PREA Facility Audit Report: Final

Name of Facility: Clover House Facility
Facility Type: Community Confinement
Date Interim Report Submitted: NA
Date Final Report Submitted: 06/08/2026

Auditor Certification	
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.	☑
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	☑
Auditor Full Name as Signed: Verity Anne Tubb	**Date of Signature:** 06/08/2026

AUDITOR INFORMATION	
Auditor name:	Tubb, Verity
Email:	vatubb@gmail.com
Start Date of On-Site Audit:	04/21/2026
End Date of On-Site Audit:	04/23/2026

FACILITY INFORMATION	
Facility name:	Clover House Facility
Facility physical address:	300 North Jackson Avenue, Odessa, Texas - 79761
Facility mailing address:	3603 Andrews Hwy, Odessa, - 79762

Primary Contact

Name:	Rally Q. Flores
Email Address:	rally.flores@cloverhouseinc.com
Telephone Number:	4327708018

Facility Director	
Name:	Rally Q. Flores
Email Address:	rally.flores@cloverhouseinc.com
Telephone Number:	4327708018

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	125
Current population of facility:	106
Average daily population for the past 12 months:	103
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	18+
Facility security levels/resident custody levels:	Not secured facilities; adult women and men community confinement monitoring for treatment.

Number of staff currently employed at the facility who may have contact with residents:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

AGENCY INFORMATION	
Name of agency:	Clover House, Inc.
Governing authority or parent agency (if applicable):	Clover House, Inc.
Physical Address:	3603 Andrews Highway, Odessa, Texas - 79762
Mailing Address:	3603 Andrews Highway, Odessa, Texas - 79762
Telephone number:	4325800321

Agency Chief Executive Officer Information:	
Name:	Rally Q. Flores
Email Address:	rally.flores@cloverhouseinc.com
Telephone Number:	432-770-8018

Agency-Wide PREA Coordinator Information			
Name:	Rally Q Flores	**Email Address:**	Rally.Flores@Cloverhouseinc.com

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-21
2. End date of the onsite portion of the audit:	2026-04-23

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Victim Services Hotline and the Odessa Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	125
15. Average daily population for the past 12 months:	108
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	116
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	47
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Looked at the percentage of clients at each facility, then looked at the gender of the clients. Once the gender was determined, then looked at age, race and length of time at the facilities.

43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	3
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☑ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Asked staff if there were any clients within this category and staff said no. Also asked random clients during interviews if they were aware of any clients who may have met the category.
48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Facility does not normally have clients who are non-English speakers. Questioned clients if there were any Blind or visually impaired clients.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Staff admitted they had previously had a client who was deaf and they had an interpreter during programming. The clients were not aware of any current clients who were deaf or hard of hearing.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not normally have monolingual Spanish speakers. The clients also were not aware of anyone who only spoke another language.
52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2

53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	There were not clients who identified as transgender or intersex. Staff were not aware of anyone who identified and clients were not aware of anyone who identified as transgender or intersex
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	Each of the 21 random clients were asked if they had been a victim of sexual abuse and I asked if they were aware of anyone who may have been victimized at the facility.

55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	5
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The facility does not have a Segregated Housing Unit.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	6
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	Yes No
66. Were you able to interview the PREA Compliance Manager?	Yes No NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☐ Medical staff ☐ Mental health staff ☐ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☐ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☐ Staff who supervise inmates in segregated housing/residents in isolation ☐ Staff on the sexual abuse incident review team ☐ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	The facility does not have contractors or volunteers who have contact with clients.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	◉ Yes ○ No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	◉ Yes ○ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	○ Yes ◉ No
a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:	Interpretation services is provided by TDCJ on an as needed basis. The staff do not have direct access to the services without contacting TDCJ.
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
75. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No
76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	◉ Yes ○ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no allegations of sexual abuse at any of the facilities. Staff were unable to recall the last allegation made.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	Yes No NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	Yes No NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	Yes No NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no allegations of sexual harassment at the facility and staff were unable to recall when there was an allegation.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ○ No ◉ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes No NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	Yes No NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
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.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual (dated July, 2022) • CHI Organizational Chart • Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.211(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. b. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual

	harassment. c. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. d. The policy includes sanctions for those found to have participated in prohibited behaviors. e. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. 2. CHI Administrative Policy and Procedure Manual (dated July 2022) states: a. Clover House shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment b. and outlining Clover House's approach to preventing, detecting, and responding to such conduct. c. The AM 4.2, pages 3-4 outline the definitions of prohibited behaviors regarding sexual abuse and sexual harassment. d. The AM 4.10, pages 18-19 outline the discipline sanctions for those found to have participated in prohibited behaviors. e. The AM 4.4, pages 8-9 outline the response planning developed by the CHI strategies and response to sexual abuse and sexual harassment. **115.211(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency employs or designates an upper-level, agency-wide PREA Coordinator. b. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its community confinement facilities. c. The position of the PREA Coordinator in the agency's organizational structure. 2. CHI Organizational Chart shows that there is a PREA Coordinator designated at the facility. **What was heard, as part of a systematic review of evidence:** 1. The PREA Coordinator was interviewed and reported they have enough time to manage all of their PREA-related responsibilities. a. They periodically go to each of the units to assess compliance and meets regularly with the Executive Director to discuss any concerns. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.212	**Contracting with other entities for the confinement of residents**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) **Reasoning and analysis (by provision):** **115.212(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency has not entered or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. If “No”, skip to 213.

115.213	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Staffing Plan • Interview with the Executive Director • Interview with the PREA Coordinator • PREA Audit Site Review Checklist **Reasoning and analysis (by provision):** **115.213(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. For each facility, the agency develops and documents a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect residents against sexual abuse. b. The average daily number of residents since the last PREA audit is 103. c. The average daily number of residents on which the staffing plan was predicated since the last PREA audit is 125. 2. CHI Staffing Plan a. The staffing plan shows adequate staffing for the facility based on requirements from TDCJ in order protect resident against sexual abuse.

b. The staffing plan does take into consideration the physical layout of the facilities.
c. The staffing plan does take into consideration the composition of the resident population.
d. The staffing plan does not take into consideration substantiated or unsubstantiated incidents of sexual abuse due to there being no documented allegations of sexual abuse.
e. The staff plan takes into consideration various relevant factors.

What was heard, as part of a systematic review of evidence:

1. An interview with the Facility Director showed:
a. The facility does have a staffing plan which has adequate staffing levels to protect residents against sexual abuse
b. There is video monitoring included in the staffing plan.
c. There is a documented staffing plan.
d. The staff plan considers the physical layout of each facility.
e. The composition of the resident population
f. Compliance with the staffing plan is monitored through requirements mandated by TDCJ.

2. An interview with the PREA Coordinator showed:
a. The staffing plan does take into consideration the physical layout of the units.
b. The composition of the resident population is taken into consideration.
c. There have been no reported allegations of sexual abuse or sexual harassment.

What was observed, as part of a systematic review of evidence:

1. During the site review the following was observed:
a. The staff levels within each of the housing units was adequate for the number of clients present.
b. Programming areas had appropriate staffing and adequate lines of visions.
c. There were no allegations of sexual abuse within any of the housing units.
d. The female housing unit only employed female staff. Male upper management staff may visit on occasion but are not officed in the housing unit.
e. Camera placements were only in the general, open areas of the housing units.

115.213(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. There have been no incidents in which the staffing plan was not complied with.

What was heard, as part of a systematic review of evidence:

1. An interview with the Facility Director showed:
a. The facility has not had any incidents in which the staffing plan was not complied with.

115.213(c)

	What was read, as part of a systematic review of evidence: 1. CHI PAQ indicated: a. The staffing plan is reviewed on an annual basis to determine whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan. 2. CHI Staffing Plan a. The staffing plan takes into consideration all required aspects in order to ensure compliance. **What was heard, as part of a systematic review of evidence:** 1. An interview with the PREA Coordinator showed: a. The staffing plan is updated on an annual basis. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.215	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with the Random Staff • Interview of Female Residents • Interview of Random Residents **Reasoning and analysis (by provision):** **115.215(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. b. In the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of residents. 2. CHI Administrative Policy and Procedure Manual, July 2022 states:

a. AM-15 states the facility staff SHALL NO conduct a directly observed strip search of any client.

What was heard, as part of a systematic review of evidence:

1. Informal conversations with staff revealed staff are not allowed to conduct strip searches of clients at the facility.

2. Information conversation with clients showed the staff never conduct strip searches of clients at the facility.

115.215(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances.
b. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.
c. There were zero pat-down searches of female residents that were conducted by male staff at the facility.
d. There were zero pat-down searches of female residents conducted by male staff, even under exigent circumstances.

2. CHI Administrative Policy and Procedure Manual, July 2022 states:
a. Staff involved/conducting a personal search shall be the same gender as the clients.
b. At no time shall a staff member of the opposite gender pat search a client during a personal search.
c. A witness shall be present during all client searches.

What was heard, as part of a systematic review of evidence:

1. Interview of a 12 random staff members showed there were no incidents in which female clients are unable to attend programs due to there being no staff available to conduct pat searches.
2. Interview of six female clients revealed that staff do not normally conduct pat searches. The clients are normally searched using a wand. A female staff always wands the female clients. None of the clients have been pat searched since their arrival.

115.215(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility policy does not permit cross-gender strip searches and cross-gender visual body cavity searches. Therefore, there is no documentation.
b. The facility policy does not require that all cross-gender pat-down searches of female residents be documented. This is because policy prohibits the cross-gender pat-down searches of clients.

	2. CHI Administrative Policy and Procedure Manual, July 2022 states: a. Clover House shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). **115.215(d)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. 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 cell checks (this includes viewing via video camera). b. Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. 2. CHI Administrative Policy and Procedure Manual, July 2022 states: a. Clover House shall enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine checks. b. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. **What was heard, as part of a systematic review of evidence:** 1. Of the 21 clients who were interviewed 100% reported that staff of the opposite gender announce their presence when entering the various areas of the unit where the client may be in stages of undress. 2. Of the 21 clients interviewed, 100% reported be able to shower and dress without being viewed by staff, particularly those of the opposite gender. 3. Of the 12 staff randomly selected for interview, all staff members reported that staff of the opposite gender announce their presence when entering areas of the unit in which clients could be in various stages of undressed. 4. Of the 12 staff randomly selected for interview, all staff members reported that clients can dress and perform bodily functions without being seen by the staff. **What was observed, as part of a systematic review of evidence:** 1. A tour of all three housing units revealed all showers had shower curtains that ensured privacy for clients, while protecting against sexual abuse. 2. A tour of all three housing units revealed all bathroom stalls had doors to protect the privacy of the clients.

	3. During the tour, there were no cameras or mirrors in the bathroom areas, which would hinder the privacy of the clients. **115.215(e)** This provision is no longer applicable to your compliance finding. **115.215(f)** This provision is no longer applicable to your compliance finding. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.216	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Agency Head • Interview of Residents with Disabilities or Who are Limited English Proficient • Interview of Random Residents • Interview with Random Staff • Informal interview with Clinical Director • Documentation of ASL interpreter used by the Facility **Reasoning and analysis (by provision):** **115.216(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency has established procedures to provide disabled residents 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 states: a. Clover House shall take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of Clover House's efforts to prevent, detect, and respond to sexual abuse and sexual

harassment. Such steps shall include, when necessary to ensure effective communication with resident who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary professional specialized vocabulary. In addition, Clover House shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have a low vision. Clover House is not required to take actions that if demonstrated would results in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

What was heard, as part of a systematic review of evidence:

1. There was one client identified as having a reading disability. This individual was identified during a random interview of clients at the facility. The individual reported they had not informed the staff of their disability. They acknowledged that staff explained the policy on sexual abuse and sexual harassment in a manner they could understand.
2. The individual also admitted they understood their rights within the facility.

115.216(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. The agency has established procedures to provide 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 states:
 a. Clover House shall take reasonable steps to ensure meaningful access to all aspects of Clover House's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized professional vocabulary.

What was heard, as part of a systematic review of evidence:

1. Interview of a 12 random staff members showed there were no incidents in which female clients are unable to attend programs due to there being no staff available to conduct pat searches.

2. Interview of six female clients revealed that staff do not normally conduct pat searches. The clients are normally searched using a wand. A female staff always wands the female clients. None of the clients have been pat searched since their arrival.

	115.216(c) **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Agency 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. b. If Yes, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. c. In the past 12 months there have been zero instances where resident interpreters, readers, or other types of resident assistants have been used. 2. CHI Administrative Policy and Procedure Manual, July 2022 states: a. Clover House shall not rely on 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. 3. Documentation provided, shows the use of an ASL interpreter for a deaf client who had previously been at the facility. **What was heard, as part of a systematic review of evidence:** 1. Random sample of 12 staff members showed that all Clover House does not use clients as interpreters for their client population. When questioned about having clients who do not speak English, they reported they have an interpreter provided. One staff member specifically recalled having a deaf client and an ASL interpreter was provided. That staff member referred me to the Clinical Director for additional information. 2. An informal interview with the Clinical Director provided information concerning the interpretation services provided by the Facility. They described the procedure as the facility contacting TDCJ, who in turn provides the information about required interpretation services. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.217	**Hiring and promotion decisions**

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:
• Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ)
• CHI Administrative Policy and Procedure Manual, July 2022
• CHI Application for Employment
• TDCJ Rehabilitation & Reentry Division Pre-Employment NCIC/TCIC Record Request
• Documents of Staff Hired in the 12 Months Prior to Audit
• Interview with Human Resources
• Interview of Random Residents

Reasoning and analysis (by provision):
115.217(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Agency 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:
i. 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);
ii. 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
iii. has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

2. CHI Administrative Policy and Procedure Manual, July 2022 (pages 6-7) states:
a. Clover House shall not hire or promote anyone who may have contact with residents, and shall no enlist the services of any contractor who may have contact with residents who:
i. 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);
ii. 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
iii. has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

3. CHI Application for Employments asks:
a. Do you have a history of Sexual Misconduct Convictions
b. Have you ever been arrested, charged, indicted, and/or convicted of a felony or misdemeanor offense?

4. Personnel files of six staff hired in the 12 months prior to the audit
a. All six personnel files showed a NCIC/TCIC was completed prior to their date of hire at the facility.

b. All six personnel files had CHI Applications for Employment, and each applicant had answered the question concerning history of sexual misconduct and arrests, charges, indictments or conviction for a felony or misdemeanor.

115.217(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 6) states:
a. Clover House shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
3. CHI Application for Employments asks:
a. Do you have a history of Sexual Misconduct Convictions; or history of Sexual Harassment allegations/findings?

What was heard, as part of a systematic review of evidence:

1. An interview with the Human Resources staff showed the facility does consider prior incidents of sexual harassment when determining whether to hire or promote anyone.
a. The question is asked on the application and asked during the interview.

115.217(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Agency policy does require that before it hires any new employees who may have contact with resident, it (a) conducts criminal background record checks, and (b) 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 or an allegation of sexual abuse.
b. In the past 12 months 37 individuals were hired who may have contact with residents who may have had criminal background record checks.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 7) states:
a. Before hiring new employees, who may have contact with residents, Clover House shall perform a criminal background records check.

3. Personnel files of six staff hired in the 12 months prior to the audit
a. All six personnel files showed a NCIC/TCIC was completed prior to their date of hire at the facility.

What was heard, as part of a systematic review of evidence:

1. The interview with the Human Resource staff showed the facility does perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions.
 a. The facility uses the NCIC/TCIC form used by TDCJ

115.217(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents.
 b. In the past 12 months there were no contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 7) states:
 a. Clover House shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

What was heard, as part of a systematic review of evidence:

1. The interview with the Human Resource staff showed the facility does hire contractors who may have contact with clients.

115.217(e)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 7) states:
 a. Clover House shall conduct criminal background records checks at least every five years on all current employees and contractors who may have contact with residents.

3. Personnel files of 13 staff who have been employed by the facility for over 12 months revealed:
 a. All 13 personnel files showed a NCIC/TCIC was completed prior to their date of hire at the facility and at least every five years.

What was heard, as part of a systematic review of evidence:

1. The interview with the Human Resource staff showed the facility does perform criminal record background checks at least every five years.
 a. The facility uses the NCIC/TCIC form used by TDCJ

115.217(f)
What was read, as part of a systematic review of evidence:

1. CHI Administrative Policy and Procedure Manual, July 2022 (page 7) states:
a. Clover House shall ask all applicant and employees who may have contact with residents 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 evaluations conducted as part of reviews of current employees.
b. Clover House shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

What was heard, as part of a systematic review of evidence:

1. The interview with the Human Resource staff showed the facility does not specifically ask applicants and employees about previous misconduct. However, it is included on the application and the NCIC check, and those forms are reviewed during the interview process.
a. Staff do have an affirmative duty to disclose any previous misconduct. It is on the application for employment and TDCJ application for

115.217(g)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Agency policy does state that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 7) states:
a. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

3. CHI Application for Employment states:
a. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

115.217(h)
What was heard, as part of a systematic review of evidence:

1. Interview with Human Resources staff revealed the facility has never had an instance where a staff member applied at another institution at this information was required. They stated they would provide the information if necessary. The facility has not had any incidents of sexual abuse in at least the past 10 years.

Finding:
Based on this analysis the facility is substantially compliant with this provision and correction action is not required.

Recommendation:

	Ensure that candidates for employment are direct asked about previous sexual misconduct during the interview process.

115.218	**Upgrades to facilities and technology**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • Interview with Director • Meeting Minutes from Board of Director's Meeting **Reasoning and analysis (by provision):** **115.218(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities since the last PREA audit. **What was heard, as part of a systematic review of evidence:** 1. The interview with the Director of the facility showed there have been no substantial expanision or modifications to the facility since the last PREA audit. **115.218(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Agency has updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last audit. 2. Meeting Minutes from Board of Director's Meetings showed: a. Three years of recommendations for expansion of the video monitoring system. b. System was updated on 4/30/2025 per TDCJ PREA Ombudsman audit. **What was heard, as part of a systematic review of evidence:** 1. An interview with the Director showed the Clover House, Inc added additional video and audio cameras to the front staff areas of each facility and in one facility's dry food storage area. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI Administrative Policy and Procedure Manual, Evidence Handling and Crime Scene Protection, May 2014 • Interview of Random Staff • Letter from Clover House to Medical Center Hospital • Memorandum of Understanding with The Crisis Center of Odessa. • Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.221(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). b. The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). c. TDCJ or Local Law Enforcement are responsible for conducting criminal sexual abuse investigations. 2. CHI Administrative Policy and Procedure Manual, July 2022 states: a. To the extent Clover House is responsible for investigating allegation of sexual abuse. Clover House shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. 3. CHI Administrative Policy and Procedure Manual, Evidence Handling and Crime Scene Protection, May 2014 states: a. Clover House will ensure that evidence handling, and crime scene protection procedures are implemented in accordance with TDCJ Office of the Inspector General (OIG) guidelines. b. The documents outline the procedures to be used by Clover House staff should there be an allegation of sexual abuse or sexual harassment. **What was heard, as part of a systematic review of evidence:**

1. Interview of 12 Random staff at the facility.
a. All of the 12 random staff members were aware it is important to separate/ safeguard the alleged victim and to ensure the scene is preserved as a potential crime scene
b. Although none of the 12 random staff members did not identify the same individual as the staff member responsible for conducting sexual abuse investigations. They all knew that it was an upper management individual and knew to contact a supervisor or upper management if they received information about an alleged sexual abuse.

115.221(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 8) states:
a. The policy outlines the protocol for the investigation of allegations of sexual abuse and are consistent with the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,".

3. CHI Administrative Policy and Procedure Manual, Evidence Handling and Crime Scene Protection, May 2014 states:
a. Clover House will ensure that evidence handling, and crime scene protection procedures are implemented in accordance with TDCJ Office of the Inspector General (OIG) guidelines.
b. The documents outline the procedures to be used by Clover House staff should there be an allegation of sexual abuse or sexual harassment.

115.221(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility does offer all resident who experience sexual abuse access to forensic medical examinations.
b. Forensic medical examinations are offered without financial cost to the victim.
c. Forensic medical examinations are conducted by Sexual Assault Forensic Medical Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).
d. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
e. The facility does document efforts to provide SANEs and SAFEs.
f. There have been no forensic medical examinations conducted in the 12-month period prior to the audit.
g. There have been no forensic medical examinations conducted by SANEs/SAFEs during the 12-month period prior to the audit.

h. There have been no forensic medical examinations conducted by medical practitioners during the 12-month period prior to the audit.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 8) states:
a. Clover House shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate.
b. Such examination shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.
c. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners.
d. Clover House shall document its efforts to provide SAFEs or SANEs.

3. Letter to Medical Center Hospital
a. Clover House did provide their emergency plan to the local Hospital in the event of a sexual assault.

What was heard, as part of a systematic review of evidence:

1. Informal interview with upper management staff revealed there have been no allegations of sexual abuse or harassment in, at least, the past 10 years.

115.221(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility has attempted to make available to the victim a victim advocate from a rape crisis center, either in person or by other means.
b. The efforts are documented.
c. If and 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 8) states:
a. Clover House shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, Clover House shall make available to provide these services a qualified staff member from a community-ased organization or a qualified agency staff member.

3. CHI Administrative Policy and Procedure Manual, Evidence Handling and Crime Scene Protection, May 2014 states:
a. Clover House will ensure that evidence handling, and crime scene protection procedures are implemented in accordance with TDCJ Office of the Inspector General (OIG) guidelines.
b. The documents outline the procedures to be used by Clover House staff should there be an allegation of sexual abuse or sexual harassment.

4. The MOU with The Crisis Center of Odessa includes:

a. Staffing a hotline seven days per week; 24 hours a day to provide crisis intervention services to clients of sexual violence in Clover House, Inc. facilities.
b. Provide clients with referrals for treatment after release or upon transfer to another facility.

What was heard, as part of a systematic review of evidence:

1. Interview of with the PREA Coordinator provided the following information:
a. The facility makes a victim advocate available using The Crisis Center of Odessa.
b. The Rape Crisis Center would be called by the hospital if a forensic examination was conducted.

2. There were no known clients who had reported sexual abuse. Of those interviewed, none reported being sexually abused while at the facility and none were aware of allegations by other clients.

3. Informal interviews with staff revealed no allegations of sexual abuse at any of the facilities.

115.221(e)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. If request by the victim, a victim advocate, qualified agency staff member, or quailed 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.

2. CHI Administrative Policy and Procedure Manual, July 2022(page 8) states:
a. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

What was heard, as part of a systematic review of evidence:

1. Interview of with the PREA Coordinator provided the following information:
a. A victim advocate, qualified agency staff, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews should the victim make the request.

2. There were no known clients who had reported sexual abuse. Of those interviewed, none reported being sexually abused while at the facility and none were aware of allegations by other clients.

3. Informal interviews with staff revealed no allegations of sexual abuse at any of

	the facilities. **115.221(f)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Criminal investigations would be conducted by either the Odessa Police Department or the Office of the Inspector General. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 8) states: a. Clover House shall ensure that allegation sexual abuse or sexual harassment are referred for investigation to local law enforcement with the legal authority to conduct criminal investigations. **What was heard, as part of a systematic review of evidence:** 1. Informal interview with upper management staff. a. There is not a formal agreement with the local law enforcement due to the facility being contracted under TDCJ. Therefore, allegations would be reported to TDCJ and they would make the determination as to how the allegation would be investigated. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.222	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Facility Director Interview • Clover House website • TDCJ Prison Rape Elimination Act (PREA) Ombudsman **Reasoning and analysis (by provision):** **115.222(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does ensure 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).
b. There have been no allegations of sexual abuse or sexual harassment in the 12-month period prior to this audit.
c. There have been no allegations resulting in an administrative investigation.
d. There have been no allegations resulting in a criminal investigation.
e. Due to there being no allegations, there are no investigations,

2. CHI Administrative Policy and Procedure Manual, July 2022 states:
a. Clover House shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

What was heard, as part of a systematic review of evidence:

1. Interview with the Facility Director showed:
a. All allegations of sexual abuse and sexual harassment are reported directly to the facility investigators.
b. All allegations are “definitely” investigated.

115.222(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to any agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigation, unless the allegation does not involve potentially criminal behavior.
b. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations is published on the agency website or made publicly available via other means.
c. The agency does document all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

2. CHI Administrative Policy and Procedure Manual, July 2022 states:
a. Clover House shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
b. Clover House shall publish such findings on its website.
c. Clover House shall document all such referrals.

What was heard, as part of a systematic review of evidence:

1. Interview with the Investigative staff
a. The agency policy requires that all 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.
b. The allegation is reported to the supervisor. They upper management team works together to determine if there is a need to contact the Police Department.

What was observed, as part of a systematic review of evidence:

	1. The Clover House website does contain the information concerning PREA and required information. **115.222(c)** **What was observed, as part of a systematic review of evidence:** 1. A review of the TDCJ PREA Ombudsman website shows all allegations of sexual abuse within TDCJ and contract facilities are investigated by the OIG. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.231	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Prison Rape Elimination Act (PREA): An Introduction to the Law Training PowerPoint • Interview with Random Staff • Training Records of Staff • Informal Conversation with the Human Resource staff who maintains Training records. **Reasoning and analysis (by provision):** **115.231(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does train all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. b. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. c. The agency does train all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. d. The agency does train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. e. The agency does train all employee who may have contact with resident on the dynamic or sexual abuse and sexual harassment in confinement.

	f. The agency does train all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims. g. The agency does train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse. h. The agency does train all employees who may have contact with residents on how to avoid inappropriate relationship with residents. i. The agency does train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. j. The agency does train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. Clover House shall train all employees who may have contact with residents on: i. Its zero-tolerance policy for sexual abuse and sexual harassment. ii. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. iii. Residents right to be free from sexual abuse and sexual harassment. iv. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. v. The dynamic or sexual abuse and sexual harassment in confinement. vi. The common reactions of sexual abuse and sexual harassment victims. vii. How to detect and respond to signs of threatened and actual sexual abuse. viii. How to avoid inappropriate relationship with residents. ix. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. x. To comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 3. Prison Rape Elimination Act (PREA): An Introduction to the Law Training PowerPoint includes the following information: a. The agency's zero-tolerance policy for sexual abuse and sexual harassment. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. c. The right of residents to be free from sexual abuse and sexual harassment. d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. e. On the dynamic or sexual abuse and sexual harassment in confinement. f. On the common reactions of sexual abuse and sexual harassment victims. g. How to detect and respond to signs of threatened and actual sexual abuse. h. How to avoid inappropriate relationship with residents. i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 4. The training records of 19 staff were reviewed. All of the staff received PREA

	training. **What was heard, as part of a systematic review of evidence:** 1. Interview with 12 Random Staff showed all reported have received PREA training and the training included the following: a. The agency's zero-tolerance policy for sexual abuse and sexual harassment. b. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. c. The right of residents to be free from sexual abuse and sexual harassment. d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. e. On the dynamic or sexual abuse and sexual harassment in confinement. f. On the common reactions of sexual abuse and sexual harassment victims. g. How to detect and respond to signs of threatened and actual sexual abuse. h. How to avoid inappropriate relationship with residents. i. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents. j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. **115.231(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Training is tailored to the gender of the residents at the facility. b. Employees who are reassigned from facilities housing the opposite gender are given additional training. 2. Prison Rape Elimination Act (PREA): An Introduction to the Law Training PowerPoint includes the following information: a. Information associated with differences based on gender of the alleged victim's response to sexual abuse and how to respond to an alleged victims based on gender. 3. The training records of 19 staff were reviewed. All of the staff received PREA training, and the training does contain information about gender-based differences in victimization. **115.231(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Between trainings the agency provides employees who may have contact with resident with refresher information about current policies regarding sexual abuse and harassment. b. Staff are provided with training upon hiring and on an annual basis thereafter. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states:

	a. Clover House shall provide each employee refresher training every two years to ensure that all employees know Clover House's current sexual abuse and sexual harassment policies and procedures. b. In years in which an employee does not receive refresher training, Clover House shall provide refresher information on current sexual abuse and sexual harassment policies. 3. The training records of 19 staff were reviewed. a. Six of the 19 staff had been hired less than one year prior to audit and had subsequently only received the initial training. b. The remaining 13 staff members had documentation of receiving training once each year since their date of hire. **115.231(d)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does document that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. Clover House shall document, through employee signature or electronic verification that employees understand the training they received. 3. The training records of 19 staff were reviewed, all trainings records contained certificates showing completion of the online training. **What was heard, as part of a systematic review of evidence:** 1. According to the Human Resources staff, all training is conducted on "Blue Basin", which is a PREA training approved by TDCJ. a. Staff must successfully complete a posttest prior to completion of the training and printing of the certificate. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.232	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Although Clover House has appropriate information contained in the program

	statement concerning training of contractors and volunteers. The facility does not have volunteers or contractors who have contact with the clients at their facility and therefore, they do not have records to be reviewed.

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI Substance Abuse Treatment Facilities Prison Rape Elimination Act (PREA) Pamphlet • Interview of Intake Staff • Random Resident Interview Questionnaire **Reasoning and analysis (by provision):** **115.233(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Residents do 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. b. There have been 704 residents admitted during the 12-month period prior to the audit. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. During the intake process, residents shall receive information explaining Clover House's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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. 3. CHI Substance Abuse Treatment Facilities Prison Rape Elimination Act (PREA) Pamphlet contained: a. Clover House's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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.

	What was heard, as part of a systematic review of evidence: 1. Interview with two Intake Staff showed a. Both staff regularly provided new incoming clients with the PREA pamphlet, which includes the Clover House's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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. b. Both staff report that clients sign an orientation form showing they received the information. 2. Interview with 21 Random Clients at the facilities: a. All the clients reported receiving information about the facilities rules against sexual abuse and harassment. Some specified the information was contained in the pamphlet, while others stated they received the information verbally from their counselor. b. All 21 clients were aware of the right to not be sexually abused or sexually harassed. They reported know how to report sexual abuse or sexual harassment and understood they could not be retaliated against for making a report. 115.233(b) What was read, as part of a systematic review of evidence: 1. CHI PAQ indicated: a. The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. b. There have been no residents transferred from a different community confinement facility during the past 12 months. c. There were no residents who received refresher information due to there being no residents transferred from another community facility. **What was heard, as part of a systematic review of evidence:** 1. Interview of two staff who conduct intakes a. Both staff reported clients were not transfers from other community confinement center. The residents are all released from TDCJ after completing their sentence. 2. Interview with Residents a. All clients reported have been transferred from TDCJ and had not been at another community confinement center. **115.233(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.

	b. Resident PREA education is available in formats accessible to all residents, including those who are deaf. c. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired. d. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. e. Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. Clover House shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills. **What was observed, as part of a systematic review of evidence:** 1. As part of the onsite tour of the facility. There were multiple posters in every facility, which included PREA information. There was information in English and Spanish. In addition, the font was large enough to be seen by those with poor vision. **115.233(d)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does maintain documentation of resident participation in PREA education sessions. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. Clover House shall maintain documentation of resident participation in these education sessions. 3. The training records of 12 clients were reviewed, all trainings records contained signatures showing they completed the training. **115.233(e)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 9) states: a. Clover House shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. **What was observed, as part of a systematic review of evidence:**

	1. As part of the onsite tour of the facility. There were multiple posters in every facility, which included PREA information. The information included the 1-800 number in order to report allegation of sexual abuse and sexual harassment. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.234	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Documentation of Investigative staff • Trainings records of staff who conduct Administrative Investigations **Reasoning and analysis (by provision):** **115.234(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Agency policy does require that investigators are trained in conducting sexual abuse investigations in confinement settings. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 10) states: a. Includes information requiring specialized training for any staff who may be involved in the administrative investigation of sexual abuse and sexual harassment. 3. Training records for five staff members shows they completed “PREA: Investigating Sexual Abuse in a Confinement Setting” provided by the National Institute of Corrections. **What was heard, as part of a systematic review of evidence:** 1. Interview with an investigative staff member: a. The staff member reported having received training specific to conducting sexual abuse investigations in confinement settings. b. The training did cover the preservation of the scene and evidence. Separating the potential victim and alleged perpetrator. **115.234(b)** **What was heard, as part of a systematic review of evidence:**

	1. Interview with an investigative staff member reported the training included: a. Techniques for interviewing sexual abuse victims; however, it was not as in-depth as that received by law enforcement. b. Proper use of Maranda and Garrity warnings. c. Sexual abuse evidence collection in confinement setting. They were trained to leave everything as is until local law enforcement arrived. d. The criteria and evidence required to substantiate a case for administrative or prosecution referral. The prosecution criteria is set by the prosecutor. Our level is less. **115.234(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does maintain documentation showing that investigators have completed the required training. b. There are five staff members who have completed the required training. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.235	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not employ medical and mental health staff. Clients are referred to outside sources (i.e. MHMR or local medical) when necessary.

115.241	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview of Staff Responsible for Risk Screening • Random Sample of Resident Questionnaire • The Clover House: PREA Screening Form

	• Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.241(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does have a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 10) states: a. All residents shall be assessed during an intake screening for their risk of sexually abused by other residents or sexually abusive toward other residents. **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and abusiveness: a. Both staff members reported they conduct screening of clients upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. 2. Interview with 21 random clients at the facilities. a. Of the 21 clients 18 reported being asked whether they had been to jail before. b. 17 of the 21 reported being asked if they identified as being LGBTQ c. 19 recalled being asked if they were concerned about their sexual safety at the facility. **115.241(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. b. There were 704 residents who entered the facility within the past 12 months who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 10) states: a. Intake screenings shall ordinarily take place within 72 hours of arrival at Clover House. 3. Screening records of 21 clients who arrived at the facility. a. All of the records showed the screening was completed with 24 hours of the client arriving at the facility. **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and

abusiveness:
a. Both staff members reported they conduct screening on the day they arrived, within 24 hours if they arrived after hours and within 72 hours if they arrived on weekend.

2. Interview with 21 random clients at the facilities.
a. All clients reported being asked the questions as soon as they arrived or within 24 hours.

115.241(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Risk assessment is conducted using an objective screening instrument.

2. The Clover House: PREA Screening form
a. Has a series of Yes/No questions with a scoring template for objective scores.

115.241(d)
What was read, as part of a systematic review of evidence:

1. The Clover House: PREA Screening form
a. Small size, thin build, frail, severe physical disability, or elderly
b. First time resident of a corrections TTC/treatment facility
c. Developmentally delayed, a prior designation of SMI/SFI or appears confused/ disoriented
d. Concerned about your ability to defend yourself while incarcerated
e. Self-report of being homosexual, transgender, or diagnosis of gender identity disorder
f. Isolated, withdrawn, lacking institutional experience
g. Been approached by another inmate for sex while incarcerated
h. Another inmate ever threatened you with sexual assault
i. While incarcerated, have you been the victim of a prior sexual assault or unwelcome activity
j. Have you been sexually active with another inmate while incarcerated,

What was heard, as part of a systematic review of evidence:

1. Interview with two staff who conduct screenings for risk of victimization and abusiveness:
a. Both staff members reported the initial risk screening considers all the issues covered on the Clover House: PREA Screening form.
b. The client is asked the questions on the Screening form and then provide the client with the PREA pamphlet. The client is then provided with general expectations.

115.241(e)
What was read, as part of a systematic review of evidence:

1. The Clover House: PREA Screening form

a. Openly discriminatory of homosexual or transgender
b. Threatened or bribed another inmate while incarcerated
c. Ringleader in the institution, member of a security threat group, institutional experience
d. Shows unusual interest in or focus on a specific inmate/resident at this facility
e. Admits using sexual assault or rape as a threat
f. Current or prior criminal conviction of abuse, neglect, or rape of a child or elder
g. Previous conviction of sexual assault in a prison or jail
h. Current conviction of sexual assault or rape
i. Received a disciplinary sanction for sexual violence while incarcerated
j. Been sexually active with another inmate while incarcerated

What was heard, as part of a systematic review of evidence:

1. Interview with two staff who conduct screenings for risk of victimization and abusiveness:
a. Both staff members reported the initial risk screening considers all the issues covered on the Clover House: PREA Screening form.
b. The client is asked the questions on the Screening form and then provide the client with the PREA pamphlet. The client is then provided with general expectations.

115.241(f)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The policy does require that 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.

b. There have been 653 residents who entered the facility within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake

2. CHI Administrative Policy and Procedure Manual, July 2022
a. Within a set time period, not to exceed 30 days from the resident's arrival at Clover House, Clover House will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by Clover House since the intake screening.

3. Review of client records
a. Twenty one records were reviewed and of those 11 had been at the facility for at least 30 days. All of those records showed they had been reassessed at 30 days.

What was heard, as part of a systematic review of evidence:

1. Interview with two staff who conduct screenings for risk of victimization and abusiveness:
a. Both staff members reported that clients are reassessed within 30 days of their arrival.
b. The reassessment may take place at discharge due to one program being a 30-day program.

2. Interview with 21 random clients at the facilities.
a. Ten of the clients stated that they had not been asked the questions again; however, these clients had not been at the facility for 30 days. The 11 clients who had been at the facility for 30 days or more stated they "believed" they had been asked the questions or stated they were asked the questions.

115.241(g)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The policy does require 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12)
a. A resident's risk level shall 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.

What was heard, as part of a systematic review of evidence:

1. Interview with two staff who conduct screenings for risk of victimization and abusiveness:
a. Both staff member reported clients are reassessed on an as needed basis 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.

What was observed, as part of a systematic review of evidence:

1. There were no incidents of a request for an additional assessment.

115.241(h)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The policy does prohibit disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding; (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

	2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12) a. Resident may not be disciplines for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and abusiveness: a. Both staff member reported clients not disciplined in any way for refusing to respond to questions on the screening form. **115.241(i)** **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and abusiveness: a. Both staff members stated that information from the screening is only provided to those on a need-to-know basis. 2. Interview for PREA Coordinator a. The only staff who have access to the screening records is clinical staff only. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.242	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview of Staff Responsible for Risk Screening • Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.242(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency/facility uses information from the risk screening required by 115.241 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12) states: a. Clover House shall use information from the risk screening required 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. **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and abusiveness: a. Both staff members reported they use the information to determine where to house the clients, who the client can and cannot be housed with and look at possible job placement. 2. Interview with PREA Coordinator. a. The PREA Coordinator reported information from the screening is used to assess housing, job, and who to keep separated. **115.242(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency/facility does make individualized determinations about how to ensure the safety of each resident. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12) states: a. Clover House shall make individualized determinations about how to ensure the safety of each resident. **What was heard, as part of a systematic review of evidence:** 1. Interview with two staff who conduct screenings for risk of victimization and abusiveness: a. Both staff members reported the information is used on an individualized basis. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.251	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:
• Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ)
• CHI Administrative Policy and Procedure Manual, July 2022
• Random Sample of Staff Questionnaire
• Resident Interview Questionnaire
• Interview with PREA Coordinator
• Clover House Inc: Policy Handbook

Reasoning and analysis (by provision):
115.251(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency/facility has established procedures allowing for multiple internal ways for resident to report privately to agency officials about: (a) sexual abuse and sexual harassment; (b) retaliation by other residents or staff harassment; and (c) staff neglect or violation or responsibilities that may have contributed to such incidents.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12-13) states:
a. Clover House shall provide multiple internal (verbal, written) ways for residents to privately report sexual abuse and 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.

3. CHI Policy Handbook
a. If any employee believes that he or she is the victim of harassment, that employee should immediately report the incident to his or her immediate supervisor. If the immediate supervisor is involved in the reported conduct, or, if for some reason the employee feels uncomfortable about making a report to that supervisor, the report should be made to any other member of management,

What was heard, a a systematic review of evidence:s part of

1. Interview with 12 random staff:
a. All staff believed that clients feel comfortable telling staff about any allegations of sexual abuse, or retaliation. They believe clients would feel comfortable telling staff to keep their name out of it.

2. Interview with 21 random clients at the facility. Some provided multiple answers.
a. Two of the clients reported that they would not report any incidents of sexual abuse because “It’s none of my business”.
b. Five clients stated they would report any incidents of sexual abuse to their counselor.
c. Ten clients stated they would report to a staff member.
d. The remainder only responded with outside entities.

What was observed, as part of a systematic review of evidence:

	1. During the onsite tour of the facility there were multiple posters that contained the 1-800 Victim Hotline for clients to use as a means of making a report. 2. A call of the 1-800 number produced information consistent with the information provided to the clients on the poster. **115.251(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does provide at least one way for resident to report abuse or harassment to a public or private entity or office that is not part of the agency. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 12) states: a. Clover House shall also inform residents of (call, written methods) al least one way to report abuse or harassment to a public or private entity or office that is not part of Clover House and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. 3. CHI Substance Abuse Treatment Facilities: Prison Rape Elimination Act (PREA) pamphlet. a. Provides multiple agencies both at the facility and outside the facility a client can use to report sexual abuse allegations. **What was heard, as part of a systematic review of evidence:** 1. Interview with the PREA Coordinator revealed: a. There are phone numbers on the posters on the wall and there are phone numbers and addresses in the PREA pamphlet. b. If the client calls the 1-800 number, then we would be notified and the person making the call can remain anonymous. If the client notifies the PREA Ombudsman through TDCJ, they can remain anonymous. 2. Interview with 21 random clients at the facility. Some provided multiple answers. a. Ten clients reported using the 1-800 number. b. Four clients reported they would notify the PREA Ombudsman. c. One reported they would call the police. d. Fourteen clients reported that they would notify some member of their family. e. Twenty of 21 expressed their belief that the report would remain anonymous, while one stated they did not know. **What was observed, as part of a systematic review of evidence:** 1. During the onsite tour of the facility there were multiple posters that contained the 1-800 Victim Hotline for clients to use as a means of making a report. 2. A call of the 1-800 number produced information consistent with the information provided to the clients on the poster.

115.251(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. The agency does have a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
 b. Staff are required to document verbal reports.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
 a. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

What was heard, as part of a systematic review of evidence:

1. Interview with 12 random staff who:
 a. All staff believed that clients feel comfortable telling staff about any allegations of sexual abuse, or retaliation. They believe clients would feel comfortable telling staff to keep their name out of it.

2. Interview with 21 random clients at the facility.
 a. All of the staff acknowledged clients can make allegations of sexual abuse verbally, in writing, anonymously, and from third parties.
 b. All staff knew they had to document the report and they report should be done “immediately” or “before the end of shift”.

115.251(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
 a. Clover House shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

What was heard, as part of a systematic review of evidence:

1. Interview with 12 random staff:
 a. Two staff members said they were not sure how staff can report sexual abuse or sexual harassment anonymous.
 b. Two staff members stated they would write an anonymous note
 c. Three staff members stated they would call the 1-800 number
 d. Three staff members would report to PREA Ombudsman
 e. Two staff members would report to privately report upper management
 f. One staff member stated they would not

	Finding: **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Texas Department of Criminal Justice (TDCJ): Client Grievance, September 1, 2021 • CHI Orientation Packet • CHI Grievance Log **Reasoning and analysis (by provision):** **115.252(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House does have a grievance method to report allegations of sexual abuse. 3. TDCJ: Client Grievance, September 1, 2021: a. The policy outlines the grievance procedure used by TDCJ and expected to be used by contract facilities. **115.252(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency policy or procedure does allow 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. b. Agency 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall not impose a time limit on when a resident may submit a

grievance regarding an allegation of sexual abuse.
b. Clover House shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

3. TDCJ: Client Grievance, September 1, 2021 (page 1)
a. Sexual Abuse or Sexual Harassment Grievance refers to any allegation in which a client alleges inappropriate behavior of a sexual nature. Complaints of this nature do not have a time limit for submission and may be reported by a third party, either verbally or written.
b. Client shall attempt to resolve any complaint informally, excluding PREA allegations.

115.252(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
b. The agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
a. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and.
b. Such grievance is not referred to a staff member who is the subject of the complaint.

3. CHI Orientation Packet (pages 13-25)
a. The client orientation packet provides the TDCJ Grievance Procedure to each of the clients.

115.252(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Agency policy and procedure do require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
b. In the past 12 months, there have been no grievances filed that alleged sexual abuse.
c. In the past 12 months, there have been no grievances alleging sexual abuse that reached final decision within 90 days after being filed.
d. In the past 12 months, there have been no grievances alleging sexual abuse that involved extension because final decision was not reached within 90 days.
e. There have been no extensions beyond 90 days requested.
g. The agency always notifies a resident in writing when the agency files for an

	extension, including notice of the date by which a decision will be made 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 24 hours of receipt of the grievance. b. Clover House may claim an extension of time to respond, of up to 72 hours if the normal time period for response is insufficient to make an appropriate decision. c. Clover House shall notify the resident in writing of any such extension and provide a date by which a decision will be made. 3. Grievance Log a. A review of the grievance log showed no allegations of sexual abuse or sexual harassment in the year prior to the audit. **What was heard, as part of a systematic review of evidence:** 1. There were no reports of sexual abuse at the facility a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation. b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported. c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations. **115.252(e)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorney, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. b. Agency policy and procedure require that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. c. There were no grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the residents decision to decline. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Third parties, including other residents, family members, attorneys, staff members, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. 3. Grievance Log a. A review of the grievance log showed no allegations of sexual abuse or sexual harassment in the year prior to the audit.

What was heard, as part of a systematic review of evidence:

1. There were no reports of sexual abuse at the facility
 a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation.
 b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported.
 c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations.

115.252(f)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
 a. The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 b. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
 c. There were no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
 a. Clover House has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
 b. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Clover House shall immediately forward the grievance to a level of review at which immediate corrective action may be taken, shall provide an initial response within 24 hours, and shall issue a final agency decision within the same 24 hours.

3. Grievance Log
 a. A review of the grievance log showed no emergency allegations of sexual abuse or sexual harassment in the year prior to the audit.

What was heard, as part of a systematic review of evidence:

1. There were no reports of sexual abuse at the facility
 a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation.
 b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported.
 c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations.

	115.252(g) **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does have a written policy that limits its 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. b. In the past 12 months, there have been no resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. 2. TDCJ: Client Grievance, September 1, 2021 (page 7) a. A client found to have intentionally filed a false report or an allegation against another individual shall be subject to disciplinary action. 3. Grievance Log a. A review of the grievance log showed no allegations of sexual abuse or sexual harassment in the year prior to the audit that were determined to be file in bad faith. **What was heard, as part of a systematic review of evidence:** 1. There were no reports of sexual abuse at the facility a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation. b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported. c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.253	**Resident access to outside confidential support services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI Substance Abuse Treatment Facilities: Prison Rape Elimination Act (PREA)

	• MOU for Rape Crisis Center • Interview of 21 Random Client • Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.253(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The facility does provide residents with access to outside victim advocates for emotional support services related to sexual abuse. b. The facility does provide residents with access to such services by giving resident mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. c. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall provide 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 where available of local, State, or nation victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. 3. CHI Substance Abuse Treatment Facilities: Prison Rape Elimination Act (PREA) states: a. Provided the Toll-Free Rape Crisis Center 1-866-627-4747. 4. MOU for Rape Crisis Center a. Provide clients with referrals for treatment after release or upon transfer to another facility. 5. Poster for Clients “Local Help” a. Provides phone number for Odessa PD Victim Assistance and Local Crisis Center **What was heard, as part of a systematic review of evidence:** 1. There were no reports of sexual abuse at the facility a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation. b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported. c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations.

2. Twenty-one interviews of Random Clients
a. Eight clients said they were aware of services available outside of this facility for dealing with sexual abuse, seven said they were not aware, four said they did not know, and one stated they did not specifically know of any services. Those who were not aware stated they were not from the area.
b. Three clients named Safe Place as a place to receive services, eight said they were not sure of the types of services, but they knew that services were available, nine stated that did not know specific services, and one declined to answer.
c. Nineteen of the 21 respondents stated the facility does provide them with mailing addresses and phone numbers and the information is in the pamphlet.
d. All of the respondents stated that they could use the phone to make phone calls during their regular hours, while one stated they could use the phone at anytime for an emergency, and two stated that would ask the counselor to use the phone.

115.253(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility does inform residents, prior to given them access to outside support services, or the extent to which such communication will be monitored
b. The facility does inform residents, prior to given them access to outside support services, of the 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
a. Clover House shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

What was heard, as part of a systematic review of evidence:

1. Interview with 21 random clients at the facility. Some provided multiple answers.
a. All 21 clients stated that their conversations would remain confidential.

2. There were no reports of sexual abuse at the facility
a. Staff were questioned during their interview to determine their knowledge of allegations of sexual abuse, none of the staff knew of any allegation.
b. All 21 random clients were questioned about whether they have been victims of sexual abuse at the facility and none of them had reported.
c. During the interview of the random clients each was asked if they were aware of any allegations at the facility and they all reported they were not aware of any allegations.

115.253(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:

	a. The agency or facility does maintain a memorandum of understanding (MOUs) or other agreements with community services providers that are able to provide residents with emotional support services related to sexual abuse. b. The agency does maintain a copy of that MOU. 2. MOU for Rape Crisis Center a. Provide clients with referrals for treatment after release or upon transfer to another facility. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.254	**Third party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI Substance Abuse Treatment Facilities: Prison Rape Elimination Act (PREA) • CHI Website www.cloverhouseinc.com **Reasoning and analysis (by provision):** **115.254(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. b. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall establish a method (written, phone, fax, or letter) to receive third-party reports of sexual abuse or sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. **What was observed, as part of a systematic review of evidence:** 1. CHI Website shows: a. The various methods for individuals outside of the facility to report allegations of sexual abuse.

	2. During the audit, the Crisis Center was contacted, and they acknowledged they do provide services for Clover House. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.261	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Random Staff • Interview with Facility Director **Reasoning and analysis (by provision):** **115.261(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency 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. b. The agency does require all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. c. The agency does require all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall require 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 Clover House; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. **What was heard, as part of a systematic review of evidence:** 1. Interview with 12 random staff:

a. All 12 random staff reported the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation or responsibilities that may have contributed to an incident or retaliation.
b. All 12 random staff would report the allegation to their supervisor or upper management.

115.261(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states:
a. 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.

What was heard, as part of a systematic review of evidence:

1. Interview with 12 random staff:
a. All 12 random staff reported they are not allowed to share the information about a sexual abuse with anyone who does not have a need to know.

115.261(c)

The facility does not employee medical or mental health staff. The counselors at the facility are Licensed Chemical Dependency Counselors.

115.261(d)

The facility does not house clients that are under the age of 18 years.

115.261(e)
What was heard, as part of a systematic review of evidence:

1. Interview with the Facility Director
a. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Finding:
Based on this analysis the facility is substantially compliant with this provision and correction action is not required.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Random Staff • Interview with Facility Director **Reasoning and analysis (by provision):** **115.262(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. When the agency or facility 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). b. In the past 12 months, there were no incidents in which the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse. c. There were no incidents of a resident being in substantial or imminent risk of sexual abuse. d. There were no incidents of a resident being in substantial or imminent risk of sexual abuse. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. When Clover House learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. **What was heard, as part of a systematic review of evidence:** 1. Interview with 12 random staff: a. All 12 random staff reported they would immediately take action if they were to learn a resident was at risk of imminent sexual abuse. 2. Interview with Facility Director a. All staff are trained to take immediate action when they are made aware of a resident is at risk or imminent sexual abuse. **Finding:** **Based on this analysis the facility is substantially compliant with this**

	provision and correction action is not required.

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Random Staff • Interview with Facility Director **Reasoning and analysis (by provision):** **115.263(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does have 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. b. There have been no allegations the facility received that a resident was abused while confined at another facility. c. There have been no such allegations received. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Executive Director of Clover House shall notify the TDCJ Contract monitoring Division of the alleged abuse. **115.263(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency policy does require the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 15) states: a. Such notification shall be provided as soon as possible, but no later than three hours after receiving the allegation. **115.263(c)** **What was read, as part of a systematic review of evidence:**

	1. CHI PAQ indicated: a. The agency or facility does document that it was provided such notification within 72 hours of receiving the allegation. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 15) states: a. Clover House shall document that it has provided such notification. **115.263(d)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency or facility does have a policy requiring that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 13) states: a. Clover House shall ensure that the allegation received from other agencies is investigated in accordance with these standards. **What was heard, as part of a systematic review of evidence:** 1. Interview with the Facility Director a. If Clover House receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at Clover House, we do all we can to provide that facility with all of the information they require. b. There have not been any allegations of sexual abuse or sexual harassment from another facility that may have occurred at this facility. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.264	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview question for Security Staff and Non-Security Staff First Responders **Reasoning and analysis (by provision):** **115.264(a)** **What was read, as part of a systematic review of evidence:**

	1. CHI PAQ indicated: a. The agency does have a first responder policy for allegations of sexual abuse b. The policy does require 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. c. The policy does require 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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. d. The policy does require that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. e. The policy does require that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. f. In the past 12 months there have been no allegations that a resident was sexually abused. h. In the past 12 months, there have been no allegations where staff were notified with a time period that still allowed for the collection of physical evidence. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 15) outlines the staff first responder duties. It covers all of the areas required within the provision of this standard. **What was heard, as part of a systematic review of evidence:** 1. Interview question for Security Staff and Non-Security Staff First Responders. a. An interview with a non-security staff who might act as a first responder showed they are expected to separate the alleged victim and abuser, preserved and protect the crime scene, request victim not take any action to destroy physical evidence, ensure alleged abuser also does not destroy physical evidence, immediately notify a supervisor. 2. There were no clients who had reported sexual abuse at the facility. **115.264(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. a. The agency policy does require that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

b. The policy does require that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 15) outlines the staff first responder duties. It covers all of the areas required within the provision of this standard.

What was heard, as part of a systematic review of evidence:

1. Interview question for Security Staff and Non-Security Staff First Responders.
a. An interview with a non-security staff who might act as a first responder showed they are expected to separate the alleged victim and abuser, preserved and protect the crime scene, request victim not take any action to destroy physical evidence, ensure alleged abuser also does not destroy physical evidence, immediately notify a supervisor.

2. Interview with 12 Random Staff
a. All of the staff reported that they would separate the two clients, preserve the scene and notify their supervisor or upper management.

Finding:
Based on this analysis the facility is substantially compliant with this provision and correction action is not required.

115.265	Coordinated response

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:
• Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ)
• CHI PREA Coordinated Response Plan
• Interview with Executive Director

Reasoning and analysis (by provision):
115.265(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility 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.

2. CHI PREA Coordinated Response Plan, outlines the procedures and guidelines related to the initial notification and response following a reported client-on-client or

	staff-on-client sexual assault/abuse incident. **What was heard, as part of a systematic review of evidence:** 1. Interview the Facility Director. a. The facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. b. The plan would be implemented as soon as an allegation of sexual abuse is made. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.266	**Preservation of ability to protect residents from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • Response form Issue Log from Executive Director Reasoning and analysis (by provision): 115.266(a) What was read, as part of a systematic review of evidence: 1. CHI PAQ indicated: a. The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has enter into or renewed any collective bargaining agreement or other agreement since the last PREA audit. **What was heard, as part of a systematic review of evidence:** 1. Response from Issue Log from Executive Director. a. Clover House does not have a collective bargaining agreement with any entity **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Executive Director **Reasoning and analysis (by provision):** **115.267(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency has a policy to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff. b. The agency designates staff members) or charges department(s) with monitoring for possible retaliation. i. The individuals identified are the Executive Director and HR Manager. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 16) states: a. Clover House has established a policy that protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other residents or staff. **115.267(b)** **What was read, as part of a systematic review of evidence:** 1. CHI Administrative Policy and Procedure Manual, July 2022 (page 16) states: a. Clover House shall employ 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. **What was heard, as part of a systematic review of evidence:** 1. Interview with the Executive Director a. The executive director reported that they would consider all options when protecting a staff member or resident against retaliation. 2. There were clients who reported sexual abuse or sexual harassment. **115.267(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency/facility monitors the conduct or treatment of residents or staff who

	reported sexual abuse and or 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. b. The monitoring would continue until all concerns were addressed. c. The agency/facility acts promptly to remedy any such retaliation d. The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. e. There have been no incidents of retaliation identified in the past 12 month. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 16) states: a. Clover House shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of resident who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. **What was heard, as part of a systematic review of evidence:** 1. Interview with the Executive Director a. We have not had to take any measures due to there being reports of retaliation. **115.267(d)** There have been no allegations of sexual abuse and no reports of retaliation, therefore, there is not documentation of periodic checks. **115.267(e)** There have been no allegations of sexual abuse and no reports of retaliations, therefore, there have been no residents to protect from retaliation. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.271	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Investigative Staff **Reasoning and analysis (by provision):**

115.271(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency/facility has a policy related to criminal and administrative agency investigations.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 16) states:
a. When Clover House conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigation by law enforcement will be first.
b. Where sexual abuse is alleged, Clover House shall use local law enforcement.

What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
a. The investigative staff reported being unsure how long it takes to initiate an investigation following an allegation sexual abuse or sexual harassment because they have never had an allegation since they began working at the facility.
b. If they receive an anonymous or third-party report of sexual abuse or sexual harassment, the investigator will speak with the alleged victim to determine the validity of the allegation.
c. There have been no allegations of sexual abuse or sexual harassment; therefore, there are not investigative reports of such.

115.271(b)

What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
a. The investigative staff acknowledged receiving specialized training on conducting sexual abuse investigation in confinement setting.
b. The investigative staff reported receiving training on techniques for interviewing sexual abuse victims; but not as in-depth as that of law enforcement. The proper use of Miranda and Garrity warning, sexual abuse evidence collection in confinement and criteria for evidence required to substantiate a care for administrative cases.

115.267(c)
What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
a. Collect as much information as possible and then contact the Executive Director.
b. Start with the footage of cameras and then get statements from all the clients involved. If necessary, then the alleged victim may be sent to the emergency room. Notify ED and police department.
c. The investigative staff would only be responsible for camera evidence. DNA and other evidence would be gathered by the police department.

115.267(d)
What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
 a. If there is a criminal investigation, that would be conducted by the local police department.

115.267(e)
What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
 a. Initially assume they are telling the truth. However, if they are willing to sign a statement, they are more believable.
 b. Would never subject an alleged victim to a polygraph and has never seen that done.

115.267(f)
What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
 a. We obtain written statements from staff and clients and find out what they were doing and where they were located.
 b. There have not been any allegation; however, if there were then there would be documentation. That documentation would be maintained by the Executive Director.

115.267(g)

There are no records of investigation because there have not been any investigations.

115.267(h)

There are no records of referrals because there have not been any investigations.

115.267(i)

There are no records of written reports because there have not been any investigations.

115.267(j)

There are no records of termination of investigation because there have not been any investigations

115.267(l)

There are no outside investigations because there have not been any investigations

Finding:
Based on this analysis the facility is substantially compliant with this

	provision and correction action is not required.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Interview with Investigative Staff **Reasoning and analysis (by provision):** **115.272(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 17) states: a. Clover House shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. **What was heard, as part of a systematic review of evidence:** 1. Interview of Investigative staff a. The investigator stated the majority of the evidence in an administrative investigation. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:
• Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ)
• CHI Administrative Policy and Procedure Manual, July 2022
• Interview with Investigative Staff
• Interview with Facility Director

Reasoning and analysis (by provision):
115.273(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency
b. There have been no criminal or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months.
c. There were no notifications due to there being no investigations.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 17) states:
a. Following an investigation into a resident's allegation of sexual abuse suffered in Clover House facility, Clover House shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

b. If Clover House did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

What was heard, as part of a systematic review of evidence:

1. Interview of Investigative staff
a. Acknowledged that the results of an investigation would probably be informed of the outcome of an investigation.

2. Interview with Facility Director
a. Reported that there have not been any investigative reports but would provide the outcome if they had an investigation.

3. There were no clients at the facility that had reported allegations of sexual abuse.

115.273(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. If an outside entity conducts such investigation, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
b. There have been no outside investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months.

c. There were no notifications due to there being no investigations.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 17) states:
a. If Clover House did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

115.273(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
b. There have been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 18) states:
a. Following a resident's allegation that a staff member has committed sexual abuse against
the resident, Clover House shall subsequently inform the resident (unless Clover House has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed by Clover House; (c) Clover House learns that the staff member has been indicted on a charge related to sexual abuse within Clover House; or (d) Clover House learns that the staff member has been convicted on a charge related to sexual abuse within Clover House.

What was heard, as part of a systematic review of evidence:

1. There were no clients at the facility that had reported allegations of sexual abuse.

115.273(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

	2. CHI Administrative Policy and Procedure Manual, July 2022 (page 18) states: a. Following a resident's allegation that he or she has been sexually abused by another resident at Clover House, the agency subsequently informs the alleged victim whenever: (a) Clover House learns that the alleged abuser has been indicted on a charge related to sexual abuse within Clover House; or (b) Clover House learns that the alleged abuser has been convicted on a charge related to sexual abuse within Clover House. **What was heard, as part of a systematic review of evidence:** 1. There were no clients at the facility that had reported allegations of sexual abuse. **115.273(e)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does have a policy that all notifications to residents described under the standard are documented. b. There have been no notifications to residents that were provided pursuant to this standard. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 18) states: a. All such notifications or attempted notifications shall be documented. **What was heard, as part of a systematic review of evidence:** 1. There were no clients at the facility that had reported allegations of sexual abuse. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.276	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI Personnel Policy and Procedure Manual: Standard of Conduct, May 2014 • Interview with Investigative Staff • Interview with Facility Director

Reasoning and analysis (by provision):
115.276(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 17) states:
a. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

3. CHI Personnel Policy and Procedure Manual: Standard of Conduct, May 2014 (page 8) states
a. Employees who violate this policy are subject to disciplinary action up to and including immediate termination from employment with Clover House.

115.276(b)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. In the past 12 months there were no staff from the facility who have violated agency sexual abuse or sexual harassment policies:
b. In the past 12 months there were no staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies:

115.276(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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.
b. In the past 12 months there have been no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):

115.276(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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.
b. In the past 12 months, there have been no staff from the facility that have been

	reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.277	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not employ any contractors or volunteers that have contact with residents.

115.278	**Disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Texas Department of Criminal Justice (TDCJ): Private Facility Contract Monitoring/ Oversight Division: Disciplinary, September 1, 2021 • Interview with Facility Director **Reasoning and analysis (by provision):** **115.278(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. b. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. c. In the past 12 months, there have been no administrative findings of resident-on-resident sexual abuse that have occurred at the facility.

d. In the past 12 months, there have been no criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 19) states:
a. Residents shall be subject to a formal TDCJ disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following criminal finding of guilt for resident-on-resident sexual abuse.

3. TDCJ: Private Facility Contract Monitoring/Oversight Division: Disciplinary, September 1, 2021 states:
a. Sexual acts, sexual harassment or sexual misconduct, to include the establishment or the attempt to establish a relationship with staff or client is considered a Cardinal Rule and would be disciplined as such.

115.278(b)
What was heard, as part of a systematic review of evidence:

1. Interview with the Facility Director:
a. Disciplinary sanctions are based on TDCJ Disciplinary sanctions.
b. Yes there are levels of sanctions
c. Yes everything is taken into consideration. Usually done with team.

115.278(c)
What was heard, as part of a systematic review of evidence:

1. Interview with the Facility Director:
a. The team considers various factors when deciding any disciplinary.

115.276(d)

All medical and mental health care is referred to an outside facility. Mental health would be MHMR.

115.278(e)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency disciplines resident for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 19) states:
a. Clover House shall report to TDCJ when a resident has sexual contact with staff upon a finding whether the staff member did/did not consent to such contact.

115.278(f)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency prohibits disciplinary actions or a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred even in an investigation does not establish evidence sufficient to substantiate the

	allegation. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 19) states: a. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation **115.278(g)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency does prohibit all sexual activity between residents. b. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determine that the activity is coerced. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 19) states: a. Clover House may prohibit all sexual activity between residents and staff. All such activity shall be reported to TDCJ. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.282	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	There are no medical or mental health staff employed by Clover House. All services are referred to outside facilities. For example Mental Health Services would be provided by MHMR in the community.

115.283	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The facility does not employ medical or mental health professionals. All services would be provided by outside community hospitals or mental health facilities

	(MHMR).

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • Texas Department of Criminal Justice (TDCJ): Private Facility Contract Monitoring/ Oversight Division: Disciplinary, September 1, 2021 • Interview with Facility Director • Interview with PREA Coordinator **Reasoning and analysis (by provision):** **115.286(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The facility does conduct a sexual abuse incident review at the conclusion of a every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. b. In the past 12 months there have been criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states: a. Clover House shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. **115.286(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. b. In the past 12 months there have been criminal and/or administrative investigations of alleged sexual abuse completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states: a. Such reviews shall ordinarily occur within 30 days of the conclusion of the investigation.

115.286(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. 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.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states:
a. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

What was heard, as part of a systematic review of evidence:

1. Interview with the Facility Director
a. The Director acknowledged that the facility has never had need for an incident review team.
b. The Director reported that the team would be made up of the upper management team and the resident's counselor.

115.286(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states:
a. The review team shall: (1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; LGBTW status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at Clover House; (3) examine the area in Clover House where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) assess the adequacy of staff levels in that area during different shifts and (5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
b. A report of the findings will be completed and forwarded to the PREA Coordinator and Executive Director

What was heard, as part of a systematic review of evidence:

1. Interview with Facility Director
a. There have been no allegations and reports have not been completed.

2. Interview with PREA Coordinator
a. There have been no sexual abuse allegation so a review team has not been

	necessary. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.287	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI PREA Community Confinement Data Review • 2024 PREA Annual Report – Clover House • Survey of Sexual Violence (SSV) - 2025 **Reasoning and analysis (by provision):** **115.287(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states: a. Cover House shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 3. CHI PREA Community Confinement Data Review showed no areas of concern **115.287(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency aggregates the incident-based sexual abuse data at least annually. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states: a. Clover House shall aggregate the incident-based sexual abuse date at least annually. 3. 2024 PREA Annual Report – Clover House showed no allegations of sexual abuse

	or sexual harassment. **115.287(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 22) states: a. The incident-based date collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. 3. Survey of Sexual Violence (SSV) – 2025 a. There were no allegations of sexual harassment at Clover House b. There were no allegations of sexual abuse at Clover House **115.287(d)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 21) states: a. Clover House shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. **115.287(e)** This provision does not apply to Clover House **115.287(f)** This provision does not apply to Clover House **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.288	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence relied upon in making the compliance determinations: • Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ) • CHI Administrative Policy and Procedure Manual, July 2022 • CHI PREA Community Confinement Data Review • 2024 PREA Annual Report – Clover House • Survey of Sexual Violence (SSV) – 2025 • Interview with PREA Coordinator • Clover House Inc website www.cloverhouseinc.com **Reasoning and analysis (by provision):** **115.288(a)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The agency 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: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 22) states: a. Clover House shall review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (1) identifying problem areas and (2) taking correction action on an ongoing basis. 3. CHI PREA Community Confinement Data Review showed no areas of concern 4. 2024 PREA Annual Report – Clover House shows the agency uses the data collected to identify the areas identified in 1 and 2. **What was heard, as part of a systematic review of evidence:** 1. Interview with PREA Coordinator a. Data is collected; however, the Executive Director writes and submits the Annual Report **115.288(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. b. The annual report provides an assessment of the agency's progress in addressing sexual abuse. 2. 2024 PREA Annual Report – Shows a comparison between 2024 and 2023 data.

115.288(c)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. The agency makes its annual report readily available to the public at least annually through its website.
b. The annual reports are approved by the Executive Director

2. Clover House Inc website.
a. The website has the Annual Reports for every year from 2018 – 2024.

115.288(d)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:
a. When the agency redact 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.

2. 2024 PREA Annual Report – Shows there was no data redacted from the report.

What was heard, as part of a systematic review of evidence:

1. Interview with PREA Coordinator
a. Was unaware of information contained in the report or what may be redacted.

Finding:
Based on this analysis the facility is substantially compliant with this provision and correction action is not required.

115.289	Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:
• Clover House, Inc (CHI) Pre-Audit Questionnaire (PAQ)
• CHI Administrative Policy and Procedure Manual, July 2022
• Interview with PREA Coordinator
• Clover House Inc website www.cloverhouseinc.com

Reasoning and analysis (by provision):
115.289(a)
What was read, as part of a systematic review of evidence:

1. CHI PAQ indicated:

	a. The agency ensure that incident-based and aggregate data are securely retained. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 22) states: a. Clover House shall ensure that data collected pursuant to 115.287 are security retained. **What was heard, as part of a systematic review of evidence:** 1. Interview with PREA Coordinator a. Data is secured in the agency computer and only those with a need to know have access to the data. **115.289(b)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contract be made available to the public at least annually through its website. 2. Clover House Inc website. a. The website has the Annual Reports for every year from 2018 – 2024. **115.289(c)** **What was read, as part of a systematic review of evidence:** 1. CHI PAQ indicated: a. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. b. The agency maintain 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. 2. CHI Administrative Policy and Procedure Manual, July 2022 (page 22) states: a. Clover House shall maintain sexual abuse data collected pursuant to 114.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. **Finding:** **Based on this analysis the facility is substantially compliant with this provision and correction action is not required.**

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	The agency provided access to the previous PREA audit report, which was within the three year period. The previous audit is located on the TDCJ website. All three facilities were audited during this and the previous audit. The auditor had access to observe all three facilities and interview were conducted at each of the facilities The auditor requested and was provided access to all required documents. There were no records that were denied to the auditor. All interview with both staff and residents were conducted in private offices with no cameras or audio equipment. The residents did have access to the auditor in the same manner as a legal counsel.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The previous PREA report is posted on the TDCJ website, which Clover House is contracted under.

Appendix: Provision Findings		
115.211 (a)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	**Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	**Contracting with other entities for the confinement of residents**	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	**Contracting with other entities for the confinement of residents**	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	**Contracting with other entities for the confinement of residents**	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	**Supervision and monitoring**	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	**Supervision and monitoring**	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility have policies 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 cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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 cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.215 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.216 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents	yes

	with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident	yes

	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?	
115.217 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone 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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of 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)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	**Hiring and promotion decisions**	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have	yes

	contact with residents?	
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	**Hiring and promotion decisions**	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	**Hiring and promotion decisions**	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	**Hiring and promotion decisions**	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	**Hiring and promotion decisions**	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes

	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	**Hiring and promotion decisions**	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	**Upgrades to facilities and technology**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	**Upgrades to facilities and technology**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for	yes

	administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	
115.221 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	**Evidence protocol and forensic medical examinations**	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	**Evidence protocol and forensic medical examinations**	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these	yes

	services a qualified staff member from a community-based organization, or a qualified agency staff member?	
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	**Evidence protocol and forensic medical examinations**	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na
115.222 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222	**Policies to ensure referrals of allegations for investigations**	

(b)		
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	**Employee training**	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents’ right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	**Employee training**	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	**Employee training**	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	**Employee training**	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	**Volunteer and contractor training**	

	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	**Volunteer and contractor training**	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.232 (c)	**Volunteer and contractor training**	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	**Resident education**	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	**Resident education**	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233	**Resident education**	

(c)		
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	**Resident education**	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	**Resident education**	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	**Specialized training: Investigations**	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (b)	**Specialized training: Investigations**	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	**Specialized training: Investigations**	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	**Specialized training: Medical and mental health care**	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	**Specialized training: Medical and mental health care**	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	**Specialized training: Medical and mental health care**	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	**Specialized training: Medical and mental health care**	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
115.241 (a)	**Screening for risk of victimization and abusiveness**	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	**Screening for risk of victimization and abusiveness**	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	**Screening for risk of victimization and abusiveness**	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess residents for risk of sexual victimization: The resident’s own perception of vulnerability?	
115.241 (e)	**Screening for risk of victimization and abusiveness**	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	**Screening for risk of victimization and abusiveness**	
	Within a set time period not more than 30 days from the resident’s arrival at the facility, does the facility reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	**Screening for risk of victimization and abusiveness**	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
115.241 (h)	**Screening for risk of victimization and abusiveness**	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	**Screening for risk of victimization and abusiveness**	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
115.242 (a)	**Use of screening information**	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	**Use of screening information**	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242	**Use of screening information**	

(d)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.242 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.251 (a)	**Resident reporting**	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	**Resident reporting**	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from	yes

	third parties?	
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.252 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252	**Exhaustion of administrative remedies**	

(d)		
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	**Exhaustion of administrative remedies**	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident’s decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is	yes

	exempt from this standard.)	
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	**Exhaustion of administrative remedies**	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.253 (a)	**Resident access to outside confidential support services**	
	Does the facility provide 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 where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	**Resident access to outside confidential support services**	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	**Resident access to outside confidential support services**	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	**Third party reporting**	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	**Staff and agency reporting duties**	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	**Staff and agency reporting duties**	

	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	**Staff and agency reporting duties**	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	**Staff and agency reporting duties**	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	**Staff and agency reporting duties**	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators?	yes
115.262 (a)	**Agency protection duties**	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	**Reporting to other confinement facilities**	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	**Reporting to other confinement facilities**	

	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	**Reporting to other confinement facilities**	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	**Reporting to other confinement facilities**	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	**Staff first responder duties**	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	**Staff first responder duties**	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any	yes

	actions that could destroy physical evidence, and then notify security staff?	
115.265 (a)	**Coordinated response**	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	**Preservation of ability to protect residents from contact with abusers**	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	**Agency protection against retaliation**	
	Has the agency established 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?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	**Agency protection against retaliation**	
	Does the agency employ 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?	yes
115.267 (c)	**Agency protection against retaliation**	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	**Agency protection against retaliation**	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	**Agency protection against retaliation**	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	**Criminal and administrative agency investigations**	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	**Criminal and administrative agency investigations**	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	**Evidentiary standard for administrative investigations**	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	**Reporting to residents**	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	**Reporting to residents**	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.273 (c)	**Reporting to residents**	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the	yes

	resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	**Reporting to residents**	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (e)	**Reporting to residents**	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	**Disciplinary sanctions for staff**	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276	**Disciplinary sanctions for staff**	

(b)		
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	**Disciplinary sanctions for staff**	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	**Disciplinary sanctions for staff**	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	**Corrective action for contractors and volunteers**	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	**Corrective action for contractors and volunteers**	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	**Disciplinary sanctions for residents**	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	**Disciplinary sanctions for residents**	
	Are sanctions 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?	yes
115.278 (c)	**Disciplinary sanctions for residents**	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	**Disciplinary sanctions for residents**	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	**Disciplinary sanctions for residents**	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	**Disciplinary sanctions for residents**	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	**Disciplinary sanctions for residents**	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	na
115.282 (a)	**Access to emergency medical and mental health services**	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	**Access to emergency medical and mental health services**	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	**Access to emergency medical and mental health services**	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	**Access to emergency medical and mental health services**	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility offer 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	no

	facility?	
115.283 (b)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	no
115.283 (c)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	no
115.283 (d)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (f)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.283 (h)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	**Sexual abuse incident reviews**	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	**Sexual abuse incident reviews**	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	**Sexual abuse incident reviews**	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	**Sexual abuse incident reviews**	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology	yes

	should be deployed or augmented to supplement supervision by staff?	
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	**Sexual abuse incident reviews**	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	**Data collection**	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	**Data collection**	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	**Data collection**	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	**Data collection**	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	**Data collection**	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na

115.287 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.288 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety	yes

	and security of a facility?	
115.289 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	**Frequency and scope of audits**	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	**Frequency and scope of audits**	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	**Frequency and scope of audits**	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	**Frequency and scope of audits**	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	**Audit contents and findings**	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes