

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** 03-22-2017

<b>Auditor Information</b>			
<b>Auditor name:</b> David "Will" Weir			
<b>Address:</b> P. O. Box 1473; Raton, NM 87740			
<b>Email:</b> will@preaamerica.com			
<b>Telephone number:</b> 405-945-1951			
<b>Date of facility visit:</b> 02-23-17			
<b>Facility Information</b>			
<b>Facility name:</b> Clover House, Inc. operates one facility divided into 3 programic locations with shared staff and administration			
<b>Facility physical address:</b> Jackson Men's:300 N. Jackson; Dixie Women's: 700 N. Dixie; Idlewood Men's: 823 Idlewood			
<b>Facility mailing address:</b> <i>(if different from above)</i> 406 N. Texas; Odessa TX 79761			
<b>Facility telephone number:</b> 432-580-8175			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Rally Q. Flores			
<b>Number of staff assigned to the facility in the last 12 months:</b> 59			
<b>Designed facility capacity:</b> 117			
<b>Current population of facility:</b> 98			
<b>Facility security levels/inmate custody levels:</b> non-secure			
<b>Age range of the population:</b> adults			
<b>Name of PREA Compliance Manager:</b> Rally Q. Flores		<b>Title:</b> Executive Director	
<b>Email address:</b> clovered@cableone.net		<b>Telephone number:</b> 432-580-0321	
<b>Agency Information</b>			
<b>Name of agency:</b> Clover House, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Board of Directors			
<b>Physical address:</b> 406 N. Texas; Odessa TX 79761			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 432-580-8175			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Rally Q. Flores		<b>Title:</b> Executive Director	
<b>Email address:</b> clovered@cableone.net		<b>Telephone number:</b> 432-580-0321	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Rally Q. Flores		<b>Title:</b> Executive Director	
<b>Email address:</b> clovered@cableone.net		<b>Telephone number:</b> 432-580-0321	

## AUDIT FINDINGS

### NARRATIVE

After working toward PREA compliance for some time, Rally Q. Flores, Executive Director of Clover House, Inc., contacted PREA Auditor Will Weir and secured PREA America LLC to conduct the facility PREA Audit and the contract was signed 01-05-2017. Notices went up before January 12 announcing the onsite audit to be held 02-23-2017. Pictures of the audit notice postings were provided to the auditor. The Pre Audit Questionnaire and supporting documentation was delivered by the U.S. Postal Service well in advance of the onsite audit. Emails were exchanged between Ms. Rally and the audit team to better understand the information received, and a conference call was held as well.

When the audit team (consisting of PREA Auditor Will Weir and Project Manager Tom Kovach) arrived at Clover House, Inc., on February 23, they found the facility to be very organized and the staff were prepared and ready to assist with the audit in any way they could. They seem proud of the agency's efforts to protect residents and also seem open to continuing education. The audit team were given lists of all residents and staff and random selections were made for interviews. The audit team toured the administrative offices and interviewed staff at that location then went to each of the housing units, toured them, and interviewed 6 randomly selected residents at each location. 6 were interviewed at Jackson Men's Residential Center, 6 at Dixie Women's Residential Center and 6 at Idlewood Men's Intensive Residential Center, totaling 18. Staff were also interviewed at each housing unit in addition to the administrative staff interviewed at the main office. These staff and administrator interviews totaled 13 in all and included staff that work all shifts.

An exit conference was held at the end of the day. In addition to the audit team, attending the conference were: Executive Director Rally Flores, Housing Coordinator and Trainer Larrinda Williams, Human Resources Director Laura Cortez, Clinical Program Director Rhonda Carrigan, and Operations Manager Jose Maynez. Everyone contributed to the lively discussion in the conference and indicated the day had been helpful and informative for all. Although they have many audits, PREA audits are different because they are new and because of the process and the people that get interviewed. The audit team shared that residents throughout the facility were very positive and say they are safe at Clover House. They are adamant that sexual abuse and harassment do not happen here. They believe staff will protect them and help them and not tolerate any abuse. But the residents at Idlewood seemed the most informed about PREA and more hopeful about life in general than residents in the other housing units. The other attendees at the exit conference informed the audit team that this is because of the intensive nature of the treatment and educational programming at Idlewood, allowing those residents to cover all the topics very well, and even discuss them in groups and in individual sessions, because they don't leave the facility to go to vocational and other activities like many other residents do. Residents at Idlewood were also very complimentary toward staff saying they are more helpful and compassionate than staff at previous facilities they have been to. They also say the treatment they are getting is excellent and preparing them for the future. Residents at Dixie and Jackson also gave compliments to the staff and believe the facility is safe, but did so with less enthusiasm than Idlewood. Residents at Dixie and Jackson describe the staff as being fair and consistent. All across the facility, both staff and residents indicate they can talk to staff and trust them. The audit team encouraged Clover House to keep up the good work. The audit team suggested the first responder duties and the components of the coordinated response plan could be on the list of topics for staff refresher trainings and reminders since it is not something they have to deal with regularly. The audit team greatly appreciates all the work done in advance to make the onsite audit day so efficient and successful.

Documents reviewed include: Pre Audit Questionnaire; Mission statement; Physical Counts; Building schematics with description of video equipment and camera equipment; Rosters of residents and staff; Policies; Staffing Plans; Organizational Chart; TDCJ Contract; Hiring packet with application; HR form for contractors; Documentation of searches; investigations; Staff training documentation and curriculum; Resident PREA education information with acknowledgment; Resident handbook; Employee handbook; Random sample of staff files; Grievance forms; Standard of Conduct; Screening for risk and official response forms, Data collection; Policy updates, Postings; Administrative directives; and other forms and documentation.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Clover House, Inc., has three residential treatment buildings and an administrative office building. These four buildings are not on the same campus but they do share staff and administration. They are named for the street they are on. The administration building is located downtown in row of commercial and office storefront buildings. The main entry has a small lobby and two offices. The lobby opens to a long hallway. One office is directly across from the lobby on the right as you proceed down the hall. There are a few offices and restrooms on either side. One room is a training room for staff with computers. Another office on the right side opens into the conference room.

The housing facilities are named for the street they are located on. Jackson is the largest with two levels. It houses adult male clients. It has an extensive camera system which covers only appropriate areas. The rectangular shaped building has the main entrance in the middle and exits on both sides. The front office is to the right, and stairs to the second level are on the left. There is a long hall connecting the various 5 rooms with the 5 offices, kitchen, Dining and group room. There is also a freezer room across from the kitchen. The dining area and kitchen are in the middle with a kitchen office for the kitchen manager and large pantry. There are stairs on the right end of the building sandwiched between the kitchen and two offices on the end. Across the hall are two bedrooms. The left end of the building has three offices in a row by the stairs then a bedroom with multiple beds. This is across from the men's and women's bathrooms. Next to which are three rooms which you must go through to get to the next.

The upper level has a large bathroom on one end with two small bathrooms next to it. There are 10 rooms of various sizes in addition to the storage, two offices a Counselor Corner, Reading Room, TV and Weight rooms. Unlike the bottom level, the hall that connects these various rooms is not straight but camera coverage is available throughout the upper level. The various rooms house the clients with multiple beds in different configurations.

Dixie Women's housing building is a single floor building with five exits and a main entrance next to the reception area. This leads to an office and on the right is wing with dining and laundry rooms, and six bedrooms each with multiple beds. On the left side the wing includes: the dorm room with bathroom, three more bedrooms, two offices, a pantry and utility closet. Multiple channel HD cameras cover all the blind spots in appropriate areas. They record for incident review if necessary.

Idlewood Men's Intensive Residential housing unit is a single building. Main entry has a reception area surrounded by three offices. Off to the side are men's and women's bathrooms. A short hall leads to the dayroom which is opposite the kitchen. The dayroom has a hall giving access to 6 dorms and supply and linen closets. A four channel digital record stores the feed from six cameras.

## **SUMMARY OF AUDIT FINDINGS**

The Clover House, Inc., is a private not for profit Community Drug and Alcohol Rehabilitation Center, with a design capacity of 117 residents located in Odessa, Texas. The program received their on-site Prison Rape Elimination Act (PREA) audit on February 23, 2017 by DOJ certified PREA Auditor Will Weir of PREA America LLC. The auditor used the standards for Community Confinement Facilities and was able to verify the facility's compliance with the standards in all 38 applicable areas. Clover House did exceed the standards in 3 of these areas, with one area not being applicable to this agency.

In summary, after reviewing all relevant information and conducting resident and staff interviews, the auditor finds the agency has made PREA compliance a high priority, devoting the necessary resources, time and training in gaining full compliance.

Number of standards exceeded: 3

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 115.211 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.**

Clover House, Inc., indicated in the Pre-Audit Questionnaire, and verified during interviews at the facility, the facility has a written policy mandating zero tolerance. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy was reviewed by the audit team and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. During the onsite audit, the auditor verified these policies to be in place and available to staff and residents. Signs are posted around the facility. Staff and residents interviewed indicated an understanding of the zero tolerance policy.

The agency wide PREA Coordinator is Rally Q. Flores, who is also the Executive Director. She has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. She demonstrates an impressive knowledge and understanding of PREA and has extensive experience working with (and for) the Texas Department of Criminal Justice (TDCJ) which provides her a great working understanding of their policies and protocols as well, not to mention a long term working relationship with their investigators and other officials.

### Standard 115.212 Contracting with other entities for the confinement of residents

- 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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N/A. The agency accepts residents contractually from the Texas Department of Criminal Justice (TDCJ) but does not contract out for the confinement of its residents.

### Standard 115.213 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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Clover House, Inc., has a documented staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. This plan considers the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The staffing plan is reviewed annually for necessary adjustments in staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was provided to the auditor for review. The onsite audit indicates the staffing plan is being followed. No staff or inmate interviews indicated any incidents of staffing plan deviations, or times when the facility was not adequately staffed. There is documentation of the staffing plan being reviewed. In circumstances where the staffing plan is not complied with, policy requires the facility to document and justify all deviations from the plan. The average daily number of residents is 108. The average daily number of residents on which the staffing plan was predicated is 117.

#### **Standard 115.215 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)

**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.**

Clover House, Inc., does not conduct strip or visual body cavity searches. If an emergency indicated these kinds of searches were required, the police would be called. The facility also forbids cross-gender pat downs of residents. They do conduct pat searches of residents, but exceeding standards, their policy and practice mandates that all searches are witnessed and documented. The audit team was provided with verification of this documentation which has been required for more than 12 months. Interviews indicate that no cross-gender searches have occurred in the past 12 months and the facility does not restrict residents' access to regularly available programming or other outside opportunities in order to comply with this provision. Adequate male and female staff are scheduled at all times. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit, and interviews indicate this policy is being followed. Policy prohibits staff from searching or physically examining a transgender or inter-sex resident for the sole purpose of determining the resident's genital status. Staff have received training on conducting searches of transgender and inter-sex residents in a professional and respectful manner, consistent with security needs. Clover House, Inc., does not accept any residents under the age of 18, so parts of standards regarding youthful residents do not apply.

#### **Standard 115.216 Residents with disabilities and residents 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.**

Clover House, Inc., has established procedures to provide disabled residents, and residents with limited English proficiency, equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties under §115.264, or the investigation of the resident’s allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, there have been no instances where resident interpreters, readers, or other types of resident assistants have been used. The onsite audit interviews confirmed that all residents can participate fully, with no exceptions found.

### **Standard 115.217 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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Clover House, Inc., policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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; or has been civilly or administratively adjudicated to have engaged in any of this activity.

Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks; and, consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Clover House, Inc., requires potential employees to sign a release of information to enable full cooperation by former employers. Policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. The PREA standard requires that background record checks be conducted at least every five years, but Clover House, Inc., exceeds standards because TDCJ provides background checks and has a system in place that almost constantly monitors data bases to detect any arrests.

Policy clearly states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy also clearly states that all applicants and employees who may have contact with residents will be asked directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. All interviews with administrators involved in hiring confirm these policies are being followed. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Policy also clearly states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Several personnel files were randomly pulled, verifying current background checks have been performed. These policies and practices have been in place for several years.

### Standard 115.218 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)

**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/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. However the facility has updated their video surveillance system considering PREA.

### Standard 115.221 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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Clover House, Inc., is not responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct), except for the fact that TDCJ provides supervision and requests Director Flores to perform some investigative duties. TDCJ and local law enforcement have responsibility for conducting administrative and criminal investigations. All residents who experience sexual abuse have access to forensic medical examinations at an outside facility without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). SANE's and advocates are available through the Emergency Room and the Crisis Center, but when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs.

In the past 12 months there have been no forensic medical exams conducted because there were no allegations. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and these efforts are documented. When a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

### Standard 115.222 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)

**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.**

Clover House, Inc., ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). During the past 12 months, there have been no allegations of sexual abuse and sexual harassment that were received, and no investigations performed. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is made publicly available. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The onsite audit staff interviews indicate there is an understanding that all allegations will be referred to TDCJ immediately for administrative and criminal investigation, even if the victim recants or changes the story. Since there were no recent investigations to review, to show ongoing practice, Director Flores provided the auditor with several investigations that were more than 12 months old for review. These investigations were in good order and appeared to be completed according to PREA standards for sexual abuse/harassment investigations. Since Director Flores has prior training and experience conducting investigations, TDCJ apparently relies on her to gather information and conduct interviews.

### **Standard 115.231 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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Clover House, Inc., trains all employees initially and annually, as verified by training logs and interviews, on the following matters: (1) The agency’s zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of residents to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with residents indicate the staff maintain professionalism and employ excellent communication skills, allowing the residents to feel safe and live in an atmosphere of trust and mutual respect superior to what they experienced in previous facilities.

### **Standard 115.232 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)

**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.**

Currently Clover House, Inc., does not utilize volunteers. Director Flores states that in the event they begin utilizing volunteers, they will have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is to be based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents will be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency will maintain documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

#### **Standard 115.233 Resident 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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Clover House, Inc., residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Resident PREA education is available in formats accessible to all residents, including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

During the onsite audit, the auditor observed the notices and posters, examined the training logs and materials, and interviewed randomly selected residents. Residents reported multiple PREA trainings and did well answering questions that demonstrated their understanding of PREA. They know they can get help reporting and that they can be anonymous. They know they should not be retaliated against and do not believe they would be retaliated against at Clover House, Inc. Also, the staff interviews indicated that the residents have been educated about PREA and know they can report and that victims of sexual assault and harassment can get help. Staff and residents at this facility appear to have been provided information about personal and intimate health and ways to live free from sexual abuse and exploitation that they can take with them and use the rest of their lives, and share with others.

#### **Standard 115.234 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)

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Clover House, Inc., and TDCJ policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Clover House, Inc., does not have any fully PREA trained sexual abuse investigators at this time, but does not conduct its own investigations. However, Executive Director Rally Flores is an experienced investigator and TDCJ typically delegates part of the administrative investigative fact finding duties to her in an efficient coordinated supervised effort. Clover House, Inc., policy mirrors TDCJ policy requiring whatever agency that does investigations maintain documentation showing that investigators have completed the required training.

According to this policy, and interviews with Clover House, Inc., administration, the auditor is assured that in addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

#### **Standard 115.235 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)

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Clover House, Inc., has a policy related to the training of medical and mental health practitioners. All medical and mental health care practitioners who may work with victims of sexual abuse are to be properly trained. Although medical and mental health services will probably be provided offsite, the training for any that work in the facility must include: 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 to whom to report allegations or suspicions of sexual abuse and sexual harassment. The agency does not conduct forensic exams.

#### **Standard 115.241 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.**

Clover House, Inc., has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents to be completed within 72 hours of arrival. Policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding whether or not the resident has a mental, physical, or developmental disability; whether or not the resident is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and, the resident's own perception of vulnerability.

During the audit, all resident and staff interviews indicate these screenings are conducted and the information is used appropriately to protect residents, but access to confidential, sensitive information is limited to protect privacy. The screening tool was reviewed by the auditor and it considers whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability.

#### **Standard 115.242 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.**

Information from the risk screening required by § 115.241 is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. All staff indicate an understanding that some residents are at higher risk of sexual abuse or abusiveness than others, although anyone can be a victim. Clover House, Inc., makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. Policy states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units. The practices associated with these policies were verified through staff interviews and a review of documents.

#### **Standard 115.251 Resident 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.**

Clover House, Inc., has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. They are always free to talk to any staff they choose or to call the Administration Office. Also, the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Exceeding the minimum requirement of this standard, Clover House, Inc., provides their residents private use of phones and provides multiple outside reporting numbers which are posted liberally around the housing units: Odessa Police Department, Safe Prison's Program Management Office, PREA Ombudsman Office, and the Office of Inspector General. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third

parties. Staff are required to document verbal reports immediately or by the end of their shift. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents verbally and in writing. Staff are informed of these procedures. All residents interviewed know they can report and all staff interviewed say they can take reports and know how to instruct and assist residents to make reports.

#### **Standard 115.252 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.**

Clover House, Inc., has an administrative procedure for dealing with resident grievances regarding sexual abuse. Agency procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days of the filing of the grievance.

The agency notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision.

The agency also has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. These require an initial response within 48 hours and a final agency decision within five days. Policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no grievances filed that alleged sexual abuse.

#### **Standard 115.253 Resident 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.**

Clover House, Inc., provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers) for local, state, or national victim advocacy or rape crisis organizations and enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored and of mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to

disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Clover House provides information about the Crisis Center: 866-627-4747. They also provide contact information for Odessa Police Department, TDCJ Corrections Division Safe Prisons Management Office, TDCJ PREA Ombudsman Office, and the Office of Attorney General. The auditor interviewed Karen Hilderbrand, Executive Director of the Crisis Center in Odessa. She verifies services are in place, but an MOU will help the agencies work together better. Executive Director Rally Flores is working with her in developing an MOU similar to those they have with other correctional facilities in the region. Not only does the Crisis Center provide advocacy and assistance with forensic exams, but they provide follow up care and therapy for victims, as well as a variety of other services.

### Standard 115.254 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.**

Clover House, Inc., does provide a method to receive third-party reports of resident sexual abuse or sexual harassment. In conjunction with TDCJ the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The auditor verified that staff and residents are instructed about third party reporting, and the information is available publicly. Residents indicated they know about third party reporting and know how to do it.

### Standard 115.261 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.**

Clover House, Inc., requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. It is also required that all staff report immediately any retaliation against residents or staff who reported such an incident. All staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff interviewed indicate they will report immediately, and the residents interviewed indicate they believe staff will report. Residents, as well as staff, state they have not observed any sexual abuse or harassment at this facility. Even though the audit only covers the past 12 months, the auditor was provided old investigative files to review. This helped verify that it is in the agency culture to report all knowledge, suspicion, or information regarding sexual abuse or harassment to the investigator, and that it is properly investigated.

### Standard 115.262 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.**

When Clover House, Inc., learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, there have been 3 times the agency determined that a resident was subject to substantial risk of imminent sexual abuse and staff took appropriate measures. This information was verified by a reading of policy and interviews with residents and staff.

### Standard 115.263 Reporting to other confinement facilities

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

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

The auditor confirmed that Clover House, Inc., has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. Facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Information received during the audit indicates that in the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities. Interviews with the Executive Director indicate a full understanding of the spirit and letter of this standard and policy. Since all residents are from TDCJ, she would notify them right away about any allegation, then may make other calls if needed if the facility where the allegation occurred had been a contract facility.

### Standard 115.264 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.**

Clover House, Inc., has a first responder policy for allegations of sexual abuse. This policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser and to 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, the first responder is to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff is to ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, there have been no allegations that a resident was sexually abused, so the auditor was not able to review documentation of first responder duties actually performed. First Responder duties are printed on the back of staff name tags and interviews indicate staff understand their first responder duties.

#### **Standard 115.265 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.**

Clover House, Inc., has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan was provided to the audit team along with verification of distribution to staff.

#### **Standard 115.266 Preservation of ability to protect residents 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.**

The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. This was verified during the onsite audit. The facility has the ability and authority to protect residents from contact with abusers.

### Standard 115.267 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.**

Clover House, Inc., has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. PREA Coordinator Rally Flores, with assistance from supervisors and Laura Cortez HRD, monitor for retaliation to assure full compliance with this standard. Policy and interviews indicate they monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. They indicate they will utilize shift supervisors, as well, in monitoring conduct and treatment for 90 days, or longer if indicated, and to act promptly to remedy any retaliation. No incidents of retaliation in the past 12 months are known. They use multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. They monitor resident disciplinary reports, housing, and program changes, as well as negative performance reviews and reassignments of staff. Monitoring includes periodic status checks.

### Standard 115.271 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.**

Clover House, Inc., has written policy related to criminal and administrative agency investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy requires the agency to retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Investigations are to be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators who have received special training in sexual abuse investigations must be used. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. A polygraph examination is not required.

Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough

description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Although there have not been investigations conducted in the past 12 months, the auditor was able to review older investigations to verify they were completed thoroughly and objectively. Interviews with administrators verify that the facility cooperates with outside investigators and endeavors to remain informed about the progress of investigations.

#### **Standard 115.272 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.**

Clover House, Inc., policy states, and interviews verify, that the agency will impose a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated.

#### **Standard 115.273 Reporting to residents**

- 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.**

Clover House, Inc., has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in Clover House, Inc., is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months there have been no criminal and/or administrative investigations of alleged resident sexual abuse, therefore no notifications have occurred this past year. According to policy and interviews with PREA Coordinator Rally Flores, If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Also, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the residence, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Following a resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. By policy, and contractual agreement with TDCJ, all notifications to residents described under this standard are documented.

### Standard 115.276 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.**

Clover House, Inc., staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there have not been any staff from the facility who allegedly violated agency sexual abuse or sexual harassment policies. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Interviews with the HR Director and the Executive Director indicate these policies are known and will be followed. Also, interviews with staff and residents indicate a strong belief that Clover House, Inc., will not tolerate any abuse and will take appropriate actions if an incident occurs.

### Standard 115.277 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.**

Clover House, Inc., requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, there have been no contractors or volunteers alleged to have engaged in sexual abuse or harassment of residents, so none have been reported to law enforcement agencies and relevant licensing bodies. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Director Flores stresses her close working relationship with TDCJ and her contractual obligations with them, which she takes very seriously. Any suspicion is immediately reported to them and fact finding and investigative actions are coordinated. Clover House, Inc., does not have any active volunteers at this time.

### Standard 115.278 Disciplinary sanctions for residents

- 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.**

Clover House, Inc., residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or a criminal finding of guilt, that a resident engaged in resident-on-resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. According to the Pre Audit Questionnaire and interviews conducted at the site, there have been no such findings in the past year.

Residents are referred off site for any therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents but deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Verification of this standard was verified through document reviews, interviews during the onsite audit, as well as interviews with Crisis Center staff that are familiar with a broad range of services offered in the community.

#### **Standard 115.282 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.**

Clover House, Inc., resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided and the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Verification of this standard was established through review of policy, administrative directives, the coordinated response plan, and interviews.

#### **Standard 115.283 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.**

Clover House, Inc., offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Services that cannot be provided inhouse are referred out. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Since there were no allegations, these services were not required during the past 12 months. Compliance was verified through a review of policy and interviews conducted at the facility with administrators. Also, the auditor verified that the Crisis Center offers referral and counseling services for victims in addition to advocacy services. The Crisis Center verifies that resident victims get the same care offered to other members of the community that present for services.

#### **Standard 115.286 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.**

Clover House, Inc. does conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners who report their findings and any recommendations for improvement to the facility head. The facility implements the recommendations for improvement or documents its reasons for not doing so. The team considers whether policies or practices need to be changed; whether the incident or allegation was motivated by race, ethnicity, LGBTI status or perceived status, or gang affiliation or other group dynamics at the facility; whether physical barriers in the area where the abuse allegedly occurred might enable abuse; and whether monitoring technology should be augmented or changed. The auditor could not review any incident reviews since there were no investigations conducted, or indicated, in the past 12 months, but the auditor interviewed Executive Director Rally Flores at length, who does her investigative work under the guidance and accountability of TDCJ experienced PREA investigators who make the final determinations and would initiate the review. Ms. Flores appears to fully understand this standard and intends to be proactive regarding these reviews.

#### **Standard 115.287 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.**

Clover House and TDCJ collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. They aggregate the incident-based sexual abuse data at least annually and maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

#### **Standard 115.288 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.**

Clover House, Inc., and TDCJ, reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public, once approved by the agency head. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted, if any.

#### **Standard 115.289 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.**

Clover House, Inc., securely retains incident-based and aggregate data. Policy requires, and the auditor's interviews verified, that aggregated sexual abuse data is made readily available to the public at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

**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.

D. Will Weir

03-22-2017

Auditor Signature

Date