation within the facility. Further, the PAQ reflects, the Office of the Inspector General (OIG) is responsible for conducting all criminal investigations. All PREA allegations are referred to the OIG for review for possible criminal charges.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 25, V, A, 1, states all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

TDCJ, Administrative Directive, AD-16.03 (rev. 5), Evidence Handling, dated May 28, 2019, states, in part, when circumstances reveal that a criminal act may have occurred, the TDCJ shall ensure the implementation of evidence handling and crime scene protection/preservation procedures in accordance with this directive. All employees shall take those steps necessary to protect life and property as well as to provide for the identification, protection and preservation and collection of physical evidence in such a manner as to maintain its integrity.

The Auditor interviewed a total of twenty (20) random staff in regard to the rules of evidence, and their understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 25, V, A, 2, states The protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most
recent edition of the U.S. Department of Justice Office on Violence against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

According to the PAQ, LeBlanc Unit does not house youthful offenders.

**Provision (c)**

On the PAQ, LeBlanc Unit reported all treatment services are provided to the victim without financial cost. Further, the PAQ reports that all forensic examinations are completed at the nearest hospital emergency department. Texas State Law (SB-1191) requires that ER staff have specialized training to complete a forensic examination but does not require that be SANE or SAFE training. When possible SAFE or SANE will be utilized.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 13, F, 5, states all offender victims of sexual abuse shall be offered access to forensic medical examinations, whether on-site or at an outside medical facility, without financial cost, where evidentiary or medically appropriate. Such examination shall be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) when possible. If neither a SAFE nor SANE can be made available, the examination may be performed by other qualified medical practitioners in accordance with CMHC policies. Efforts to provide a SAFE or SANE shall be documented.

LeBlanc Unit 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. SAFE/SANE personnel reported they are responsible for conducting all forensic medical examinations for the facility. SANEs are available 24/7/365; however, if unforeseen circumstances arise and SANE cannot perform the exam, an ER physician and ER registered nurse with a minimum of two hours of forensic evidence collection training may perform the exam. The exam starts with explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient’s words in the forensic medical record. After all information is obtained, the SANE will do a head-to-toe assessment, document trauma, and take photographs with the patient’s consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient’s consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV. If the patient is female, the SANE will also discuss emergency contraception options.

On the PAQ, LeBlanc Unit reported zero (0) forensic examinations performed by SANEs/SAFEs during the past 12 months. During the interview with the PCM, she confirmed in the past twelve (12) months there have been zero (0) exams performed by SANEs/SAFEs.
The SAFE/SANE representative confirmed the examinations are provided at no cost to the inmate and that all forensic services are provided when the inmate alleges sexual abuse, sexual assault, or sexual battery. All forensic examinations consist of an assessment, documentation and collection of evidence as outlined in the Attorney General’s “Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination.

Provision (d)

Texas Board of Criminal Justice letter to Rape & Suicide Crisis of Southeast Texas, Inc, Request for Sexual Abuse, Emotional Support Services Letter dated May 4, 2020, documents the most recent effort by the LeBlanc Unit to make a victim advocate from a rape crisis center available to the victims of sexual abuse.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 12, E, 1, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.

During the interview with the USPPM, she indicated victim advocacy services are offered through unit staff who are specifically trained to be an OVR. The USPPM stated all requirements of PREA have been incorporated into the training for OVRs. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the OVR, in collaboration with mental health services.

At the time of the audit, information received regarding the allegations of sexual abuse the past 12-months revealed a total of twelve (12) allegations reported. All twelve (12) allegations were referred to the OIG for review for criminal prosecution. None were criminally prosecuted. All allegations had been closed at the time of the audit. Each resulted in unsubstantiated findings.

The Auditor reviewed twelve (12) files of sexual abuse allegations. In all cases the alleged victim was offered medical and mental health services, none declined. All medical and mental health evaluations were completed between one to three days after referral. All twelve were offered an advocate, with nine (9) declining.

Provision (e)

As stated in Provision (d) during the examination, the inmate meets the victim advocate. The victim advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 12, E, 1, a-b, state:

a. As requested by the offender victim, the victim advocate or qualified TDCJ staff
member, or qualified community-based organization staff member shall:

(1) Accompany and support the victim through the forensic medical examination process and investigatory interviews;

(2) Provide emotional support, crisis intervention, information, and referrals; and

(3) Not delay or otherwise impede the screening or stabilization of an emergency medical condition.

b. For the purposes of this section, a qualified TDCJ staff member is an offender victim representative (OVR).

A review of the TDCJ, Offender Victim Representative (OVR) training curriculum, training handouts, as well as training records confirmed all OVR personnel had completed the required training required by TDCJ policy.

Provision (f)

As reported in Provision (a) all PREA allegations are forwarded to the Office of the Inspector General (OIG) for review for possible criminal charges. The OIG is responsible for conducting all criminal investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct.

Provision (g)

Auditor is not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through unit personnel who have received specialized training to be an OVR.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 12, E, 2, a-c, states:

a. The warden shall designate at least two OVRs. An OVR shall be a mental health clinician, sociologist, chaplain, social worker, or case manager who has completed the TDCJ Sexual Assault Offender Victim Representative training.

b. Wardens shall coordinate with the SPPMO when a newly designated OVR requires training.

c. The function of an OVR shall not begin until such training is received.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding evidence protocol and forensic medical examinations. No recommendations or corrective action is
Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with:
  - Random Staff
  - Investigative Staff

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p 27, C, 1, mandates allegations of sexual abuse and sexual harassment shall be referred to the OIG for investigation. These referrals shall be documented on the appropriate investigative forms contained within AD-02.15, “Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents,” for staff-on-offender allegations and the SPPOM for offender-on-offender allegations.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 28, D, 1-2, indicates

1. Sexual abuse and sexual harassment investigations alleged against staff shall only be conducted by a staff member with the rank of captain or above. Unit administrators shall ensure the investigating staff member is at least one rank above the accused staff member. If the OIG conducts administrative investigations against staff, the investigation shall be performed in accordance with OIG policies and procedures.

2. When the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.

At the time of the audit, information received regarding the allegations of sexual abuse the past 12-months revealed a total of twelve (12) allegations reported. All twelve (12) allegations were referred to the OIG for review for criminal prosecution. None were criminally prosecuted. All twelve (12) had been closed at the time of the audit, with unsubstantiated findings.

The Auditor reviewed twelve (12) files of sexual abuse allegations. In all cases the alleged victim was offered medical and mental health services, none declined. All medical and mental health evaluations were completed between one to three days after referral. All twelve were offered an advocacy support, with nine (9) declining.

All staff interviewed knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are
to immediately report to their shift supervisor.

**Provision (b)**

The policies regarding the TDCJ and LeBlanc Unit obligation to thoroughly investigate all matters relative to Sexual Abuse and Sexual Harassment are provided in Provision (a).

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p 27, C, 3-9, mandates:

1. N/A
2. N/A
3. Offenders shall be notified of relevant information regarding criminal investigations, in accordance with the SPPOM.
4. If an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when: the staff member is no longer assigned to the offender’s unit; or the staff member is no longer employed by the TDCJ.
5. If an offender is determined to have been a victim of staff-on-offender sexual abuse and the abuse is determined criminal, the SPPMO shall inform the offender when:
   a. The staff member has been indicted on a charge related to sexual abuse within the unit
   b. The staff member has been convicted on a charge related to sexual abuse within the unit.
6. If an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when:
   a. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
   b. The alleged assailant has been convicted on a charge related to sexual abuse within the unit.
7. The TDCJ SPPM shall ensures the relevant criminal information is received from the OIG in order to inform the offender.
8. All offender notifications or attempted notifications described in items 4-6 of this section shall be documented.
9. The requirement to provide offender notification shall terminates if the offender is released from the custody of the TDCJ.

During the interviews, staff indicated all allegations are investigated. All allegations are referred to the OIG for review for possible criminal prosecution. The ones which are criminal in nature are fully investigated by OIG. If evidence supports criminal prosecution, prosecution is pursued. If not, it is kicked back to the facility for administrative procedures.

**Provision (c)**
As stated in Provision (a) the agency and facility refer all allegations to the OIG for review and consideration for criminal prosecution.

As stated previously, TDCJ, Administrative Directive, AD-16.20 (rev. 4), *Reporting Incidents/Crimes to the Office of the Inspector General*, dated October 15, 2019, outlines how criminal matters are referred, as well as the responsibilities of those investigating the allegations.

Provision (d)

Auditor is not required to audit this provision

Provision (e)

Auditor is not required to audit this provision

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard which addresses policies to ensure referral of allegations for investigations. No recommendations or corrective action is required.

### TRAINING AND EDUCATION

**Standard 115.31: Employee training**

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

<table>
<thead>
<tr>
<th>115.31 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
• Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

• Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

• Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

• Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No

• Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

• Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

• Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

• In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019

Texas Department of Criminal Justice (TDCJ), FN-1811 (rev. 11/15)

Texas Department of Criminal Justice (TDCJ), Executive Directive, ED-12.10 (rev.2), Training Records and Database, dated August 23, 2016

Observations during on-site review of rounds

Interviews with the following:

  o Random Staff

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, pp. 33-34, a-k, specifies that all employees who may have contact with offenders will be trained in a minimum of:

  a. Zero tolerance policy
  b. How to fulfill responsibilities for sexual abuse and sexual harassment prevention, detection, reporting and response
  c. Inmate’s right to be free from sexual abuse and sexual harassment
  d. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
  e. The dynamics of sexual abuse and sexual harassment in confinement
  f. Common reactions of sexual abuse and sexual harassment victims
  g. How to detect and respond to signs of threatened or actual sexual abuse
  h. How to avoid inappropriate relationships with inmates
  i. How to communicate effectively with LGBTI and gender non-conforming inmates
  j. How to comply with relevant mandatory reporting laws
  k. The common characteristics of victims and predators, sometimes referred to as red flags

Each employee, contractor or volunteer who may have contact with an inmate is given a TDCJ, FN-1811 (rev. 11/15). This is a foldable pocket size card, which lists step by step what to do in an emergency situation. One of the emergency situations covered on this card are PREA allegations. It lists step by step what to do in the event of a PREA allegation. In addition to training all staff are required to keep this card on them while on duty. All forty-two (42) staff members interviewed had the reference card on their person. Some stated it made them feel more confident in the PREA procedures.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 34, C, 1, states all employees who have contact with offenders, including medical and mental health care practitioners, shall receive training as outlined in Section VI, B,1, at least every two years. In the interim years, employees shall be provided refresher information on current sexual abuse and sexual harassment policies. Every employee asked about this card immediately pulled it out and stated how they use the card to ensure there are no missteps in the PREA process.
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 35, D, 2, indicates the level and type of training provided to volunteers and contractors shall be specific to the services provided and the level of contact with offenders; however, all volunteers and contractors who have contact with offenders shall be notified of the TDCJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures for reporting incidents.

LeBlanc Unit’s curriculum and training materials were reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements in order to facilitate retention of the required elements. The level or complexity of the training will depend on the employee’s classification with some specialized training curriculum depending on the employee’s job responsibilities.

The Auditor reviewed a total of fifty-five (55) staff training records, conducted on staff from various categories, including employees hired in the past 12 months, employees promoted in the past 12 months, those employees who have been employed at LeBlanc Unit longer than 12 months. Each reviewed file contained all relevant documentation to reflect the staff had met their initial PREA requirements. In addition, the Auditor also reviewed all of the sign-in sheets for PREA refresher training for the past twelve (12) months which confirmed by staff signatures, each of the employees at LeBlanc Unit had acknowledged receiving the PREA training.

Each of the random staff interviewed recalled attending the initial PREA training when they were hired or when PREA went into effect. All staff interviewed confirmed they receive annual, in-service PREA training, as well as additional shift turnout training.

**Provision (b)**

The policy regarding the TDCJ’s and LeBlanc Unit’s responsibility to provide training and education regarding Sexual Abuse and Sexual Harassment are provided in Provision (a).

The training provided by the TDCJ, addresses both male and female issues. However, the LeBlanc Unit training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff at LeBlanc Unit. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained or provided refresher training for the population make-up of the new facility prior to be placed in contact with the inmate population. The training curriculum did include training specific to transgender inmates.

As stated in Provision (a), the Auditor reviewed documentation for the training that occurred at LeBlanc Unit, verifying attendance of LeBlanc Unit staff.

**Provision (c)**

Of the 202 staff presently assigned to LeBlanc Unit, the Auditor reviewed documentation that reflected all 202 staff or 100% of the staff have received the PREA training in the past twelve (12) months. LeBlanc Unit staff also receive
refresher training every two (2) years. The Auditor reviewed documents of the last refresher training in fiscal year 2019. The annual PREA training is being conducted in the fiscal year 2020. LeBlanc Unit also provides additional PREA training annually, as well as shift trainings, staff meetings, educational materials, and posters.

Provision (d)

TDCJ, Executive Directive, ED-12.10 (rev.2), *Training Records and Database*, dated August 23, 2016, p. 2, states the “Training Database” is a component of the TDCJ Payroll/Personnel System that identifies available training courses and is used to document an employee’s registration, participation, and completion of those courses.

TDCJ, Executive Directive, ED-12.10 (rev.2), *Training Records and Database*, dated August 23, 2016, p. 4, V, states the training database must be used to record enrollment in and completion of a registered training class. The designated staff member with access to the training database must ensure an employee’s completion status is entered into the training database by the trainer, or designee, of the class.

PREA training requirements mandate attendance at all PREA required training to be documented through employee signature, acknowledging the training they have received. In some instances, employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. Copies of these receipts were observed in every file reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

In instances where a receipt of training material was not required, staff would sign-in on a training sheet, verifying their attendance at the required training. The Auditor viewed copies of each training session for the past twelve (12) months, reflecting training completed by LeBlanc Unit staff.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit exceeds the standard which addresses policies regarding employee training. No recommendations or corrective action is required

**Standard 115.32: Volunteer and contractor training**

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Tech University Health Sciences Center, Manage Care, Prison Rape Elimination Act (PREA) Training, Curriculum, dated October 2018, Reviewed February 2020

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 35, D, 2 indicates at a minimum volunteers and contractors will be trained in the TDCJ’s and LeBlanc Units zero tolerance policy regarding sexual abuse, sexual harassment and how to report such incidences.

Texas Tech University Health Sciences Center, Manage Care, Prison Rape Elimination Act (PREA) Training, Curriculum, dated October 2018,Reviewed February 2020 was reviewed by the Auditor. The core training materials contain all ten (10) of the elements required for this provision. Each of the elements is covered in detail in the training and have incorporated numbered training elements in order to facilitate retention of the required elements. The level or complexity of the training will depend on the responsibilities and role of the contractor or volunteer.
The Auditor reviewed documentation indicating that 52 volunteers and 34 contractors, or 100%, have received PREA training in the past twelve (12) months.

The Auditor conducted two (2) formal interviews with a contract staff member and two (2) formal interviews with a volunteer. The contractors and volunteers recalled having PREA training, stating it was specific to his roles or responsibilities in the facility. When the Auditor questioned them about their knowledge of PREA, they were able to identify what PREA was and more importantly, what their role or responsibility was in the event they were confronted with a situation of sexual abuse or sexual harassment.

Provision (b)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 35, D, 2, indicates the TDCJ will ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies. The level and type of training will be based on the services they provide and level of contact with the inmates. However, all volunteers and contractors shall at a minimum be trained in the following:

1. Zero tolerance policy
2. How to report sexual abuse or sexual harassment

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 35, D, 4, indicates all full-and part-time medical and mental health care practitioners who work regularly in TDCJ operated facilities shall be trained in:

a. How to detect and assess signs of sexual abuse and sexual harassment;

b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Auditor conducted two (2) formal interviews with contract staff. During the interview, they both demonstrated to the Auditor a comprehensive and complete understanding of the agency’s zero-tolerance policy and how to address any instance when an inmate reports a PREA specific issue.

Provision (c)

As indicated in Provision (b) copies of the acknowledgment page from the PREA training is retained in each volunteer and contractor file. The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve (12) months.
Each sign in sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard which addresses policies regarding volunteer and contractor training. No recommendations or corrective action is required.

### Standard 115.33: Inmate education

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

**115.33 (a)**

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

**115.33 (b)**

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

**115.33 (c)**

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, Attachment Q
- Texas Department of Criminal Justice, Offender Orientation Handbook, dated February 2017
- Texas Department of Criminal Justice, Unit Wardens Directive, Offender Safe Prisons/PREA Educational Video, dated May 15, 2014
- PREA Posters
- Miscellaneous Training Materials
- Observations during on-site review
- Interviews with the following:
Provision (a)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 32033, VI, A, 1-6 indicates the offender PREA orientation and education will include:

- Information on PREA and the Department’s zero tolerance standard relating to sexual assault
- How to report incidents or suspicion of sexual abuse or sexual harassment
- Within 30 days comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, and any retaliation for reporting these incidents; and regarding TDCJ policies and procedures from responding to these incidents in accordance with the SPPOM.
- Information on how to prevent and reduce the risk of sexual violence, as well as explanation of appropriate methods of self-protection and intervention
- Information on how to report sexual assault to staff, including contact information for the Office of Inspector General


The *Inmate Orientation Handbook*, as well as the PREA Posters were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, Attachment Q, is the method of documentation of Safe Prison /PREA Program Offender Sexual Abuse Education. This form has a place for the printed inmate name, TDCJ ID number, inmate signature, date of training, unit where training was conducted, and who facilitated the training. A copy of this form is retained for documentary purposes.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 32, V, A, 1, states during the intake process, offenders shall be provided with educational information explaining the TDCJ’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual
abuse or sexual harassment in accordance with the TDCJ Classification Plan and TDCJ Unit Classification Procedures Manual.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 32, V, A, 3, states offenders shall receive information as described in Section VI.A.1, if transferred to a different facility, to the extent that the policies and procedures of the new facility differ from those of the previous facility, or if there is no documented record the offender received the information.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 33, V, A, 4, indicates offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

During interviews with intake staff, it was confirmed all inmates who enter the care and custody of the TDCJ are provided an Inmate Orientation Handbook upon admission. The inmate signs the acknowledgment form which is retained in the inmate file. The Inmate Orientation Handbook is readily available in English and Spanish.

Each housing unit has multiple telephones designated for inmate use. Using any of these telephones, an inmate can call the PREA Ombudsman to report an incident of sexual abuse or sexual harassment. The inmates can also give a family member phone number to report sexual abuse or harassment on their behalf. These calls are confidential. This was confirmed by the Auditor on the on-site tour.

During the interviews with forty-one (41) inmates, all of them remembered receiving written PREA materials and an Inmate Orientation Handbook. All of the interviewees reported the material they received included information about the facility’s zero tolerance policy and ways to report. For those inmates who arrived prior to PREA going into effect, they recalled receiving the materials and attending training when PREA was implemented. All interviewees stated the facility took PREA seriously and the USPPM frequently discussed it with them both formally and informally.

Provision (b)

Per the PAQ, LeBlanc Unit reported during the past twelve (12) months there were 1,037 inmates whose length of stay at the facility was more than thirty (30) days. The PAQ also reflected all of these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. LeBlanc Unit reported 100% of the inmates admitted to their facility in the past twelve (12) months received the mandated information.

TDCJ, Unit Wardens Directive, Offender Safe Prisons/PREA Educational Video, dated May 15, 2014, states within 30 days of intake an offender shall be provided with comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to
be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This video may be presented as a single presentation or in conjunction with the Peer Education Sexual Assault Awareness class. All offenders viewing the video shall sign the training roster to document completion of the training. Completed rosters shall be maintained by the USPPM. Also, completion data shall be entered on the Individualized Treatment Plan (ITP) to record offender participation in the training.

During interviews with Intake staff, they indicated inmates receive PREA training immediately upon arrival, prior to their unit assignment.

During interviews with inmates, each were asked to briefly outline what they learned during PREA training. All responses were similar in nature and were generally: zero tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, to mail the OIG, and call the number on the posters around the facility.

**Provision (c)**

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at LeBlanc Unit were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also required to watch a PREA video and is provided an *Inmate Orientation Handbook* and goes through the A&O process. At the end of the A&O process is a question-and-answer period to reinforce retention of the information presented.

The information was documented with verification of the training retained in the inmate institutional file. This information is now electronically recorded in the new program the TDCJ has implemented agency wide called SPPANS. This program and documentation were reviewed by the Auditor. SPPANS tracks all PREA requirements, from intake to education to assessments and re-assessments. It sends out notices and reminders of time frames and deadlines of upcoming re-assessments, needed referrals, etc. It follows up with referrals that have been made, so the referring personnel know whether or not the referral has been completed as well as the results of the referral. With this program, no inmate will fall between the cracks or be overlooked. It collects, documents, and stores all information vital to PREA. It tracks personal information, progress on investigations, it is coded in such a way that it prevents mistakes. Information must be entered in the correct format and all blanks must have a response or it will not allow you to proceed to the next screen. Since this program is agency wide, it also prevents information being lost from one facility to another. The SPPANS program is a real game changer for agency wide PREA compliance.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that
upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 33, VI, A, 4, requires that all offenders shall be provided education in formats accessible to all offenders, including those who are limited English proficient, deaf, hard of hearing, blind, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish, to staff members who are fluent in Spanish. They also have a list of staff interpreters on each housing unit.

As a back-up, anytime a translation service is needed and in the unlikely event an interpreter is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

During the interview with the USPPM, she was asked what the process was if an inmate had a disability not covered under the training elements established by the facility. She stated she would work with the Local Disability Assistance to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Provision (e)

As stated in previous provisions, all inmates sign a receipt of the *Inmate Orientation Handbook*, as well as for receipt of the Safe Prisons/PREA Program Offender Sexual Abuse Education The original form of these forms are maintained as documentation.

A review of twenty-five (25) inmate files was conducted, and the signed acknowledgment document was in each file.

Provision (f)

LeBlanc Unit has made noteworthy efforts to ensure their inmates receive crucial education about sexual abuse and sexual harassment. Through the use of varying formats, the inmate population receives important information in user friendly, comprehensible ways. The *Inmate Orientation Handbook* is an excellent tool which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.

LeBlanc Unit has a variety of PREA posters, in both English and Spanish. These posters are different throughout the facility as not to become easy to overlook. LeBlanc Unit also has PREA murals painted on walls of every building and housing unit. During the on-site, the Auditor observed these posters and paintings in every
In interviews with inmates, they each reported the USPPM, as well as other staff, check with them formally and informally about PREA issues and practices. They often ask them questions to make sure they are remembering PREA policies and reporting guidelines, as well as feeling safe on the compound.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit exceeds the standards for inmate education. No recommendations or correction action is required.

### Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

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

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  ☒ Yes  ☐ No  ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  ☒ Yes  ☐ No  ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  ☒ Yes  ☐ No  ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  ☒ Yes  ☐ No  ☐ NA

#### 115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Texas Department of Criminal Justice, Board Policy, BP-01.07 (rev.7), dated October 31, 2019
- Texas Department of Criminal Justice, Training Records
- OIG, NIC, PREA Training Test Results
- Interviews with the following:
  - Head of Facility - Warden
  - Investigative Staff

Provision (a)

TDCJ, Board Policy, BP-01.07 (rev.7), dated October 31, 2019, p. 4, V, A, indicates the inspector general shall appoint investigators licensed by the Texas Commission on Law Enforcement (TCOLE); investigators employed by the OIG shall be certified peace officers as authorized by Texas Code of Criminal Procedure art. 2.12; investigators shall serve under the direction of
the inspector general and assist in performing the law enforcement duties of the OIG.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 34, B, 5, a-c mandates that sergeants and above, including Security Threat Group correctional officers and Safe Prisons/PREA officers, shall receive training on conducting sexual abuse investigations in confinement settings. Training shall include:

- a. Techniques for interviewing sexual abuse victims;
- b. Sexual abuse evidence collection and handling; and
- c. Criteria and evidence required to substantiate an investigation

TDCJ, Training Records provided documentation of the specialized training required by this standard.

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for TDCJ employees, contractors and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the investigators received the general PREA training mandated for all TDCJ employees.

OIG, NIC, PREA Training Test Results, confirmed all OIG investigators completed the required training and passed the curriculum post-test.

Currently there are one-hundred, forty-two (142) investigators. Through staff interview and review of training documents by the Auditor, each of the assigned investigators have attended the required training and meet all training requirements.

Through a review of training records and an interview with the LeBlanc Unit investigator, the Auditor was able to confirm that all training requirements have been met.

**Provision (b)**

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

**Provision (c)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, 34, 35, address this provision.
The Office of Inspector General (OIG) conducts all investigations, administrative and criminal, in TDCJ institutions.

**Provision (d)**

The Auditor is not required to audit this provision.

**Conclusion:**

Based upon the review and analysis of the available evidence, the Auditor has determined that the LeBlanc Unit meets the standard which addresses policies regarding specialized training: investigations. No recommendations or corrective action is required.

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

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

### 115.35 (b)

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

### 115.35 (c)
Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  ☒ Yes  ☐ No  ☐ NA

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  ☒ Yes  ☐ No  ☐ NA

Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  ☒ Yes  ☐ No  ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Correctional Managed Health Care Policy Manual, Number C-25, 1, *Orientation Training for Health Services Staff*, Dated October 30, 2013
- Observations during on-site review
- Interviews with the following:
  - Medical Staff
  - Mental Health Staff
Provision (a)
Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 35, D, 4, a-d, states All full- and part-time medical and mental health care practitioners who work regularly in TDCJ operated facilities shall be trained in:

a. How to detect and assess signs of sexual abuse and sexual harassment;

b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.

Through staff interview and review of training documents by the Auditor, each of the medical and mental health care practitioner have attended the required training and meet all training requirements.

Through a review of training records and an interview with the LeBlanc Unit Warden, medical and mental health care practitioners, the Auditor was able to confirm that all training requirements have been met.

Currently there are thirty-four (34) contract and direct hire medical, mental health and educational staff assigned to the facility. There are twenty-seven (27) medical and mental health. There are seven (7) educational. Through staff interview and review of training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements.

Provision (b)
N/A - All medical staff at LeBlanc Unit are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)
As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)
The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for TDCJ employees, contractors and volunteers
outlined in policy and PREA standards. The sign-in sheets confirm, in addition to 
specialized training, the contracted and direct hire medical staff received the 
general PREA training mandated for all TDCJ employees.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has 
determined that the LeBlanc Unit meets the standard which addresses policies 
regarding specialized training: medical and mental health care. No 
recommendations or corrective action is required.

<table>
<thead>
<tr>
<th>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 115.41: Screening for risk of victimization and abusiveness</strong></td>
</tr>
<tr>
<td><strong>All Yes/No Questions Must Be Answered by the Auditor to Complete the Report</strong></td>
</tr>
</tbody>
</table>

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

### 115.41 (b)
- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

### 115.41 (c)
- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

### 115.41 (d)
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☐ Yes ☒ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?
|-- Yes ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, Attachment E
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, Attachment E-1
- Texas Department of Criminal Justice, Offender Intake Processing Psychological Screening Interview, Form CI-69 (Revised 3/13)
- Observations during on-site review
- Inmate Files
- Interview with the following:
  - Staff Responsible for Risk Screening
  - Unit Safe Prisons/PREA Manager

Provision (a)
TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 16, B, 1, states all offenders shall be assessed during intake, and if transferred to another unit for permanent assignment, to determine the risk of being sexually abused by or sexually abusive toward other offenders.

Of the twenty-one (21) random and twenty (20) targeted inmates interviewed relative to this provision all forty-one (41) were able to recall being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.

During the on-site audit, the Auditor was able to review the intake process.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 16, B, 2, indicates intake screening shall take place within 24 hours of arrival at the unit in accordance with the SPPOM.

TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, Offender Assessment Screening, indicates the 72 hour and temporary assessments shall be completed in SPPANS as follows: For all newly received intake offenders, no later than 72 hours after their arrival at the unit and for all incoming newly assigned offenders, no later than 72 hours after their arrival at the unit and prior to the initial assignment to the unit committee review conducted by the UCC.

As stated in (a), according to the listed policies all inmates must be screened within 72 hours of arrival.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 1,162 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates’ arrival dates and dates of evaluation demonstrate compliance with this standard. From the roster of inmates, the Auditor chose twenty-five (25) files of inmates to review. The files were for inmates from varying housing units, ethnic and racial backgrounds. The names were chosen from a complete alpha roster of inmates. The Auditor went down the list and randomly chose names, in no order or sequence, from the roster.

The Auditor reviewed twenty-five (25) random inmate files to ensure they received the training and how that training was completed. All twenty-five (25) files had verification that the initial screening had occurred within 72-hours of arrival at LeBlanc Unit.

Of the twenty-one (21) random and twenty (20) targeted inmates interviewed, all recalled being asked questions specific to previous sexual abuse & harassment within three (3) days of their arrival at the facility. Thirty-seven (37) inmates indicated it was the day of their arrival; one (1) stated it was the day after arrival; three (3) stated it was the first couple days of residency.

During the interview, Classification staff reported all of the PREA related questions are asked during initial intake and ongoing classification screenings.

Provision (c)
TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, *Offender Assessment Screening, the 72-hour assessment/Attachment E*, is a dual-purpose objective screening form designed for use at both intake and non-intake units

TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, *Offender Assessment Screening, the Temporary Assessment/Attachment E-1*, is a dual-purpose objective screening form designed for use at both intake and non-intake units

TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, *Offender Assessment Screening* states the SPPANS Special Assessment is an objective screening for use in conjunction with sexual abused investigations.

The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake Screenings utilize the Texas Department of Criminal Justice, *Offender Intake Processing Psychological Screening Interview*, Form CI-69 (Revised 3/13). Inmates who surpass the threshold on the screening form are referred to Mental Health for an additional assessment regarding their level of risk, environmental considerations, and treatment needs. The inmate is reassessed within thirty (30) days, after the initial meeting.

The Auditor was able to verify compliance with this provision through the review of twenty-five (25) inmate records, reflecting copies of the required assessments. A review of the *Offender Intake Processing Psychological Screening Interview*, Form CI-69, indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard and Provision.

Provision (d)

The Auditor reviewed the SPPANS system and compared the questions with the requirements of Provision (d). All items required for Provision (d) have been included on the screening instruments. The included items are:

- What is the inmate’s sexual orientation
- What is the inmate’s gender identity
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming
- Whether the inmate has been a victim of sexual abuse while incarcerated, as an adult or juvenile
- Whether the inmate been a perpetrator of sexual abuse while incarcerated, as an adult or juvenile
- Whether the inmate has been a victim of sexual abuse anytime in the life outside of being incarcerated
- Whether the inmate has been a perpetrator of sexual abuse anytime in the life outside of being incarcerated
- Whether the inmate feels adequately familiar with the prison environment
- Whether the inmate is being approached or pressured by other inmates for...
sexual favors

- Whether the inmate was previously incarcerated
- Whether the inmate’s criminal history is exclusively nonviolent
- Whether the inmate has prior convictions for sex offenses against an adult or child
- Whether the inmate has previously experienced sexual victimization
- The inmate’s own perception of vulnerability.
- Whether the assessor notices or has knowledge of anything the inmate is not reporting

As stated in (a), the Auditor was able to review the intake process.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 17, B, 3, b, indicates The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the TDCJ, in assessing offenders for risk of being sexually abusive.

As stated in (a), the Auditor was able to review the intake process and interview classification staff who were able to explain the classification process.

Provision (f)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 17, B, 4, states within a period of time not to exceed 30 days from the offender’s arrival at an intake facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the TDCJ since the initial intake screening.

The Auditor reviewed the PAQ which indicated that within the past 12 months of the inmates in the facility longer than 30-days, 100% of 1,012 inmates were reassessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Of the twenty-one (21) random and twenty (20) targeted inmates, who arrived after PREA went into effect, everyone indicated they recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple weeks after arrival.

Out of the twenty-five (25) inmate records which were reviewed by the auditor, twenty-three (23) had been reassessed within thirty (30) days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard. The remaining two (2) had not been in the facility thirty (30) days.

Provision (g)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 17, B, 5, states an offender’s risk level shall be reassessed following a referral, request, incident of sexual abuse, or receipt of additional information that may
affect the offender’s risk of sexual victimization or abusiveness.

a. An investigation shall be conducted upon referral, request, an incident of sexual abuse, or receipt of additional information that may affect the offender’s risk of sexual victimization or abusiveness.

b. The unit classification committee or warden shall review the investigation and any prior assessment screening to determine the offender’s current risk level.

Classification staff indicated they monitor the inmate population, and will re-assess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate’s risk of victimization or abusiveness.

Provision (h)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 19, C, 10, Offenders shall not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to Section III.B.3.

TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, *Offender Assessment Screening*, indicates an offender is not to be disciplined for refusing to answer, or for not disclosing complete information in response to the questions listed on the assessment form.

Classification staff, as well as the USPPM, indicated they do not discipline any inmate for their refusal to answer these questions during an assessment, rather each of them indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.

Provision (i)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 19, D, 1, indicates Staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders.

TDCJ, Safe Prisons/PREA Operations Manual, Number 03.01, *Offender Assessment Screening*, states due to the sensitive nature of the questions, the USPPM or designated alternate(s) shall conduct one-on-one interviews in a confidential setting ensuring responses are not overhead by other offenders.

As stated in (a), the Auditor interviewed classification staff. During that interview, the classification staff indicated access to the inmate’s classification information is secured, with controlled access by classification staff.

The Auditor interviewed the USPPM regarding who can specifically access the screening information collected during intake and screenings, and was informed
that Medical Staff, Mental Health Staff, Classification Staff and the USPPM have access. All information is limited to a need-to-know basis for staff, only for the purpose of treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard which addresses Screening for Risk of Sexual Victimization and Abusiveness. No recommendations or corrective action is required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Inmate Files
- Interview with the following:
  - Staff Responsible for Risk Screening
  - Unit Safe Prisons/PREA Manager
  - Agency PREA Coordinator (PC)
  - LGBTI Inmates

Provision (a)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 18, C, 1, specifies The Unit Classification Committee (UCC), or a similarly designed committee for units without a UCC, shall use information from the risk screening document required by Section III.B of this plan to make housing, bed, work, education, and program assignments with the goal of separating offenders at high risk of being sexually victimized from offenders at high risk of being sexually abusive in accordance with the TDCJ *Classification Plan* and the TDCJ *Unit Classification Procedures Manual*.

The USPPM indicated every assessment completed by staff is factored into the placement and programming of each inmate. They further stated the inmate’s risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.
Following a review of twenty-five (25) inmate records, the Auditor was able to verify that the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 2, indicates the committee shall make individualized determinations regarding how to ensure the safety of each offender.

During interviews with staff who are responsible for risk screening, the Auditor was informed that because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 19, C, 9 states when deciding to assign a transgender or intersex offender to a unit for male or female offenders, and when making other housing and programming assignments, consideration shall be made on a case-by-case basis with regard to the health and safety of the offender and potential management or security problems. Housing determinations shall not be made solely on the basis of LGBTI status.

During interviews with staff who are responsible for risk screening, they indicated the Transgender or Intersex inmates view of their own safety is taken into serious consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

The interview notes of the PC indicated according to TDCJ policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually assessed and classified in order to ensure the safety of each inmate, as well as the safety of the inmate population.

During interviews with four (4) transgender inmates, all four (4) reported feeling the LeBlanc Unit staff had taken their health and safety into consideration when making their housing and programming assignments.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 19, C, 9, a, indicates Placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender.

During interviews with the PC, USPPM and staff responsible for screening, all indicated the Transgender or Intersex inmate’s views of their own safety is given
great weight when making decisions regarding housing placement or programming assignments. They further confirmed that regular classification reassessments are conducted a minimum of every six (6) months, or if the inmate is involved in an incident of a sexual nature.

During interviews with four (4) transgender inmates, all four (4) reported they were formally re-assessed twice a year and more often informally. When reviewing inmate files, it was confirmed all four (4) transgender inmates interviewed had been formally re-assessed bi-annually, as required by the standard.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 19, C, 9, b, indicates a transgender or intersex offender’s views with respect to his or her own safety shall be given serious consideration.

During interviews with the PC, USPPM and staff responsible for screening, all specified the Transgender or Intersex inmate’s views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. These inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

During interviews with four (4) transgender inmates, all four (4) reported they felt the LeBlanc Unit staff seriously consider their feelings and perceptions when making feeling decisions regarding their cases, programming, housing, etc.

Provision (f)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 9, B, 7, states offenders identified as transgender or intersex shall be given the opportunity to shower separately from other offenders in accordance with Correctional Managed Health Care (CMHC) polices.

According to the PC, the USPPM and the staff responsible for risk screening, each indicated the Transgender or Intersex inmate’s views of their own safety is given serious consideration when providing showering options. In addition, they clarified, Transgender or Intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times.

As previously identified, each of the housing units have bathrooms with shower stalls that have screens for use by Transgender inmates for additional privacy, if desired. The random staff who were interviewed also indicated that if a Transgender or Intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates.

During interviews with four (4) transgender inmates, all four (4) reported being satisfied with the alternate shower options provided by the LeBlanc Unit staff.

Provision (g)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 19, C, 8, states LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely on the basis of this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.

The interview with the PC and the USPPM, revealed that neither the TDCJ or LeBlanc Unit are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. All indicated that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

During interviews with four (4) transgender inmates and one (1) gay inmate, they reported they were housed in general population and were not currently, nor had they ever been, housed in a housing unit designed for only LGBTI inmates. The Auditor reviewed an inmate roster and confirmed that all LGBTI inmates were housed in general population.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the LeBlanc Unit meets the standard requiring the use of screening information. No recommendation or corrective action is required.

**Standard 115.43: Protective Custody**

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

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

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

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

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interview with the following:
  - Unit Safe Prisons/PREA Manager

Provision (a):

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 3, states offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is 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 PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The Auditor interviewed the USPPM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 6, a-c, indicates Offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document:

- a. The opportunities that have been limited;
- b. The duration of the limitations; and
- c. The reasons for the limitations.
The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The Auditor interviewed the USPPM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months. Consequently, no inmates could be interviewed relative to this provision.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 5, specifies Offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The Auditor interviewed the USPPM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 4, a, b, mandates If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document:

a. The basis of the concern for the offender’s safety; and

b. The reason why no alternative means of separation can be arranged.

The PAQ reflects during the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The Auditor interviewed the USPPM specific to this issue and she confirmed there have not been any inmates placed in protective custody in the past twelve (12) months.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 19, C, 7, states every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.
During the past twelve (12) months there have been no inmates placed into protective custody in accordance with this standard. This was confirmed via the USPPM interview.

Conclusions:
Based upon the review and analysis of all available evidence, the Auditor has determined the LeBlanc Unit meets the standard relative to protective custody. No recommendation or corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☑ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
• Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

• Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
• Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
• Texas Department of Criminal Justice, I-202, Offender Orientation Handbook, dated February 2017
• PREA Poster in English and Spanish
• Observations during on-site review
• Interview with the following:
  o Unit Safe Prisons/PREA Manager
  o Random Staff
  o Random Inmates

Provision (a):

Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 20, A, 1, a, offenders shall be provided multiple internal methods to privately report sexual abuse, sexual harassment, and other acts of aggression including, but not limited to, extortion and violence. Offenders may report retaliation by other offenders or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to the incidents.

Texas Department of Criminal Justice, I-202, Offender Orientation Handbook, dated February 2017, p. 28, F, indicates The Safe Prisons/PREA Program was
established to prevent, detect, and respond to sexual abuse, sexual harassment, extortion, and other acts of violence perpetrated against an offender. The Safe Prisons/PREA Plan and policies provides guidelines necessary to prevent, respond, and investigate acts of aggression. Additionally, the Plan outlines the process of addressing the needs of offenders following an allegation. One of the strategies involved in the Program includes educating offenders to raise awareness regarding the Program and provide direction on methods to prevent and report incidents of sexual abuse or sexual harassment.

There were twenty (20) formal and six (6) informal random staff interviewed, all indicated they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also reported inmates can report several different ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member. Staff interviewed stated inmates can privately report sexual abuse or sexual harassment as well, by calling the PREA Ombudsman or the OIG office.

Of the twenty-one (21) random inmates and twenty (20) targeted inmates interviewed regarding this provision all reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the posted phone number, contacting the PCM, have family member contact the institution, contacting a staff member, and “writing to the address on the poster”. Most indicated they would tell a staff member first.

During the on-site portion of the audit, the Auditor observed numerous different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, common areas, main hallways, intake holding area, dining room, etc. The Auditor checked numerous inmate telephones throughout the facility, and all were in working order and readily available in each housing unit.

 Provision (b)

Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 20, A, 1, b, c, states offenders may report allegations directly to the major, the Office of Inspector General (OIG), or the PREA Ombudsman. Reports to the PREA ombudsman may be made confidentially and in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries.” Additionally, offenders may remain anonymous upon request when reporting allegations of sexual abuse and sexual harassment to the PREA Ombudsman.

Texas Department of Criminal Justice, I-202, Offender Orientation Handbook, dated February 2017, p. 28, G, 2, specifies The PREA Ombudsman is a point of contact for offenders who have complaints or inquiries regarding any allegations of sexual abuse or sexual harassment. Offenders may contact the PREA Ombudsman in writing; however, offender family members and friends may contact the PREA Ombudsman in writing or by phone. You may report
allegations verbally or in writing, but keep in mind time is of the essence when reporting sexual abuse. Any delay in reporting shall make investigating an incident more challenging.

The USPPM was interviewed regarding the TDCJ's process for providing one way for the inmate population to report abuse or harassment to a public or private entity. She confirmed inmates could report to the PREA Ombudsman, under the Texas Board of Criminal Justice (TBCJ), which is a separate entity from the TDCJ.

Of the twenty-one (21) random inmates and twenty (20) targeted inmates interviewed regarding this provision, five (5) reported they did not know of any outside person or agency and the remaining thirty-six (36) reported being familiar with an outside resource to call. All thirty-six (36) stated the telephone number was posted throughout the facility. Of the thirty-six (36), twenty-one (21) said they did not know what services, if any, were offered if they were to call the telephone number posted.

During the on-site tour, each phone that was tested was in working order and could be used to call out.

LeBlanc Unit does not detain inmates solely for civil immigration purposes.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 21, A, 4, specifies staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.

Of the forty-one (41) inmates interviewed regarding this provision, 100% indicated they were aware of the ability to make reports of sexual abuse or sexual harassment in person and in writing.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 23, B, 2, indicates a method shall be provided for staff to privately report sexual abuse and sexual harassment of offenders. Staff shall accept reports made verbally; in writing, including by letter, Inmate Request to Official (I-60), sick call form, or a grievance submitted through the grievance process; anonymously; and from third parties. All verbal reports shall be promptly documented.

The PAQ states LeBlanc Unit staff may report anonymously to PREA Ombudsman. They can also file a complaint directly in writing to the Office of the Inspector General. A third party can report on their behalf on a PREA hotline or by contacting the PREA Ombudsman. The inmate can also report it directly to the USPPM at the facility.

Through interviews with twenty (20) random staff and twenty-two (22) specialized staff, several methods for staff to privately report sexual abuse of inmates were
identified. All staff indicated they may choose to make a private report to their supervisor, another supervisor, the facility USPPM, PREA Coordinator or the OIG.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined LeBlanc Unit meets the standard relative to inmate reporting. No recommendation or corrective action is required.

Standard 115.52: Exhaustion of administrative remedies

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

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

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

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

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

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  ☒ Yes  ☐ No  ☐ NA

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice, I-202, Offender Orientation Handbook, dated February 2017
- Observations during on-site review
- Interviews with the following:
  - Random and Specialized Staff
  - Random and Targeted Inmates

Provision (a):

In the PAQ the facility reported the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse and sexual harassment. The PAQ also reflects, LeBlanc Unit four (4) grievances in the past twelve (12) months.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 22, IV, A, 6, c, indicates offenders shall not be required to use any informal grievance
process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p.22, IV, A, 7, specifies in accordance with the TDCJ Offender Grievance Operations Manual:

a. An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and

b. A grievance of this nature shall not be referred to a staff member who is the subject of the complaint.


The Auditor conducted formal interviews with twenty-one (21) random inmates and twenty (20) targeted inmates. Each inmate reported they could file a grievance to report an allegation of sexual abuse. The Auditor asked each inmate interviewed if he could file a grievance alleging an imminent risk of sexual abuse. The inmates were aware of the grievance process and no offender interviewed had done so. Most inmates stated they would immediately notify a staff member as that is the quickest way to report. Some inmates stated they might call the PREA Ombudsman. Each inmate was asked if he was required to give his name when alleging sexual abuse. All inmates were aware they could submit an allegation anonymously.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 21, IV, A, 6, states a time limit shall not be imposed when an offender may submit a grievance regarding an allegation of sexual abuse.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 22, IV, A, 7, a, states an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 27, IV, C, 5, a-b, indicates third parties, including fellow offenders, staff
members, family members, attorneys, and advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to an allegation of sexual abuse, and shall also be permitted to file these requests on behalf of offenders.

a. If a third-party files a request on behalf of an offender, the unit may require, as a condition of processing the request, the alleged victim to agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process in accordance with the TDCJ Offender Grievance Operations Manual.

b. If the offender declines to have the request processed on his or her behalf, the decision shall be documented in accordance with the TDCJ Offender Grievance Operations Manual.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 22, IV, A, 8, a-b, states a final decision shall be made on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

a. Computation of the 90-day time period shall not include time used by offenders for preparing an administrative appeal.

b. If the 90-day time period is insufficient to make an appropriate decision, an extension of up to 70 days may be granted. The offender shall be notified in writing of the extension and a date by which the decision will be made.

During the on-site review of documentation, the Auditor reviewed investigation records in which the allegation was reported through the grievance mechanism and confirmed all time frames had been met.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 20, IV, A, 5, a-b, indicates third parties, including fellow offenders, staff members, family members, attorneys, and advocates, shall be permitted to assist offenders in filing requests for administrative remedies relating to an allegation of sexual abuse, and shall also be permitted to file these requests on behalf of offenders.

a. If a third-party files a request on behalf of an offender, the unit may require, as a condition of processing the request, the alleged victim to agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process in accordance with the TDCJ Offender Grievance

b. If the offender declines to have the request processed on his or her behalf, the decision shall be documented in accordance with the TDCJ Offender Grievance Operations Manual.

Provision (f)


TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 22, IV, A, 10, clarifies when an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken. Information related to this item may be found in the TDCJ Offender Grievance Operations Manual.

Through the interview process of twenty (20) random staff and twenty-two (22) specialized staff, the Auditor confirmed staff were aware that inmates could submit grievances alleging a risk of imminent sexual abuse or to report an allegation of sexual abuse. Facility staff understood the procedures for submitting these emergency grievances alleging a risk of imminent sexual abuse. Supervisors were aware of the time limits in response to an emergency grievance alleging an imminent risk of sexual abuse.

Provision (g)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 22, IV, A, 11, indicates an offender may be disciplined for filing a grievance related to alleged sexual abuse only when the investigation determines the offender filed the grievance in bad faith.

Conclusions:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding exhaustion of administrative remedies. No recommendations or corrective action is required.

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

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

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

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

115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- PREA Posters – English and Spanish
• Texas Department of Criminal Justice, I-202, *Offender Orientation Handbook*, dated February 2017
• Texas Board of Criminal Justice letter to Rape & Suicide Crisis of Southeast Texas, Inc, *Request for Sexual Abuse, Emotional Support Services Letter* dated May 4, 2020
• Observations during on-site review
• Interviews with the following:
  - Random and Targeted Inmates
  - Unit Safe Prisons/PREA Manager
  - PREA Coordinator (PC)

**Provision (a)**

On the PAQ the facility reported it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

- Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for local, state, or national victim advocate or rape crisis organizations
- Enable reasonable communication between inmates and these organizations in a confidential manner as possible.

The PAQ reflects the LeBlanc Unit does not give inmates mailing addresses and telephone numbers (including toll-free numbers) for immigrant service agencies for persons detained solely for civil immigration purposes, due to the fact they do not detain persons solely for civil immigration purposes.

Texas Board of Criminal Justice letter to Rape & Suicide Crisis of Southeast Texas, Inc, *Request for Sexual Abuse, Emotional Support Services Letter* dated May 4, 2020, documents the most recent effort by the LeBlanc Unit to make a victim advocate from a rape crisis center available to the victims of sexual abuse.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p.12, E, 1 specifies attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p.13, E, 3, a, states offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing
addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 6, defines a “Victim Advocate” as a qualified staff member from a rape crisis center or community-based organization who accompanies and supports offenders who were victims of sexual assault through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. This individual shall have completed a sexual assault training program certified by the Texas Attorney General’s office and be employed by a sexual assault program or provide services through a sexual assault program as a volunteer under the supervision of an advocate.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 12, E, 1, a, 1-3 states attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.

a. As requested by the offender victim, the victim advocate or qualified TDCJ staff member, or qualified community-based organization staff member shall:

1. Accompany and support the victim through the forensic medical examination process and investigatory interviews;

2. Provide emotional support, crisis intervention, information, and referrals; and

3. Not delay or otherwise impede the screening or stabilization of an emergency medical condition.

The Auditor spoke with the PC and the USPPM and was informed a victim advocate is made available to be present with the victim before, during and following the examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

Of the forty-one (41) targeted inmates interviewed, five (5) reported they had no knowledge of any outside resource available to them. However, when specifically asked about the posters around the facility and the telephone number and mailing addresses on each one, all five (5) readily admitted there was a telephone number and address available to them to contact someone in the event of sexual abuse or sexual harassment.
Each inmate who stated they were familiar with the PC, reported the call was free and confidential. Each responded they knew about an outside resource because of the PREA training and the posters around the facility. Each responded they knew some of the information they provided might be given to the facility staff.

During the tour of the facility, the Auditor observed PREA posters and paintings on the walls throughout the facility. These posters and paintings around the facility as well as the TDCJ, I-202, *Offender Orientation Handbook*, dated February 2017 let inmates know they have the ability to notify the USPPM, or other staff member, of any incident of sexual abuse or sexual harassment.

**Provision (b)**

On the PAQ the facility reported it tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

During the tour of the facility, the Auditor tested several pay phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked daily by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p.13, E. 3, b, states offenders shall be informed, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p.13, F, 1, specifies offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment in accordance with CMHC policies.

Of the forty-one (41) inmates interviewed, five (5) reported they had no knowledge of an outside resource or telephone number. However, when specifically asked about the posters around the facility, each readily admitted there was a toll-free number and address available to them to contact someone in the event of sexual abuse or sexual harassment. Each inmate who reported knowledge of the outside resource stated they understood there were limits to confidentiality and some information might be reported back to facility staff.

The Auditor spoke with the PC and was instructed a victim advocate is made available to be present with the victim before, during and following the examination. She further reported staff and advocates have a responsibility to inform any victim that some information the victim shares with them may need to be provided to facility staff. This information may be medical and/or non-medical, for purposes such as institutional security, PREA investigation, and further medical and mental health services.
Provision (c)
On the PAQ the facility reported it maintains documentation of attempts to secure community service providers that are able to provide inmates with emotional support services related to sexual abuse.

Texas Board of Criminal Justice letter to Rape & Suicide Crisis of Southeast Texas, Inc, Request for Sexual Abuse, Emotional Support Services Letter dated May 4, 2020, documents the most recent effort by the LeBlanc Unit to make a victim advocate from a rape crisis center available to the victims of sexual abuse.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 12, E, 1, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified TDCJ staff member to provide the offender with victim advocate services.

Conclusion:
Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding inmate access to outside confidential support services. No corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- [www.tdcj.texas.gov/tbcj/prea.html](http://www.tdcj.texas.gov/tbcj/prea.html)

Provision (a)

On the PAQ, the facility reported there is access to third-party reporting through their agency website.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 20, IV, states an Offender Protection Investigation (OPI) may be requested by anyone who has information that an offender may need protection. This information can come from the offender in need of protection, other offenders, the offender’s family, TDCJ staff, or others. An OPI shall be conducted in accordance with the procedures outlined in the SPPOM.

The TDCJ has provided access to a third-party reporting process through Texas Board of Criminal Justice (TBCJ). Reports can be made to the PREA Ombudsman by mail, telephone contact or via email at prea.ombudsman@tdcj.texas.gov. This contact information is listed on the TDCJ website: [www.tdcj.texas.gov/tbcj/prea.html](http://www.tdcj.texas.gov/tbcj/prea.html)

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding third party reporting. No recommendations or corrective action is required.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

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

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

115.61 (a)
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with the following:
  - Random Staff
  - Facility Head - Warden
  - PREA Coordinator (PC)
  - Unit Safe Prisons/PREA Manager

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 23, B, 1, states all staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; 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.

During interviews with twenty (20) random staff, twenty-two (24) specialized staff, 100% were aware of this requirement and were able to explain how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the USPPMs, who then notifies the investigative staff.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 23, A, 13, states staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

During interviews with forty-two (42) staff, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each articulated information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc.

Provision (c)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 23, B, 4, specifies unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse pursuant to Section IV.B.1 of this plan, and to inform offenders of the practitioner’s duty to report, as well as the limitations of confidentiality.

During interviews with medical and mental health individuals, 100% were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

**Provision (d)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 20, D, 3, states In accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews with the Warden and the PC, revealed they were aware of this requirements and would report any abuse allegations to the appropriate agency, as required by law, as well as the USPPM and agency investigators.

**Provision (e)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 23, B, 1, states all staff members shall immediately report, according to TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; 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.

In interviews with the PC and the USPPM, each confirmed allegations of sexual abuse and sexual harassment are reported to the USPPM and Office of Inspector General investigators.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding staff and agency reporting duties. No recommendations or corrective action is required.
Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with the following:
  - Agency Head (AH)
  - Facility Head - Warden
  - Random Staff

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 22, IV, A, 9 and 10, state an emergency grievance alleging substantial risk of imminent sexual abuse shall be filed and managed in accordance with the TDCJ Offender Grievance Operations Manual. When an emergency grievance is received, any portion that alleges the substantial risk of imminent sexual abuse shall be forwarded to a level of review for immediate corrective action. An initial response shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days. The initial response and final decision shall document whether the offender is in substantial risk of imminent sexual abuse and the action taken.
Information related to this item may be found in the TDCJ Offender Grievance Operations Manual.

Interview notes reflect the AH indicated if he received such information, he would contact the facility where the inmate was housed and if necessary, the inmate could be temporarily transferred while the investigation was completed. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.

The Auditor interviewed the Warden, who stated he would take immediate action to protect the victim (inmate). The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. He stated the perpetrator, if known, would be placed in segregated housing.

During random staff interviews, all staff reported if they received an allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding agency protection duties. No recommendations or corrective action is required.

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**Standard 115.63: Reporting to other confinement facilities**

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Documentation Reviewed:**

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Interviews with the following:
  - Agency Head (AH)
  - Facility Head - Warden
  - PREA Coordinator (PC)
  - Unit Safe Prisons/PREA Manager

**Provision (a)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 24, D, 1, states after receiving an allegation that an offender was sexually abused while confined at another facility, such as a county jail or out of state facility, the individual taking the initial report shall immediately notify the USPPM. The USPPM shall provide the SPPMO with the details of the alleged incident so the SPPMO may initiate notification to the appropriate office of the outside agency where the alleged abuse occurred.

The PAQ reports during the past 12-months, the LeBlanc Unit received one (1) allegation that an inmate was abused while confined at another facility. Further the PAQ reports the facility head is responsible for notifying the facility head of the facility in which the inmate was allegedly abused.

**Provision (b)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 24, D, 1, a, indicates the SPPMO shall provide the notification to the appropriate agency as soon as possible, but no later than 72 hours after receiving the allegation.
Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 24, D, 1, b, indicates the SPPMO shall document the notification.

The Auditor reviewed emails that were sent from facility to facility regarding sexual abuse allegations. Each email included the PREA Case Number. A PREA case number is assigned once the allegation is reported to the Emergency Action Center (EAC). The Auditor compared the notification with the investigative tracking sheet and was able to determine each facility followed the agency’s reporting requirements as each was assigned a PREA number. A review of the notifications all notifications were made within 24 hours.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 25, D, 2, states any TDCJ warden or departmental office receiving notification from an outside agency that an offender in the outside agency’s custody alleged sexual abuse while assigned to TDCJ custody shall ensure the allegation is forwarded to the PREA ombudsman in accordance with ED-02.10, “Prison Rape Elimination Act Complaints and Inquiries,” for possible investigation.

A review of interview notes revealed that the AH, PC and the USPPM all confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any TDCJ facility will be investigated in accordance with the guidelines of Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019.

The AH, PC and the USPPM all indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned to an Office of Inspector General investigator to conduct the investigation.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding reporting to other confinement agencies. No recommendations or corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

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

115.64 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with the following:
  o Facility Head - Warden
  o Custody Staff - First Responders
  o Non-Custody First Responders

Provision (a)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 26, B, 1, a-e, states after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

a. Notify a security supervisor;

b. Separate the alleged victim and assailant;

c. Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence;

d. Be required to request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

e. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

On the PAQ, LeBlanc Unit indicated they had twelve (12) allegations of sexual abuse and harassment in the past 12-months. Of these allegations, eleven (11) times the first security staff member to respond to the report separated the alleged victim and abuser.

On the PAQ, LeBlanc Unit reported in the past 12-months, eight (8) allegations were reported within a time period that still allowed for the collection of physical evidence. In all eight (8) cases the first security staff to respond preserved evidence, requested the alleged victim not take actions that could destroy evidence and ensure the alleged abuser did not take any actions to destroy evidence.

In all twelve (12) cases, the first responder separated the alleged victim and abuser. Of those twelve cases, in eight (8) cases, staff were notified within a time frame that still allowed for the collection of physical evidence. In each of those cases the first responder requested the alleged victim not take any actions that could destroy evidence. In every case the LeBlanc Unit staff utilized the evidence collection protocols correctly.

The Warden, during his interview, indicated First Responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

During staff interviews, all staff, were able to articulate to the Auditor, step-by-step how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.
During interviews with First Responders, all stated they were trained in the PREA process through annual in-service training, on the job training, and staff meetings. Each verbalized the USPPM is constantly reminding them of PREA policies and speaking with them regarding the importance of PREA and sexual safety.

Non-custody staff who were interviewed, all stated they would notify custody staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until custody staff arrived. They all verbalized the importance of, as well as their understanding of, the need for confidentiality in all cases.

The documentation review also included the original complaint, the referral for investigation, referrals for mental health, and all subsequent available paperwork, including administrative remedy forms and responses where applicable. Where applicable, the inmates were given proper notice of the findings and the cases have been closed.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 26, B, 2, indicates if the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

The Auditor’s review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a First Responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the OIC, Shift Supervisor, OIG investigator, or USPPM.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding staff first responder duties. No recommendations or corrective action is required.

**Standard 115.65: Coordinated response**

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

115.65 (a)

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

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Texas Department of Criminal Justice, Safe Prisons/PREA Program, *Sexual Abuse Coordinated Response Plan*
- Sexual Abuse Investigation Checklist /Attachment G
- Interviews with the following:
  - Facility Head - Warden

Provision (a)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 26, B, 1, a-h states after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

a. Notify a security supervisor;

b. Separate the alleged victim and assailant;

c. Preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence;

d. Be required to request that the alleged victim not take any actions that
could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

e. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.

f. Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff. The nature and scope of treatment shall be determined by medical and mental health practitioners in accordance with CMHC policies and Section II.G of this plan.

g. As appropriate, the services of a victim advocate or an OVR shall be made available in accordance with this plan.

h. Additional information regarding coordinated response procedures may be found in the SPPOM.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 26, B, 2, states if the first staff responder is not a correctional officer, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and shall immediately notify a correctional officer.

The TDCJ has a written detailed Coordinated Response Plan. The plan is thorough and comprehensive. It contains detailed response actions for staff first responders, supervisors, medical and mental health practitioners, investigators, and facility leadership. It lists the correct forms to use, a chain of command and delegates responsibilities for each step of the process. It includes a Sexual Abuse Investigation Checklist/Attachment G to list dates and times each action was completed and the contact person with agency or department. The Auditor reviewed twenty-four (24) Sexual Abuse Investigation Checklist/Attachment G. Each allegation was reported within the previous 12 months. A review of records show staff followed the actions outlined in the coordinated response plan.

During interviews with twenty-two (22) specialized staff members the Auditor asked first responders, medical and mental health practitioners, investigators, and command staff questions regarding their duties in response to an alleged sexual abuse incident. Each first responder and specialized staff interviewed by the Auditor was able to articulate their required response actions following an alleged sexual abuse incident. Specialized staff interviewed by the Auditor understand and make appropriate response efforts to an
alleged sexual abuse incident and staff has been appropriately trained to respond to such incidents.

The Warden confirmed that the coordinated response has been identified in the policies listed above. He indicated each item breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on the job training.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding coordinated response. No recommendations or corrective action is required.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
• Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.

• Texas Department of Criminal Justice, Executive Directive, PD-35 (rev. 4), Independent Dismissal Mediation and Dispute Resolution, dated March 1, 2020

• Texas Department of Criminal Justice, Executive Directive, PD-29 (rev. 5), Sexual Misconduct With Offenders, dated March 1, 2017

• Texas Department of Criminal Justice, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019

• Interviews with the following:
  o Human Resources (HR)
  o Random Staff

Provision (a)

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 2, POLICY, Employees are representative of TDCJ and are expected to adhere to the highest standards of conduct while on-duty or off-duty, including adherence to the rules of conduct described in the Listing of Employee General Rules of Conduct and Disciplinary Violations (Attachment A)/ Employees who allegedly commit a rule violation will be subject to disciplinary action in accordance with the procedures within this directive.

It goes on to say, the TDCJ promotes equal employment opportunity through an employee disciplinary system designed to impose disciplinary actions without regard to race, color, religion, sex (gender), national origin, age, disability, or genetic information (collectively “protected class”). The TDCJ has zero tolerance for all forms of employment discrimination in the disciplinary process. Retaliation for opposing or reporting employment discrimination is prohibited.

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 4, 1, states it is an employee’s responsibility to know the rules in this directive and to seek clarification, if necessary. Being unaware of the existence of any of the rules is not a defense for violations.

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 5, II, 4, states an appropriate TDCJ official may deem it in the best interest of the TDCJ or an employee to temporarily reassign the employee to other duties in order to limit the employee’s contact with offenders or other employees.
TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 7 - 8, III, A, indicates if the reprimanding authority does not reassign the employee or permit the employee to continue working in the current position, the reprimanding authority may consider, in the order listed, the following options pending completion of a pre-hearing investigation and employee hearing:

1. Involuntary use, in the order listed, of the employee’s accrued compensatory then holiday time;

2. Voluntary use of overtime or vacation time (the employee shall complete a PERS 24, TDCJ Leave Request); or

3. Leave without pay in accordance with PD-49, “Leaves Other than Medical and Parental,” if the employee does not have any accrued leave other than sick time or refuses to voluntarily use accrued overtime or vacation time.

TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 9, V, A, specifies A prehearing investigation provides the reprimanding authority with information regarding an alleged violation. Based on the information provided, the reprimanding authority determines whether an employee hearing is warranted.

TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 18, IX, states If the reprimanding authority determines an employee is not guilty because the violation did not occur or there were extenuating circumstances, a finding of not guilty shall be marked, along with no discipline imposed.

If the reprimanding authority determines that an employee is guilty of a violation, but extenuating circumstances justify not imposing disciplinary action, the reprimanding authority shall provide that justification at the bottom of the PERS 185.

If the reprimanding authority determines that a violation occurred, the reprimanding authority shall indicate a finding of guilty and decide whether to impose disciplinary action and the severity of the action. Disciplinary action shall be based on job-related and non-discriminatory criteria. The reprimanding authority shall consider the following factors:

A. The seriousness of the violation;

B. The employee’s work history, including job performance and length of service;

C. Discipline imposed by the reprimanding authority on other employees for the same violation
TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 26, XII, A, 1-4, states Pending final approval of the dismissal recommendation, the reprimanding authority shall use the following options in the order listed:

1. Involuntary use of the employee’s accrued state compensatory time, including comp time and holiday time;

2. Voluntary use of overtime or vacation time; the employee shall complete a PERS 24, TDCJ Leave Request;

3. Suspension without pay, if employee has no accrued leave other than sick time, or refuses to voluntarily use accrued overtime or vacation time; or

4. In limited circumstances, the following may be used:
   a. Change to another job assignment; or
   b. Administrative leave, in accordance with PD-49, “Leaves Other than Medical and Parental,” in extremely unusual cases if granted by the executive director.

TDCJ, Executive Directive, PD-29 (rev. 5), *Sexual Misconduct With Offenders*, dated March 1, 2017, p. 1 states the TDCJ has a zero tolerance for sexual misconduct, asexual abuse, and sexual harassment of offenders. An employee is prohibited from subjecting another employee, offender or other individual to harassment, or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with offenders.

TDCJ, Executive Directive, PD-35 (rev. 4), *Independent Dismissal Mediation and Dispute Resolution*, dated March 1, 2020, p. 2, 1, states an employee who has been recommended for dismissal shall be given the opportunity to have the dismissal recommendation mediated through a voluntary independent dismissal mediation session. To promote a mutually acceptable agreement, a mediator facilitates communication between a designated TDCJ official and the employee who has been recommended for dismissal.

Interviews with twenty (20) random staff reveal an understanding of the policies listed above. According to HR, management does have the right to separate the inmate from a staff member who is the subject of an investigation. This separation can either be temporarily reassigning the employee or redirecting the employee.

**Provision (b)**

Auditor is not required to audit this provision

**Conclusion:**
Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.

**Standard 115.67: Agency protection against retaliation**

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

**115.67 (a)**

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

**115.67 (b)**

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

**115.67 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
• Interviews with the following:
  o Facility Head - Warden
  o Staff in Charge of Monitoring Retaliation

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 24, C, 1, specifies offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other offenders or staff. The USPPM shall monitor for incidents of retaliation in accordance with the SPPOM.

According to the PAQ, a Major or a USPPM has been identified as the individuals who are primarily responsible for monitoring possible retaliation.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 24, C, 2, states as appropriate, multiple protective measures may be taken, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offender or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

In the interview with the Warden, the Auditor was informed there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments. The staff in charge of monitoring retaliation echoed these comments.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 24, C, 3, indicates for at least 90 days following a report of sexual abuse, the USPPM shall monitor and document the conduct and treatment of offenders or staff who reported the sexual abuse, and of offenders who were reported to have been victims of sexual abuse, for changes that may indicate possible retaliation by offenders or staff and shall act promptly to address any retaliation.

According to the PAQ, LeBlanc Unit generally monitors for retaliation for a period of 90-days, unless further monitoring is needed. The PAQ also indicated, LeBlanc Unit did not have any instances of retaliation in the past twelve (12) months.
In the interview with the Warden, the Auditor was told that retaliation is absolutely not tolerated at LeBlanc Unit. The Warden emphasizes to staff and inmates that they are to speak about PREA issues freely without fear of retaliation. He stressed that if retaliation does occur, there would be prompt action taken against those responsible for the retaliation. They would be investigated and disciplined. These sentiments were echoed by the Staff in Charge of Monitoring Retaliation.

Provision (d)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 24, C, 5, states the monitoring shall also include periodic status checks of offenders.

Provision (e)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 24, C, 7, indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the TDCJ shall take appropriate measures to protect that individual against retaliation.

Provision (f)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 24, C, 8, states if the TDCJ investigation determines the allegation to be unfounded, the monitoring shall be discontinued.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding agency protection against retaliation. No recommendations or corrective action is required.

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

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interviews with the following:
  o Facility Head - Warden
  o Classification Staff

Provision (a)

The PAQ indicates LeBlanc Unit has not used segregated housing in the past 12-months for PREA related allegations.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 3, states offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is 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.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 4, a-b, indicates If a protective safekeeping housing assignment is made pursuant to Section III.C.3, the unit shall clearly document:

a. The basis of the concern for the offender’s safety; and

b. The reason why no alternative means of separation can be arranged.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 18, C, 5, states offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 18-19, C, 6, a-c, states offenders placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the unit shall document:

- a. The opportunities that have been limited;
- b. The duration of the limitations; and
- c. The reasons for the limitations.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 19, C, 7, mandates Every 30 days, the unit shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

Classification staff reported there are multiple housing options available and therefore a sexual abuse victim is not automatically placed in segregation for his protection. Other alternatives are always explored, and segregation is utilized as a last resort. The Auditor was informed there are numerous areas in the facility to place sexual abuse victims to ensure they are protected from abusers without having to place the victim in segregation housing. Classification and the facility’s Warden stated they can transfer the abuser or victim to another TDCJ facility if need be.

Classification staff confirmed inmates are allowed to participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding post allegation protective custody. No recommendations or corrective action is required.

### INVESTIGATIONS

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

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution
Division, *Safe Prisons/PREA Plan*, February 2019

- Interviews with the following:
  - Investigative Staff
  - Facility Head – Warden
  - PREA Coordinator (PC)
  - Unit Safe Prisons/PREA Manager

Provision (a)

The PAQ reflects the TDCJ has a policy related to criminal and administrative investigations.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 25, V, A, 4, states investigations of sexual abuse threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

During the interview with the investigator, he indicated investigations begin immediately following notification of the incident. He reported the same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, third party, by mail or anonymously.

Provision (b)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 26, V, A, 5, indicates investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Investigative staff confirmed attendance at these training sessions. The Auditor reviewed the investigators training records and verified his attendance and participation in all mandated training.

Provision (c)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 25, V, A, 1, mandates all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Investigative staff indicated all investigations follow practically the same investigative format. Generally speaking, he stated he interviews the victim first, then any witnesses, leaving the perpetrator for last. He stated it varies slightly if it is an alleged Sexual Harassment rather than an alleged Sexual Assault or Sexual Abuse. If it is an alleged Sexual Assault or Sexual Abuse incident, he will go to the dedicated SAFE/SANE location at the local hospital where the victim is being seen. Except in the cases where the SAFE/SANE team collects the evidence, the investigator indicated he collects and secures all evidence. He was trained in evidence collection. The Auditor reviewed training records, which confirmed this training.
Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 28, V, D, 2 specifies when the evidence supports criminal prosecution, OIG shall conduct compelled interviews only after consulting with prosecutors to ensure the interviews do not impede subsequent criminal prosecution.

During the interview process, the investigator reported when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator confirmed if the case appears to be criminal Miranda warnings are given to the person(s) interviewed. The auditor reviewed twelve (12) investigations validating the process.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 28, V, D, 3 indicates an offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 29, V, E, 1, c, indicates the credibility of an alleged victim, assailant, or witness shall be assessed on an individual basis and not on the status as an offender or staff member.

The investigative staff reported credibility of anyone involved in the investigation is determined through the investigative process. He stated everyone is treated as credible and truthful unless the investigation proves otherwise. He confirmed a polygraph is not used in the investigative process of PREA cases.

Provision (f)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 29, V, E, 1, d, states staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 29, V, E, 1, e, specifies information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 30, V, G, 1, a-b, outlines that administrative investigations shall:

a. Include an effort to determine if staff actions or inactions contributed to the abuse; and
b. Be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

During the interview, investigative staff reported in administrative investigations he follows the evidence as the investigation unfolds. In following the evidence, he attempts to determine if staff actions or failure to act contributed to the allegation. He summarizes all findings in his report.

Provision (g)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 30, V, G, 2, mandates criminal investigations shall be documented in accordance with OIG policies and procedures.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 30, V, G, 3, states substantiated allegations of conduct that appear to be criminal shall be referred for prosecution in accordance with OIG policies and procedures.

When asked about handling criminal investigation, the investigative staff reported he thoroughly documented all steps of the process, including investigative steps, interviews, facts, and findings, up until the point he determines it is criminal in nature. When he determines the incident rises to the level of criminal prosecution, he will provide an affidavit to the prosecutor who will determine if charges will be filed.

According to the PAQ, in the past twelve (12) months there has been zero (0) substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (h)

Per the PAQ, in the past 12-months there has been zero (0) criminal cases referred for prosecution.

During the interview, the investigator said if the investigation uncovers evidence that a crime has been committed, he will provide an affidavit to the prosecutor who will determine if charges will be filed. The full documentation of investigation by the OIG is kept within their office. The institution keeps a file with documentation that corresponds with actions within the facility, i.e.: Responder Check-off (Supervisory, Medical and Mental Health), 30-day reviews, sign-off form for offenders housing choice, etc.

Provision (i)
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 30, V, G, 4, mandates all administrative and criminal investigations shall be retained in accordance with the TDCJ *Records Retention Schedule*.

**Provision (j)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 28, V, D, 4, states the departure of the alleged assailant or victim from employment or custody of the TDCJ shall not be the basis for terminating an investigation.

During the interview, the investigator confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.

**Provision (k)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 25, V, A, 3, specifies the requirements of evidence protocol and forensic medical examinations shall also apply to:

a. Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and

b. Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

**Provision (l)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 29, V, E, 1, f, states unit staff conducting OPIs shall cooperate with the OIG when applicable, to avoid interfering with possible criminal investigation related to the same incident.

During the interview, the investigator confirmed the facility cooperates with the Office of Inspector General (OIG) and the OIG endeavors to keep the facility informed of the progress of the investigation.

**Conclusions:**

Based upon the review and analysis of all available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding criminal and administrative agency investigations. No recommendation or corrective action is required.
Standard 115.72: Evidentiary standard for administrative investigations
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interview with the following:
  - Investigative Staff

Provision (a)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 28, D, 5, states no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

The Auditor interviewed investigative staff who relayed that during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.). Further the TDCJ imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding evidentiary standard for
administrative investigations. No recommendations or corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice, Safe Prisons/PREA Program, SPPOM 05.05, Attachment M, UCC Notification of OPI Outcome
- Interview with the following:
  - Facility Head - Warden
  - Investigative Staff

Provision (a)

On the PAQ, LeBlanc Unit indicated they had twelve (12) allegations for alleged sexual abuse and harassment in the past 12-months. All victims were notified in writing of results of the investigation.
On the PAQ, LeBlanc Unit reported they had two (2) investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency. Both victims were notified verbally or in writing of the results of the investigation.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 30, F, 4, states following an OPI committee review, the committee shall inform the offender if the allegations were determined to be substantiated, unsubstantiated, or unfounded.

TDCJ, Safe Prisons/PREA Program, SPPOM 05.05, Attachment M, *UCC Notification of OPI Outcome*, is the form used to notify the offender.

In interviewing the investigative staff, the Auditor was instructed the final step of the investigation process, takes place after all findings have been determined. At the conclusion of any PREA investigation the OIG investigator sends to the Warden’s office, a close out memorandum of the investigation and details of how the decision was made regarding the outcome. The facility is then responsible for notifying the inmate of the outcome of the administrative investigation.

**Provision (b)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 28, C, 7, states the TDCJ SPPM shall ensures the relevant criminal information is received from the OIG in order to inform the offender.


**Provision (c)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 27, C, 3, states offenders shall be notified of relevant information regarding criminal investigations, in accordance with the SPPOM.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 27, C, 4, a-b, states if an offender is determined to have been a victim of staff-on-offender sexual abuse, the warden shall inform the offender when:

a. The staff member is no longer assigned to the offender’s unit; or

b. The staff member is no longer employed by the TDCJ.
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 27, C, 5, a-b, states if an offender is determined to have been a victim of staff-on-offender sexual abuse, and the abuse is determined criminal, the SPPMO shall inform the offender when:

- c. The staff member is no longer assigned to the offender’s unit; or
- d. The staff member is no longer employed by the TDCJ.

As previously stated in provision (a), upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation.

**Provision (d)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 27-28, C, 6, a-b, states if an offender alleges to have been a victim of offender-on-offender sexual abuse, the SPPMO will subsequently inform the alleged victim when:

- a. The alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
- b. The alleged assailant has been convicted on a charge related to sexual abuse within the unit.

**Provision (e)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 28, C, 8, states all offender notifications or attempted notifications described in items 4-6 of this section shall be documented.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 28, C, 9, states the requirement to provide offender notification shall terminates if the offender is released from the custody of the TDCJ.

**Provision (f)**

The Auditor Is not required to audit this provision.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding reporting to inmates. No recommendations or corrective action is required.

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019

Interviews with the following
  - Facility Head - Warden
  - Unit Safe Prisons/PREA Manager

Provision (a)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 31, H, 6, states disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations shall be handled in accordance with PD-22, “General Rules of Conduct and Disciplinary Action Guidelines for Employees.”

TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 4, I, states it is an employee’s responsibility to know the rules in this directive and to seek clarification, if necessary. Being unaware of the existence of any of the rules is not a defense for violations.

TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 5, II, A, states when possible, supervisors are expected to take actions to correct an employee’s unacceptable behavior before pursuing disciplinary action. Supervisors shall ensure these actions are objective, job-related, and used in a consistent manner. If the corrective action does not result in the necessary change in conduct, the supervisor may proceed with disciplinary action in accordance with the procedures in this directive.

TDCJ, Executive Directive, PD-22 (rev. 16), *General Rules of Conduct and Disciplinary Action Guidelines for Employees*, dated November 1, 2019, p. 5, II, B, 4, a-c, an appropriate TDCJ official may deem it in the best interest of the TDCJ or an employee to temporarily reassign the employee to other duties in order to limit the employee’s contact with offenders or other employees; for example, pending the completion of an EEO investigation. The reassignment will consist of one of the following options in the order listed:

a. Assigning the employee to work a non-contact position in the unit or department;

b. Coordinating with the regional or assistant director or higher level of authority to temporarily move the employee to another unit or department; or

c. Contacting the human resources director for placement assistance
III, A, if the reprimanding authority does not reassign the employee or permit the employee to continue working in the current position, the reprimanding authority may consider, in the order listed, the following options pending completion of a prehearing investigation and employee hearing:

1. Involuntary use, in the order listed, of the employee’s accrued compensatory then holiday time;

2. Voluntary use of overtime or vacation time (the employee shall complete a PERS 24, TDCJ Leave Request); or

3. Leave without pay in accordance with PD-49, “Leaves Other than Medical and Parental,” if the employee does not have any accrued leave other than sick time or refuses to voluntarily use accrued overtime or vacation time.

V, A, indicates a prehearing investigation provides the reprimanding authority with information regarding an alleged violation. Based on the information provided, the reprimanding authority determines whether an employee hearing is warranted.

IX, if the reprimanding authority determines an employee is not guilty because the violation did not occur or there were extenuating circumstances, a finding of not guilty shall be marked, along with no discipline imposed. Additionally, if the reprimanding authority determines that an employee is guilty of a violation, but extenuating circumstances justify not imposing disciplinary action, the reprimanding authority shall provide that justification at the bottom of the PERS 185.

Lastly, if the reprimanding authority determines that a violation occurred, the reprimanding authority shall indicate a finding of guilty and decide whether to impose disciplinary action and the severity of the action. Disciplinary action shall be based on job-related and non-discriminatory criteria.

IX, states dismissal is the most severe disciplinary action.
1. If the violation is an EEO violation, the appropriate EEO-DAO approves the dismissal after the dismissal recommendation review process is completed.

2. If the violation is a non-EEO rule violation, the reprimanding authority may recommend dismissal; however, only the executive director, deputy executive director or the appropriate division director may approve the dismissal.

3. The reprimanding authority shall document a dismissal recommendation on the PERS 185 and PERS 186, Dismissal Recommendation and Action form (Attachment K), then attach the PERS 185 to the PERS 186.

4. The reprimanding authority shall not recommend alternate disciplinary actions in the event the dismissal recommendation is not approved. Alternate punishment, if any, shall be determined by the division director and coordinated through the disciplinary specialist.

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 26, XII, A, 1-4, specifies pending final approval of the dismissal recommendation, the reprimanding authority shall use the following options in the order listed:

1. Involuntary use of the employee’s accrued state compensatory time, including comp time and holiday time;

2. Voluntary use of overtime or vacation time; the employee shall complete a PERS 24, TDCJ Leave Request;

3. Suspension without pay, if employee has no accrued leave other than sick time, or refuses to voluntarily use accrued overtime or vacation time; or

4. In limited circumstances, the following may be used:
   
   a. Change to another job assignment; or
   
   b. Administrative leave, in accordance with PD-49, “Leaves Other than Medical and Parental,” in extremely unusual cases if granted by the executive director.

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 41, Attachment A, 21, states discrimination or harassment based on race, color, religion, sex (gender), including sexual harassment, national origin, age (40 or above), disability, or genetic information is prohibited. In addition, an employee shall not retaliate against an employee or other individual who filed a charge of, participated in a proceeding regarding, or otherwise opposed an alleged
EEO rule violation, or associated with the applicant, employee, or other individual who is involved in such activity. Some examples of adverse employment actions that may be retaliation for purposes of this rule are identified in PD-13, “Sexual Harassment and Discourteous Conduct of a Sexual Nature” and PD-31, “Discrimination in the Workplace.”

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 42, Attachment A, 22, states an employee shall not harass or retaliate against another individual in any form or for any reason.

TDCJ, Executive Directive, PD-22 (rev. 16), General Rules of Conduct and Disciplinary Action Guidelines for Employees, dated November 1, 2019, p. 48, Attachment A, 42d, states an employee shall not commit acts of sexual misconduct with: (1) any incarcerated offender; or (2) any offender under the supervision of the TDCJ who the employee’s spouse is not. Acts of sexual abuse and harassment are described in PD-29, “Sexual Misconduct with Offenders.”

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39, VII, A, 5, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

During the interview with the Warden, he confirmed during the previous twelve (12) months there had not been any terminations or resignations of staff for violation of the agency’s sexual abuse or sexual harassment or sexual misconduct policies. Nor, had any staff been reported to licensing boards.

The PAQ indicates in the past 12-months, there has been zero (0) staff from the facility who have been disciplined, short of termination, for violation of the agency sexual abuse or sexual harassment policies.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39, VIII, A, 6, indicates disciplinary sanctions for violations of TDCJ policies relating to sexual abuse or sexual harassment, that do not involve actual sexual abuse, shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

During an interview with the USPPM she confirmed during the previous twelve (12) months there had not been any terminations or resignations of staff for violation of the agency’s sexual abuse or sexual harassment or sexual misconduct policies. Further, she confirmed there has been zero (0) staff from the facility who have been disciplined, short of termination, for violation of the agency sexual abuse or sexual harassment policies.
Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39, VIII, A, 7, specifies all terminations for violations of TDCJ sexual abuse or sexual harassment policies, or resignations in lieu of termination, shall be reported to the OIG, unless the activity was clearly not criminal, and to any relevant licensing bodies.

During an interview with the Warden, he confirmed during the previous twelve (12) months there had not been any terminations or resignations of staff for violation of the agency’s sexual abuse or sexual harassment or sexual misconduct policies. Further he indicated, in the past 12-months, there had been zero (0) staff members disciplined, short of termination, for violation of the agency sexual abuse or sexual harassment policies.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interview with the following
  - Facility head - Warden

Provision (a)

The PAQ indicates there have been no LeBlanc Unit contractors or volunteers who have been reported to licensing bodies or law enforcement during the past 12 months.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 39 B, 1, states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 40, B, 2, the unit shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders, in the case of any other violation of TDCJ sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There have been no cases of violations involving the agency's sexual abuse or sexual harassment policies by a contractor or volunteer. During the past 12 months there have been no reports of sexual abuse by contractors or volunteers at LeBlanc Unit, and thus no instances of requiring remedial measures.

During an interview with the Warden, he disclosed when an issue is brought to his attention, he immediately refers the matter to the OIG for their follow-up. During this time, the contractor or volunteer are not allowed access to the facility pending investigation and review of the matter.
Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding corrective action for contractors and volunteers. No recommendations or corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA
Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Interview with the following
  - Facility Head - Warden
  - Medical Staff

Provision (a)

The PAQ reflects in the past twelve (12) months there has been zero (0) administrative findings of inmate-on-inmate sexual abuse at the facility. The PAQ also reflects in the past twelve (12) months there has been zero (0) criminal findings of inmate-on-inmate sexual abuse at the facility.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 31, H, 1, mandates offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse in accordance with the TDCJ *Disciplinary Rules and Procedures for Offenders*.

Provision (b)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 31, H, 2, indicates sanctions shall be appropriate to the nature of
abuse committed, the offender’s disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.

During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated that the inmate discipline is based on level of the violation and penalties are imposed comparable to other inmate’s penalties. Penalties might include change of housing assignment, loss of good time credit, and possible prosecution, when appropriate.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 31, H, 3, states the disciplinary process shall consider whether an offender’s mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

During the interview with the Warden, disciplinary sanctions were discussed. The Warden indicated if the inmate has a mental history, mental health staff will be involved to assist in determining appropriate sanctions.

Provision (d)

The PAQ indicates LeBlanc Unit does offer therapeutic services and interventions to inmates.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 31, H, 4, indicates if the unit offers therapy, counseling, or other interventions designed to address and correct possible underlying reasons or motivations for the abuse, consideration shall be made to determine if participation should be a requirement for access to programming or other benefits.

During interviews with medical staff, the Auditor was informed that medical staff can make recommendations for referrals for inmates for therapy, counseling, or other interventions to address underlying issues related to abuse. The inmate’s issues would be addressed during regular counseling sessions or group counseling sessions. Participation in interventions is not a condition for access to other programming or benefits.

Provision (e)

The PAQ reflects LeBlanc Unit only disciplines inmates for sexual contact with staff when it is determined the staff member did not consent.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 31, H, 5, states an offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

Provision (f)

The PAQ reflects LeBlanc Unit prohibits disciplinary action for a report of sexual
abuse made in good faith.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 31, H, 8, states a report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the TDCJ *Disciplinary Rules and Procedures for Offenders*.

During an interview with Warden, the Auditor was informed in the past 12 months there had not been any disciplinary action taken against any inmate(s) for a report of sexual abuse made in good faith.

**Provision (g)**

The PAQ indicates LeBlanc Unit prohibits all sexual activity between inmates. Further, it states LeBlanc Unit only considers sexual activity between inmates to be sexual abuse if it is coerced.

TDCJ, I-202, *Offender Orientation Handbook*, dated February 2017, p. 26, C, 1, a-d, states sexual abuse (offender-on-offender) includes any of the following acts performed on an offender by another offender, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

a. Contact between the penis and vulva or the penis and anus, including penetration, however slight;

b. Contact between the mouth and the penis, vulva, or anus;

c. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instruments; and

d. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact that was incidental to a physical altercation.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding disciplinary sanctions for inmates. No recommendations or corrective action is required.
Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

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

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

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

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

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

Auditor Overall Compliance Determination

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

☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Interview with the following
  - Medical Staff

Provision (a)

The PAQ reflects in the past 12 months, LeBlanc Unit referred 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health professional.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 17, B, 6, requires if the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Intake staff indicated inmates are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the intake screening indicates the inmate is at high risk for possible victimization, aggressiveness or has a past history of victimization.

During the documentation review, the Auditor discovered all mental health referrals, as a result of disclosure during intake, were made within the appropriate timeframe. All referrals were evaluated within the appropriate time frame.

Provision (b)

The PAQ reflects in the past 12 months, LeBlanc Unit referred 100% of inmates with previous perpetrator behavior for follow screening.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 18, B, 7, requires if the screening pursuant to this section indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting
or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 17, B, 6, states if the screening pursuant to this section indicates an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Provision (d)

The PAQ indicates LeBlanc Unit strictly limits information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 19-20, D, 2, specifies any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

The Auditor interviewed staff who conduct intake screenings and was informed that all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Provision (e)

The PAQ indicates LeBlanc Unit medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 20, D, 3, states in accordance with CMHC policies, medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding medical and mental health screenings, history of sexual abuse. No recommendations or corrective action is required.
Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:
• Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
• Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
• Interview with the following
  o Medical Staff

**Provision (a)**

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 13, F, 1, states offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment in accordance with CMHC policies.

Medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

The Auditor reviewed records of inmates who alleged sexual abuse and in each case the inmate was referred to medical and mental health well within the appropriate time frame.

**Provision (b)**

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 13, F, 2, states if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders shall take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will get a cursory examination by the physician to provide feedback for use of SART or if the inmate should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide ‘recommendations’ for treatment and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

**Provision (c)**
TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 13, F, 3, indicates offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate, in accordance with CMHC policies.

As previously sited in Provision (b) medical and mental health staff interviewed by the Auditor reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

**Provision (d)**

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 13, F, 4, mandates treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

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

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

**115.83 (a)**

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

**115.83 (b)**

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

**115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No
115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☑ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☑ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Interview with the following:
  - Medical Staff
  - Mental Health Staff
  - Unit Safe Prison/PREA Manager

**Provision (a)**

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 1, states all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

The Auditor reviewed records, produced by the facility, documenting the community standard of care, the evidence of sexually transmitted infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate received the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

**Provision (b)**

As stated in provision (a) the evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 2, indicates the evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units in accordance with CMHC policies or their release from custody.

Documentation and records review supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.
Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 3, specifies Offender victims shall be provided medical and mental health services consistent with the community level of care.

Interviews with medical and mental health staff support compliance in the area of evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff reflects an active understanding of the importance of appropriate evaluation, follow up, treatment planning and service referral.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 4, states offenders who have the capacity to become pregnant as a result of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies.

LeBlanc Unit does not house females.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 4, states offenders who have the capacity to become pregnant as a result of sexually abusive penile-vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in this section, the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services in accordance with CMHC policies.

LeBlanc Unit does not house female inmates.

Provision (f)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 5, states offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

Provision (g)

During the interview process, the USPPM confirmed all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (h)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 14, G, 6, mandates a mental health evaluation of all known offender-on-offender
abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

**Conclusion:**

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding ongoing medical and mental health care for sexual abuse victims. No corrective action is required.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

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

#### 115.86 (b)
- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.86 (c)
- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Interviews with the following
  - Facility Head - Warden
  - Unit Safe Prison/PREA Manager
  - Incident Review Team (IRT)

** Provision (a) **

The PAQ reflects in the past 12-months there have been twelve (12) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The PAQ further reflects all twelve (12) were followed by sexual abuse incident review within 30-days.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 32, I, 1 states an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The unit warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

** Provision (b) **

The PAQ reflects in the past 12-months there have been twelve (12) criminal and/or administrative investigations of alleged sexual abuse completed at the facility. The
PAQ further reflects all twelve (12) were followed by sexual abuse incident review within 30-days.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 32, I, 1 states an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The unit warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Provision (c)

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 32, I, 3, states the review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

In the interview with the Warden, he confirmed his understanding of the composition of the review team and his willingness to consider and incorporate recommendations from team members.

Provision (d)


1. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. The unit warden shall obtain input from security supervisors, investigators, and medical or mental health practitioners when completing the review.

2. The review shall be conducted in accordance with AD-02.15, “Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents.”

3. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners.

4. The unit shall implement recommendations that result from the review or document the reasons for not doing so.

Members of the Sexual Abuse Incident Review Team were interviewed. Each team member reported the team considers all criteria listed above, as required by PREA policy.
The report from the Sexual Abuse Incident Review team is submitted to the Warden and the USPPM.

Provision (e)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 32, V, states the review team shall include upper-level management, with input from line supervisors, investigators, and medical and mental health practitioners: and the unit shall implement recommendations that result from the review or document the reasons for not doing so.

Approval for any improvements must receive approval from the TDCJ.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.

### Standard 115.87: Data collection

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

| 115.87 (a) | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No |
| 115.87 (b) | Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No |
| 115.87 (c) | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No |
| 115.87 (d) | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No |
| 115.87 (e) | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA |
| 115.87 (f) | Does the agency, upon request, provide all such data from the previous calendar year to the |
Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, Safe Prisons/PREA Plan, February 2019
- Texas Department of Criminal Justice (TDCJ), Board Policy, BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, October 31, 2019
- Annual PREA Reports 2013 - 2019
- Interview with the following
  - PREA Coordinator (PC)

Provision (a)

According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

TDCJ, Board Policy, BP-02.09 (rev. 2), Prison Rape Elimination Act Ombudsman Policy Statement, October 31, 2019, III, A, 6, indicates the PC shall collect statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with the PREA standards.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 36, VII, 1, states accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.

A review of an annual PREA reports, confirms this provision has been met.
Provision (b)

According to the PAQ, the agency aggregates the incident-based sexual abuse data at least annually.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 37, VII, A, 2, states the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates.

The TDCJ aggregates all of its data submitting all required items according to the US Department of Justice. A review of annual PREA reports, confirms this provision has been met.

Provision (c)

TDCJ, Board Policy, BP-02.09 (rev. 2), *Prison Rape Elimination Act Ombudsman Policy Statement*, October 31, 2019, III, A, 6, indicates the PC shall collect statistics regarding allegations of offender sexual abuse and sexual harassment from each correctional facility to comply with the PREA standards.

TDCJ, Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019, p. 37, VII, A, explains the data collection process and states it will include:

1. Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.
2. Incident-based sexual abuse data shall be aggregated at least annually.
3. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the department of Justice.
4. 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.

A review of annual PREA reports, confirms this provision has been met.

Provision (d)

According to the PAQ, the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

TDCJ, Board Policy, BP-02.09 (rev. 2), *Prison Rape Elimination Act Ombudsman Policy Statement*, October 31, 2019, III, B, 4, specifies the PC has the right to obtain full and unrestricted access to correctional facilities employees’ records, information data, reports, plans projects, matters, contracts, memoranda, correspondence, including original documents, if deemed necessary by the PC, and any other materials including electronic data of the TDCJ that specifically relate to issues currently
under administrative investigation by the PC, unless the Office of the General Counsel (OGC) determines the records are protected under client attorney privilege. If the OGC makes such a determination, the OGC shall consult with the TBCJ chairman prior to taking any final action.

Provision (e)

According to the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with the SSV reporting requirement.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, A, 2, states the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of inmates.

A review of annual PREA reports, confirms this provision has been met.

Provision (f)

According to the PAQ, upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30, from the previous calendar year.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, B, 5, states once requested, the TDCJ shall provide all relevant data from previous calendar years to the Department of Justice.

The TDCJ aggregates all of its data submitting all required items according to the US Department of Justice SSV-02 (Survey of Sexual Victimization) and submits all information on June 30 from the previous calendar year to the US Department of Justice.

A review of annual PREA reports, confirms this provision has been met.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding data collection. No recommendations or corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and
response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**Documentation Reviewed:**

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Annual PREA Reports 2013 - 2019
- Interview with the following
  - Agency Head (AH)
According to the PAQ, the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 36, VII, B, 2, indicate The TDCJ shall review data collected pursuant to Section VII.A of this plan 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 unit, as well as the TDCJ as a whole, in collaboration with the OIG and PREA ombudsman.

As part of the interview with the PC, the Auditor learned the agency reviews data collected pursuant to §115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The Auditor also learned that all personally identifying information, if any, is completely redacted.

The AH asserts if the incident-based sexual abuse data shows patterns, such as LGBTI inmates are being targeted or a significant number of assaults occurring in a particular area of an institution, then policies, procedures or training may be modified.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 36, VII, B. 2, a-c, indicate The TDCJ shall review data collected pursuant to Section VII.A of this plan in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by:

a. Identifying problematic areas;

b. Taking corrective action on an ongoing basis; and

c. Preparing an annual report of findings and corrective actions for each unit, as well as the TDCJ as a whole, in collaboration with the OIG and PREA ombudsman.

The Auditor reviewed the most recent annual report (2019) and found it to follow the PREA standards, including a comparison to the findings in previous reports to
assess progress in addressing sexual abuse.

Provision (c)

This provision is addressed in provision (a) and (b).

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 36, VII, B, 4, states Annual reports shall be approved by the TDCJ executive director and made readily available to the public through the TDCJ website.

According to the interview notes from the AH, he reviews all PREA Annual Reports. He reviews the annual report for the prior calendar year before placement on the agency website.

As required by standard, the TDCJ places all annual reports on its website, accessible for public view [http://www.tdcj.texas.gov/tbcj/prea.html](http://www.tdcj.texas.gov/tbcj/prea.html) allows access to the TDCJ PREA webpage, which contains the most recent (2019) annual report.

Provision (d)

According to the PAQ, the annual report is written without personal identifying information (PII). However, if PII is in the report, it would be redacted prior to be published on the agency website. Additionally, the agency does have the ability to make any changes that are required.

The PC indicated the agency reviews data collected pursuant to §115.87. The annual report is written without PII and in the event PII is included, it is redacted prior to publishing on the agency website.

The PC indicated she is responsible for ensuring the information is provided for purposes of agency reporting.

During an interview with the USPPM, she indicated they ensure the data collected on sexual abuse for inmate-on-inmate cases is forwarded to the PREA Coordinator annually.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding data review for corrective action. No recommendations or corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  - Yes  ☒ No  ☐
115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Richard P. LeBlanc Unit (LeBlanc Unit) Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Texas Department of Criminal Justice (TDCJ), Correctional Institution Division, *Safe Prisons/PREA Plan*, February 2019
- Annual PREA Reports 2013 – 2019
- Texas Department of Criminal Justice publicly accessible website [http://www.tdcj.texas.gov/tbcj/prea.html](http://www.tdcj.texas.gov/tbcj/prea.html)
- Interview with the following
  - PREA Coordinator (PC)

Provision (a)
2. Accurate, uniform data shall be collected for every incident of sexual abuse alleged to have occurred at a TDCJ operated facility using a standardized instrument and set of definitions.

3. Incident-based sexual abuse data shall be aggregated at least annually.

4. The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

5. 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.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, C, 3, indicates personal identifiers and sensitive information shall be redacted from the reports in instances when publication would present a clear and specific threat to the safety and security of a unit, while maintaining the nature of the material.

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, C, 4, specifies all sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

According to the interview notes of the PC, the Auditor learned there are several locations where the TDCJ retains data. At the local level, data is retained within a secure system and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and also within the TDCJ website for public access.

Provision (b)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, D, 1, indicates the SPPMO is responsible for the overall monitoring of the Safe Prisons/PREA Program to ensure the TDCJ is operating consistently on units in accordance with this plan, the SPPOM, and the applicable agency policies and procedures.

The TDCJ webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

http://www.tdcj.texas.gov/tbcj/prea.html
Provision (c)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, D, 2, all Safe Prisons/PREA Program policies, procedures, and documentation are subject to review and performance measures, including, but not limited to:

a. Assessment of investigative logs and documents ensuring accurate and timely completion and review as specified in the SPPOM;

b. Timely screening of offenders;

c. Proper unit reporting, referral, and investigative processes following an allegation of offender sexual abuse and sexual harassment;

d. Unit participation in Safe Prisons/PREA Program meetings;

e. Proper display of Safe Prisons/PREA Program posters; and

f. Accuracy of records related to staff and offender Safe Prisons/PREA related training.

During an interview with the PC, the Auditor was made aware the department reviews data collected pursuant to §115.87, and that reports are written in such a way that no information has to be redacted. The department report reviewed by the Auditor met PREA compliance standards.

Provision (d)

TDCJ, Correctional Institution Division, Safe Prisons/PREA Plan, February 2019, p. 37, VII, C, 4, specifies all sexual abuse data collected shall be maintained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)  
- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once?  
  (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)  
- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☒ Yes ☐ No □ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)  
- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

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

115.401 (m)  
- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)
Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Texas Department of Criminal Justice publicly accessible website
  - http://www.tdcj.texas.gov/tbcj/prea.html

- Interview with the following
  - Agency Head (AH)
  - PREA Coordinator (PC)

Provision (a)

The AH reported each facility within the TDCJ had been audited within the previous three (3) year audit cycle (2016 – 2019). The current audit cycle is 2019 – 2022. Copies of all audit reports are on the TDCJ website for public information and review. TDCJ PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

https://www.tdcj.texas.gov/divisions/arrm/rev_stan_prea.html

Provision (b)

During an interview with the PC, the Auditor learned the audit for LeBlanc Unit was in the first year of the new current (3) year audit cycle (2019 – 2022). TDCJ webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)
Provision (h)
During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit the Warden, the Unit Safe Prison PREA Manager and the Regional TDCJ PREA Compliance Manager were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)
At all times throughout the audit process, TDCJ and LeBlanc Unit provided the Auditor with all requested information in a timely and complete manner.

Provision (j)
N/A

Provision (k)
N/A

Provision (l)
N/A

Provision (m)
The Auditor was provided a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)
During forty-one (41) inmate interviews, all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

Provision (o)
N/A

Conclusion:
Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding frequency and scope of audits. No recommendations or corrective action is required.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Texas Department of Criminal Justice publicly accessible website
  
  http://www.tdcj.texas.gov/tbcj/prea.html

Provision (f)

The TDCJ webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at:

http://www.tdcj.texas.gov/tbcj/prea.html

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the LeBlanc Unit meets the standard regarding audit contents and findings. No recommendations or corrective action is required.
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.

Auditor Instructions:
Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.\(^1\) Auditors are not permitted to submit audit reports that have been scanned.\(^2\) See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Darla O'Connor
Auditor Signature
February 1, 2021
Date

\(^1\) See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.