

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

**Date of report:** June 9, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Thomas Eisenschmidt			
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<b>Telephone number:</b> 315-255-2688			
<b>Date of facility visit:</b> April 26-28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> W.F.Ramsey Unit			
<b>Facility physical address:</b> 1100 FM 655, Rosharon, TX 77583			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (281) 595-3491			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Michael Butcher, Warden			
<b>Number of staff assigned to the facility in the last 12 months:</b> 403			
<b>Designed facility capacity:</b> 1891			
<b>Current population of facility:</b> 1679			
<b>Facility security levels/inmate custody levels:</b> G1-3, AT, P6-P7			
<b>Age range of the population:</b> 20-78 (range)			
<b>Name of PREA Compliance Manager:</b> Honoria Tenorio		<b>Title:</b> Unit Safe Prisons PREA Manager	
<b>Email address:</b> Honoria.Tenorio@tdcj.texas.gov		<b>Telephone number:</b> 281) 595-3491 Ext. 1276	
<b>Agency Information</b>			
<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
<b>Physical address:</b> 861-B I-45 North, Huntsville, Texas 77320			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 99, Huntsville Texas, 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bryan Collier		<b>Title:</b> Executive Director	
<b>Email address:</b> Bryan.Collier@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2101	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lori Davis		<b>Title:</b> Director, Correctional Institutions Division	
<b>Email address:</b> Lori.Davis@tdcj.texas.gov		<b>Telephone number:</b> 936-437-2170	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the W. F. Ramsey Unit (Ramsey Unit) was conducted on April 26-28, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 5 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival and also had the opportunity to visit the Texas Department of Criminal Justice (TDCJ) and State PREA Ombudsman Office websites.

This was the initial PREA audit for the Ramsey Unit. The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the majority of the physical site was toured prior to the actual start of the PREA audit with the rest of the grounds being seen during the conduct of the audit. The entrance briefing for the PREA audit was held on April 26, 2017 with Warden Michael Butcher, Assistant Warden Richard Babcock, Major Juan Jackson, Captain Reginald Gilbert, Captain Norma Smith, Sergeant Honoria Tenorio (Unit Safe Prison PREA Manager) and Vickie Mossbarger Regional Safe Prisons PREA Manager in attendance. The auditor gave a brief overview of the audit process and once it was completed the interview portion of the review began. A list of random offenders from each of the housing units (24 offenders), offenders disclosing prior victimization (3), offenders reporting allegations of sexual assault (2), a limited English speaking offender (1), offender identifying as gay (1) and Segregated Housing Unit offenders (2) were interviewed. Thirty-four (34) offender interviews were conducted while on site.

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

There were 11 PREA investigations conducted for the Ramsey Unit during the last 12 months with none being substantiated. The OIG determined in all of the 11 cases, elements of a crime did not exist so the cases received an administrative investigation. At the Ramsey Unit there were there were nine (9) sexual abuse allegations. Three (3) allegations involving staff and six (6) allegations involving offenders. Three (3) allegations against offenders were designated unfounded and three (3) were unsubstantiated upon completion of the investigations. Two (2) cases against staff were determined unsubstantiated and one (1) unfounded after completion of those investigations. The two (2) other PREA investigations involved voyeurism and a sexual harassment allegation, both alleged against staff. These two cases were found unsubstantiated after the investigation was completed. The facility utilizes Ben Taub Hospital 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 has needed to be sent for a forensic exam.

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

At the conclusion of the site visit at the Ramsey the auditor met with Warden Michael Butcher, Assistant Warden Richard Babcock, Major Juan Jackson, Captain Reginald Gilbert, Captain Norma Smith, Sergeant Honoria Tenorio (Unit Safe Prison PREA Manager) and Vickie Mossbarger Regional Safe Prisons PREA Manager. The auditor let those in attendance know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Ramsey Unit is located at 1100 FM 655, Rosharon, Texas, 77583. The facility is situated about 40 miles from Houston, Texas. It is one of the oldest prison units in the State of Texas. Built in 1908, it has undergone many renovations during its 100+ years of existence. Despite its age the buildings are in good physical condition. The compound size is approximately 28 acres, and is surrounded by 16,000 acres of farm land.

There are approximately 30 buildings inside the perimeter fence, seven buildings at the minimum custody, trustee camp and eight buildings outside the secure perimeter; most of which support the farm operation or industry complex. Inside the perimeter are both dormitory and cell block housing units. These living areas have different configurations that include dormitories with single bunks in their own cubicle, as well as double-decked cells that contain bunk beds.

The special housing unit has 80 cells, which house maximum custody, administrative segregation (protective custody) P6 and P7, single cell designated: maximum custody, administrative segregation (punitive and pre-hearing detention), single cell designated, transient offender housing. The Ramsey Unit is also one of the facilities currently providing offenders an opportunity to return to general population through participation in the newly implemented Administrative Segregation Transition Program. Through ASTP, offenders who are not members of a security threat group, whose behavior may warrant release from administrative segregation and are motivated to do so, are given the opportunity to prepare for the transition to general population.

Trusty Camp has 321 beds in dorms one, two, and three, which house general population Levels 1-2 offenders.

The agriculture operations is a combined venture with three prisons in the area (Ramsey, Stringfellow, and Terrell. These units are responsible for a cotton gin, cow/calf operation, edible and field crops, farm shop, fresh vegetable cannery, grain dryer/storage, alfalfa dehydrator, swine finishing operations, security horses, security pack canines and the Texas Fresh Approach Food Bank Program.

The facility operates a large furniture manufacturing and refinishing factory.

The mission of the Texas Department of Criminal Justice/Ramsey Unit is to manage in accordance with the rules and regulations of the Institutional Division and laws of the State of Texas, in such a way to ensure that the public safety, as well as, the safety of their employees and those placed in our custody, is maintained.

## **SUMMARY OF AUDIT FINDINGS**

On April 26-28, 2017 a site visit and PREA compliance audit was conducted at the W.F. Ramsey Unit. The final report was provided on . The final results of the audit of that Unit are listed below:

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The Texas Department of Criminal Justice has a comprehensive policy on sexual abuse and sexual harassment outlined in its agency Safe Prisons PREA Plan dated August 2014. This plan details and defines their mandatory zero tolerance toward all forms of sexual abuse and sexual harassment. The policy ED-03-revision 3 further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment within each of its facilities.

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

As the Safe Prisons PREA Coordinator Ms Davis has six (6) regionally based Safe Prison/PREA managers who report directly to her and each of the regional directors where they are assigned. TDCJ has ninety-nine (99) Safe Prisons/PREA Managers designated as PREA Compliance Managers within each of their facilities. Interview with the PREA Coordinator confirms she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. There is open channel of communication between the PREA Coordinator as she communicates directly with the warden or staff as well as having direct access to the Executive Director,

Sergeant Honoria Tenorio is the Safe Prisons PREA Manager at The Ramsey Unit. She indicated during her interview that she had enough time during her work day to perform her PREA responsibilities. Inmates and staff were well aware of her position at the unit if reporting a sexual harassment or sexual abuse allegation became necessary. She is extremely knowledgeable about the PREA policies, PREA standards and the PREA process. She confirmed she has access to the Regional Safe Prisons PREA Manager as well as the Safe Prison PREA Coordinator.

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

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

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Cody Ginsel, is the Director of Private Facility Contract Monitoring/ Oversight Division for the Agency and the individual who supervises the employee contract monitor at each facility and oversee the fifteen private prisons within Texas Department of Criminal Justice. His interview was conducted by Barbara King, a certified auditor in September 2016. The facility contract monitor oversee all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's primary responsibility is overseeing that the vendor is compliant with PREA Standards as well as TDCJ Policies and Procedures. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor would take immediate action to resolve the situation. All other concerns would be documented and feedback provided to the vendor; the contract monitor would continue to monitor the concerns until compliance is met. All 15 private facilities under contract with TDCJ have completed their initial

### Standard 115.13 Supervision and monitoring

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

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The Security Operations Program Manual (SOPM) 8.06 requires each facility that TDCJ operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against abuse. The Warden, Deputy Warden, and the Safe Prisons PREA Compliance Manager were well aware of the plan at the Ramsey Unit. During separate interviews each also indicated the plan is reviewed annually and provided documentation that the plan was last reviewed in March 2016. The review is assessed with the Regional Director and the Agency Safe Prisons PREA Coordinator, Safe Prisons PREA Compliance Manager, Warden, Assistant Warden, and Central Office Security Staffing Office staff and forwarded to the Director with any recommendations if warranted. The Warden indicated and demonstrated paperwork showing this plan takes into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. All posts at the Ramsey Unit must be filled and any deviation to the staffing plan must be reported to the Warden. There were deviations from the staffing plan during the last 12 months. These deviations were caused, to include cell block pickets, medical transports, Blue Top, Community Service, Special projects, and CDO (Constant Direct Observation) issues. These deviations are noted as required by policy and the Warden is notified and reviews the post closed and the reason for it. Additionally, the Regional Director is also notified.

Supervisors and upper level management, including the Warden, are required by policy to make unannounced rounds. The rounds are documented on the daily shift reports and in the housing unit logbooks. Interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility by supervisors. The supervision staff indicated during their interviews that unannounced rounds are accomplished by staggering the round times on a daily basis and locations.

### Standard 115.14 Youthful inmates

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

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

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

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

- Does Not Meet Standard (requires corrective action)

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Staff at the Ramsey Unit are not allowed to conduct cross gender strip searches or cavity searches except in exigent circumstances. Policy AD 03.22 requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. The random interviews conducted on all line staff and supervisors demonstrated their knowledge of this policy and specifically when staff are allowed to conduct cross gender strip searches. The PAQ, Warden interview and file documentation provided by the Ramsey Unit indicate that cross gender strip searches of inmates has not occurred at the institution.

The facility insures that inmates are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. During the tour the auditor observed cameras in some of the housing units, none creating any privacy concerns after checking.

Training records indicated all staff have received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner as required by policy AD 03.22 , and never for the purpose of determining genitalia status. The random staff interviews indicated this policy mandate was presented to them during their training and understood.

The auditor toured the facility for three days spending time in the living areas. Female staff were observed verbally announcing upon entering the male inmate living areas. The design of the cells on some units does allow for incidental viewing if an inmate was using the toilet during rounds or count by a female Correction Officer. Some of the random interviews of offenders mentioned this but did confirm an announcement being made prior to the female entering the area. Offenders also indicated females entering their living areas announce upon entering.

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

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

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

TDCJ policy AD-04.25 and AD-06.05 P:1-2 requires that the Ramsey Unit takes appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities). The documentation provided to the auditor and interviews with the Intake staff, Warden and Unit Safe Prisons PREA Manager indicated offenders with disabilities and those who are limited English proficient receive information delivered in different formats, written, video, English, and Spanish. Ramsey Unit utilizes staff to provide interpretive service including sign language if needed. Interviews with a limited English speaking inmate confirmed the facility provides information about sexual abuse and sexual harassment that he is able to understand and he is aware additional assistance is available to him.

The auditor had the opportunity to observe the entire intake process being conducted on new arrivals at the institution. Every inmate arriving at the Ramsey Unit receives a facility orientation pamphlet. This book is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy as well. The provided information includes phone numbers and addresses inmates can contact to report allegations of sexual abuse or sexual harassment. On this same arrival day the inmate is also provided and required to watch the PREA informational video.

#### **Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Hiring Practices are outlined in agency policies PD-75, PD-73, PD-71, PD-27 and the Safe Prison PREA Plan. These policies specifically require a criminal background check be conducted on everyone (employee, who enters one of TDCJ facilities regardless if he/she has contact with any inmate or not. Employees and contractors are required to have two background checks done on them annually (on their birthdate and six months later.

A State Identification Number (SID) is created for each employee/ contractor fingerprint working at Ramsey. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor.

These specific policies also prohibit hiring or promoting anyone who may have contact with inmates, enlisting the services of any contractor who also may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Anyone 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 been civilly or administratively adjudicated to have engaged in the activity is prohibited entrance into any TDCJ facility.

The Safe Prisons PREA Plan mandates employees disclose to the facility any sexual misconduct allegation made against them under PREA, amongst other things.

**Standard 115.18 Upgrades to facilities and technologies**

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

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The Ramsey Unit has not had any substantial expansion or modifications or installed or updated any video monitoring equipment since August 20, 2012. There are currently 38 cameras at the Ramsey Unit. Some of these cameras are located in the living areas, observing common areas and presenting no privacy concerns. SOPM 7.02 outlines the policy each institution in TDCJ must follow when relocating or adding any new video equipment. The interview with the Warden confirmed that the Ramsey Unit has no money in the budget to add any additional cameras, but if they do, he will take into account inmate and staff safety along with soliciting input from the Unit Safe Prisons PREA Manager prior to selecting areas of placement.

**Standard 115.21 Evidence protocol and forensic medical examinations**

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

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All allegations of sexual abuse at the Ramsey Unit are reported to the Office of the Inspector General (OIG) to determine if a crime has been committed. Regardless of whether the OIG is conducting a criminal investigation, Ramsey conducts an administrative investigation as well. The OIG has the legal authority to conduct these criminal investigations and their policy OIG 4.05 mandates their investigators adhere to investigation protocols 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. The auditor interviewed the OIG Investigator and he confirmed that his training and practice follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.

Administrative investigations, at the Ramsey Unit, are conducted by trained Security Supervisors. Those allegations involving staff must be conducted by a Captain or above, and those involving another offender are conducted by staff who have received the specialized training. The interview conducted with one of the administrative investigators indicated he utilizes the protocols based on the most recent edition of the U.S. Department of Justice's publication and his training curriculum covered this as well.

Any inmate, at the Ramsey, requiring a forensic exam is sent to the Ben Taub Hospital. The examinations are conducted at no expense to the inmate, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFEs or SANE nurse is not available, the examination is performed by other qualified medical practitioners. The Ramsey Unit has not had to send any inmate out for forensic examination in the last 12 months.

The Ramsey Unit has tried to make a victim advocate available from a community rape crisis center without success. The attempts were documented. The facility does make available a trained Offender Victim Staff Representative to provide support. The auditor interviewed one of these staff advocates and verified the training each receives. During the interview she indicated she could and would accompany and support the victim through the forensic medical examination process and investigatory interviews and provide emotional support, crisis intervention, information, and referrals if necessary.

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

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

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The Texas Department of Criminal Justice has multiple policies covering both administrative and criminal investigations for sexual abuse or sexual harassment. The main policy, Safe Prisons PREA Plan, requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment in any TDCJ operated facility.

As previously mentioned the Office of the Inspector General (OIG), a separate division of TDCJ, has the legal authority and is responsible for conducting all criminal investigations. All administrative investigations are handled by the facility trained Supervisor. Interviews with both the OIG Investigator and a facility Investigator confirmed that an investigation is required and completed on each allegation of sexual abuse or sexual harassment alleged at the Ramsey Unit.

There were 11 PREA investigations conducted at the Ramsey Unit during the last 12 months with none being substantiated. The OIG determined in all of the 11 cases, elements of a crime did not exist so the cases received an administrative investigation. At the Ramsey Unit there were nine (9) sexual abuse allegations. Three (3) allegations involving staff and six (6) allegations involving offenders. Three (3) allegations against offenders were designated unfounded and three (3) were unsubstantiated upon completion of the investigations. Two (2) cases against staff were determined unsubstantiated and one (1) unfounded after completion of those investigations. The two (2) other PREA investigations involved voyeurism and a sexual harassment allegation, both alleged against staff. These two cases were found unsubstantiated after the investigation was completed.

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

### Standard 115.31 Employee training

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

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Emphasis is placed on all training for everyone (Employees, Contractors and Volunteers) working at The Ramsey Unit. PREA training is a key element informing all TDCJ staff of the Safe Prisons PREA Plan in order to keep all offenders and staff safe. This mandated training is required of every employee, contractor and volunteer.

Each staff member at the Ramsey Unit, regardless of title, is trained as a first responder. The training for each requires a written exam upon completion of the class. Failure to pass this test requires that individual to retake the class and the exam. The Regional Training Academy is located within one mile of the Ramsey Unit. The auditor has the opportunity to review the new recruit training curriculum as well as the annual training curriculum. The curriculum covers TDCJ zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Offenders rights to be free from sexual abuse and sexual harassment; Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; recognizing the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Not only was this noted in policy and curriculum it was also confirmed during staff interviews.

The Ramsey Unit staff not only receives PREA training annually. They also receive PREA training monthly at pre-shift briefing. As noted earlier training records for 2014, 2015 and 2016 indicate the Ramsey Unit provided the mandated PREA training to all staff working at the Unit.

### Standard 115.32 Volunteer and contractor training

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

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All contractors and volunteers must receive PREA training outlining their responsibilities prior to being allowed to enter Ramsey Unit as outlined in the Safe Prisons PREA Plan. The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016. These individuals signed documents indicating each has received and understood: the agency zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations. Interviews conducted on site with two contractors and a volunteer confirmed the training curriculum and the document each signs indicating their understanding of the TDCJ policy.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)

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

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Training emphasis with offenders is no different than the emphasis placed on training with staff. The facility Executive Staff feels proper training of all offenders is paramount to eliminating sexual abuse and sexual harassment making each facility a safer environment for offender and staff.

Each offender arriving at the Ramsey Unit is provided a copy of the Offender Orientation Manual with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. This is signed for by the offender. In this document it also indicates that should the offender have any questions about anything PREA to contacts the Unit Safe Prisons/PREA Manager. Every offender at the Unit has seen the Agency PREA video, in some cases three times, detailing the Agency policy on zero tolerance, and how and whom to report any allegation without fear of retaliation. TDCJ has policies in place that require they provide inmate education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills. The facility has a list of staff both at the facility and within the region for offender interpreters. Should they have a need where there is not an interpreter then the facility has the ability to provide services from a vendor. Interviews conducted with the intake staff and interviews conducted with offenders confirmed that information is provided both verbally and in writing.

The auditor did confirm that offenders who were at the facility prior to the 2013 implementation of PREA education information to new arrivals upon entering Ramsey were given this information. The auditor interviewed random inmates, one who had been at the institution for 40 years and all indicated the facility presented PREA information to them at a minimum of twice a year.

**Standard 115.34 Specialized training: Investigations**

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

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

As previously mentioned the facility investigators handle all administrative sexual abuse allegations and sexual harassment cases. All cases are referred to OIG but the facility still conducts an administrative investigation on the allegation regardless if the OIG believes it amounts to a criminal act. The Office of Inspector General conducts all criminal investigation involving sexual abuse. Interviews conducted with the OIG Investigator and one of the facility Investigators found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training curriculum. Additionally this training was based on NIC "Investigating Sexual Abuse in a Confinement Setting" training involving interviewing, interrogating, and evidence collection.

Each investigator informed the auditor during their interview that the training they each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

It was very evident to the auditor that an excellent working relationship between OIG and the facility.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Medical and Mental Health services are provided by the University of Texas Medical Branch (UTMB) under a contract with the Texas Department of Criminal Justice. Correctional Managed Health Care policy C 25-1 requires full time and part time medical and mental health practitioner receive additional training covering topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated that this additional training was required of each of them over the mandated PREA training. The auditor reviewed training documentation for medical and mental health staff while on site. He confirmed that this specialized group, full time and part time, received this additional training.

**Standard 115.41 Screening for risk of victimization and abusiveness**

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

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

The Ramsey Unit has a streamlined intake process and screening for sexual abusiveness and sexual victimization. Upon arrival in the at the Ramsey Unit each offender receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates by the Unit Safe Prisons PREA Manager. If an inmates arrive on a weekend or after hours the screening is accomplished no longer than 72 hours from the date the offender arrives. The auditor observed the following intake process during the site visit.

The offender is given an orientation pamphlet with PREA information in it and watches a PREA video in the receiving area upon his arrival. He is then brought to the Unit Safe Prisons PREA office and immediately assessed by the trained Unit PREA compliance manager. She begins the assessment by asking the offender: 1) if he has a mental, physical, or developmental disability; (2) the age of the offender; (3) the physical build of the offender; (4) Whether the offender has previously been incarcerated. (5) Whether the offender's criminal history is exclusively nonviolent; (6) Whether the offender has prior convictions for sex offenses against an adult or child; (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the offender has previously experienced sexual victimization; (9) the offender's own perception of vulnerability. The Unit Safe Prisons PREA Compliance Manager also determines if the inmate is perceived to be gender nonconforming. Any offender who may be at risk based on this screening has a Medical or Mental Health Referral immediately completed and forwarded on behalf of the offender.

Upon completing this part of the assessment, the inmate is seen by medical staff and then brought before the Unit Classification Committee. Prior to his appearance before the committee, they are given his completed risk assessment, which they review along with his prior institutional records, pre-sentence investigation information and any other information they have on the offender. At his appearance before the Unit Classification Committee he is again reassessed for his risk of victimization or abusiveness and questioned about his vulnerability.

Interviews with the screening staff confirm the policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews with random sample of offenders confirm offender's risk level is reassessed per TDCJ policy and this standard. These interviews also confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the offender has a mental, physical, or developmental disability; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability.

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

### Standard 115.42 Use of screening information

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

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

The Safe Prisons/PREA Plan outlines the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate a referral will be made to the Unit Classification Committee to determine housing assignment. This does not preclude an emergency move by Shift commanders (or Shift Supervisors).

There are no dedicated housing units based on sexual identity at the Ramsey Unit. According to interviews conducted with the Unit Safe Prisons PREA Compliance Manager and a member of the Unit Classification Committee all information obtained from the risk assessment screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Assignments for transgender and intersex offenders are done individually twice a year according to policy and staff interviews. There were no transgender or intersex offenders at the Ramsey Unit to interview at the time of the site visit.

### Standard 115.43 Protective custody

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

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

The agency policy, Safe Prisons PREA Plan, prohibits the placing of offenders 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. There has been no case where segregation was used to place offenders at high risk of victimization in the last 12 months. This was confirmed with both the Warden and Segregation Supervisor. Offenders interviewed, at risk for victimization, indicated they were never placed in segregation.

The auditor observed and confirmed no offenders were in protective custody for protection from sexual abuse during the tour of the segregation unit.

### Standard 115.51 Inmate reporting

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The Safe Prison PREA Plan provides multiple internal ways for offenders to privately report PREA allegations. Offenders may report allegations directly to the Major, the Office of Inspector General (OIG), or the PREA Ombudsman. Reports to the PREA Ombudsman are done confidentially and in accordance with policy ED-02.10, "Prison Rape Elimination Act Complaints and Inquiries". Allegations by offenders can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). As noted previously the offender rulebook discusses these internal reporting methods as well. The random interviews conducted with the offenders at the Unit revealed that they were well aware of these reporting venues if needed.

This policy also provides staff multiple ways to privately report sexual abuse and sexual harassment of inmates and was acknowledged by them during random interviews as well.

The PREA Ombudsman can be used by offenders at the Ramsey Unit to report sexual abuse as the public/private entity not part of the agency. The offender may make the sexual abuse allegations confidentially to the address indicated on the posters located throughout the facility on each of the Housing Units and in common areas. This mail is considered privileged correspondence.

#### **Standard 115.52 Exhaustion of administrative remedies**

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

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

The Safe Prison PREA Plan allows for offenders, their family members or friends to file a sexual abuse/ sexual harassment grievance. The policy also stipulates that no time limit shall be imposed on when an offender may submit a grievance regarding an allegation of sexual abuse. The policy further states any offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to any staff member who is the subject of the complaint.

There were seven grievances filed by offenders at the Ramsey Unit alleging sexual abuse during the past 12 months. The interview conducted with the grievance staff member indicated that when she receives a grievance alleging sexual abuse she immediately notifies the Warden, the Major, Unit Safe Prisons PREA Manager and OIG. The Grievance Office has 5 days to respond back to the offender with findings. At the same time the grievance is being dealt with a PREA investigation is also initiated. Depending on the circumstances of the allegation the offender may be dealing with the facility investigator or the Investigator from the OIG .

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

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

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

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

The Safe Prisons PREA Plan requires offenders be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including tollhotline 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.

The Ramsey Unit has unsuccessfully tried to solicit an MOU with any local outside victim advocates for emotional support services related to sexual abuse for their offenders. The auditor reviewed their written attempts. However they have made available on all housing units, ways to access the name, address and phone numbers for all State Victim Advocates. They inform the offenders that communication with these groups may be monitored unless it is sent directly through the PREA Ombudsman.

The majority of random offenders interviewed indicated to the auditor that they were not aware of the outside support services. However, the facility provides this information on the housing unit as indicated above.

### **Standard 115.54 Third-party reporting**

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

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

Posters are located at the entrance to the Ramsey Unit and in the Facility visiting room (provided in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of an offender.

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

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

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

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

The Safe Prisons PREA Plan requires every staff member, contractor, and volunteer report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that they become aware of, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff did acknowledge this requirement during their random interviews. Staff also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or officials.

Medical and Mental Health staff confirmed during their interviews that they are required, by the Safe Prisons PREA Plan, to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official

immediately upon learning of it.

### Standard 115.62 Agency protection duties

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

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

The Safe Prisons/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual describes the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse.

The auditor questioned the random staff and the Ramsey Unit Warden about this specific section of both policies. Offenders may be placed in transient housing during a pending investigation. Offenders are placed in transient status in segregation for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing.

The Warden, during his interview, specifically reinforced that segregation would not be an option he would use as a means of safeguarding a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately.

### Standard 115.63 Reporting to other confinement facilities

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

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

Safe Prisons PREA Plan requires that, upon receiving an allegation that an offender was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, within 72 hours. The Ramsey Unit had one allegation reported to staff upon arrival. The facility immediately notified the facility where the allegation was made the same day.

The facility also has documented two instances where the facility (Ramsey Unit) was notified by another facility about an allegation of sexual assault allegedly occurring at the Ramsey Unit when the offender arrived. The notification to the Ramsey Unit was made within 24 hours of the disclosure by the offender and the facility began the investigation immediately. Both were found unsubstantiated after the investigation was completed.

The Facility also had a case within the last 12 months where a offender made an allegation to the PREA Ombudsman (private, public agency not part of TDCJ). The facility received immediate notification and the allegation was investigated and found unsubstantiated..

### Standard 115.64 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Every Ramsey Unit staff member is trained as a first responder for sexual abuse/ harassment allegations. The random staff members, including non-custody staff, detailed their duties as first responders. All indicated they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

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

**Standard 115.65 Coordinated response**

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

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

The Safe Prisons/PREA Plan covers the coordinated efforts among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with medical staff, mental health staff, investigator and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response. This plan has an Attachment G, which is a checklist filled out on every allegation of sexual abuse, ensuring each of these disciplines has provided their part in the response process.

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

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

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

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

### Standard 115.67 Agency protection against retaliation

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

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

The Safe Prisons PREA Plan requires all offenders and staff that report sexual abuse, sexual harassment or cooperate with sexual abuse or sexual harassment investigations be free from retaliation by other offenders or staff.

The Safe Prisons PREA Manager is the staff person designated to monitor offender retaliation and the Major is the staff person designated to monitor staff retaliation at the Ramsey Unit. This monitoring is periodic and continues for at least 90 days and longer if needed. The monitoring by the Safe Prisons PREA Manager requires her looking at the offender work assignments, disciplinary reports and evaluations and talking and meeting with the offender. The Major, during his interview, indicated he would monitor staff retaliation much in the same way (job assignments and evaluations). There has been no retaliation complaints at the Ramsey Unit made during the last 12 months. However the auditor did review the monitoring documentation on the unsubstantiated case during the last 12 months.

### Standard 115.68 Post-allegation protective custody

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

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

The Ramsey Unit is prohibited from utilizing segregation for the protection of any offender who alleged to have suffered sexual abuse unless no alternative is available. This prohibition is outlined in the Safe Prisons PREA Plan. If an offender is placed in segregation he must be provided with programs, privileges, education and work. The facility must document why they didn't receive these items if they are not provided.

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

### Standard 115.71 Criminal and administrative agency investigations

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

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

Every allegation of sexual abuse, at the Ramsey Unit, is immediately reported to the Office of Inspector General Investigator for investigation as a crime. Regardless of whether the OIG is conducting a criminal investigation, Ramsey conducts an administrative investigation as well. The auditor reviewed the training records of both the facility investigators and the attendance of training by the OIG Investigator. As noted in standard 115.34 each has received the specialized training required. During the interview with one of the Ramsey Unit Investigators, he informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. Ramsey Unit Investigators and the OIG Investigator both indicated that do not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

The auditor reviewed case files for the last twelve months. Investigator interviews (Facility and OIG) indicated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation according to the OIG and the Facility Investigator.

There were 11 PREA investigations conducted at the Ramsey Unit during the last 12 months with none being substantiated. The OIG determined in all of the 11 cases, elements of a crime did not exist so the cases received an administrative investigation. At the Ramsey Unit there were there were nine (9) sexual abuse allegations. Three (3) allegations involving staff and six (6) allegations involving offenders. Three (3) allegations against offenders were designated unfounded and three (3) were unsubstantiated upon completion of the investigations. Two (2) cases against staff were determined unsubstantiated and one (1) unfounded after completion of those investigations. The two (2) other PREA investigations involved voyeurism and a sexual harassment allegation, both alleged against staff. These two cases were found unsubstantiated after the investigation was completed. The facility utilizes Ben Taub Hospital 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 has needed to be sent for a forensic exam. The retention time for these investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically which exceeds the standard requirement.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

The Safe Prisons PREA Plan requires investigators impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with a Ramsey Unit Investigator he confirmed that this is the threshold he uses.

#### **Standard 115.73 Reporting to inmates**

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

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

Safe Prisons PREA Plan and Safe Prison Plan Operations Manual 5.05 require that all offenders who make an allegation that they have suffered sexual abuse in an agency facility must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following upon completion of the investigation by the agency including the OIG. Notifications were made in accordance with this policy.

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

The determination of the investigative outcome is delivered to the offender at a classification hearing and made part of his institutional record.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

The General Rules of Conduct and Disciplinary Action Guidelines for Employees requires that TDCJ staff are subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action.

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

#### **Standard 115.77 Corrective action for contractors and volunteers**

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

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

informed during their training of the agency zero tolerance policy and the consequences for any violation. The auditor reviewed their training records which showed that they had received this training information. Executive Directive PD-29 and the Safe Prisons PREA Plan require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

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

### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

Disciplinary sanctions for offenders guilty of sexual abuse and sexual harassment outlined in TDCJ Safe Prisons PREA Plan. All offenders at the Ramsey Unit are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

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

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

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

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

The auditor interviewed three staff members responsible for inmate risk assessment at the Ramsey Unit. All of them indicated that anytime an inmate discloses or anytime it is noted somewhere in the inmate record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. This is required by the Safe Prisons PREA Plan. The auditor interviewed four (4) offenders who had disclosed prior victimization and each had indicated that they were offered intervention services with mental health.

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

Safe Prison PREA Plan mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and

management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This practice was also confirmed during the same interviews with these practitioners as information is password protected and shared only on a need to know basis.

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

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

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

The Safe Prisons PREA Plan requires 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 in accordance with CMHC policies. The interview with the medical practitioner indicated no forensic exams are performed at the Unit. Offenders requiring this exam are sent to Ben Taub Hospital in the community, prophylactic treatment for sexually transmitted diseases is offered to victims of sexual abuse. She further indicated, in her review that the medications are usually started at the hospital and continued at the Unit. Treatment services provided to every victim is performed without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

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

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

The Safe Prisons PREA Plan requires any offender during his risk screening indicates he 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. The Plan also requires if the screening 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.

The interviews with the Nurse and Mental Health staff and interviews with four (4) offenders indicating prior victimization upon arrival to the Unit who indicated they were offered mental health referrals demonstrate compliance. Two of them indicated they took advantage of the offer and two did not.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Safe Prisons PREA Plan requires the Warden at the Ramsey Unit conduct an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. His review team consists of the Assistant Warden, Major, Captains, Unit Safe Prisons/PREA Manager, and as needed input from line supervisors, investigators, medical, and mental health practitioners. When reviewing each incident the team review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments.

The facility must implement recommendations of the review team that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on eight (8) cases determined unsubstantiated. The three (3) unfounded cases were not formally reviewed. The administrative incident review team reports were included in the investigation files for review. The Warden and Incident Review Team Member interviews indicated that during their reviews of each case all five elements including staffing, offender movements, area blind spots, review the incident area, building schedules, training records of the involved staff, and whether cameras enhancements could supplement supervision in the area were taken into account. The review of the case files and interviews with the Warden, member of incident review team member, along with the Unit Safe Prisons PREA Manager demonstrates compliance with the standard.

**Standard 115.87 Data collection**

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

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

The Safe Prisons PREA Plan requires uniform data be collected for every incident of sexual abuse alleged to have occurred at any TDCJ operated facility using a standardized instrument and set of definitions. This incident-based sexual abuse data is aggregated at least annually. The incident-based data collected must include information to provide data requests in the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. 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 and the PREA Ombudsman aggregate this incident based sexual abuse data annually. The 2015 Safe Prisons /PREA Annual Report is available for review on the agency’s website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

**Standard 115.88 Data review for corrective action**

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

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

The Safe Prison PREA Plan requires the agency review incident-based sexual abuse data 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 TDCJ as a whole, in collaboration with the OIG and PREA ombudsman.

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

The 2015 report was reviewed as part of the audit process. Interviews with the Unit Safe Prisons PREA Manager and Warden and review of the facility's monthly reports demonstrates the data collection process and correction actions is performed by the facility.

**Standard 115.89 Data storage, publication, and destruction**

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

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

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

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

**AUDITOR CERTIFICATION**

I certify that:

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

Thomas Eisenschmidt  
Auditor Signature

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June 9, 2017  
Date

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