

PREA Facility Audit Report: Final

Name of Facility: NEXUS Treatment Center

Facility Type: Community Confinement

Date Interim Report Submitted: 10/11/2022

Date Final Report Submitted: 01/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Auditor Full Name as Signed: Kenneth E Arnold	Date of Signature: 01/17/2023

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	07/27/2022
End Date of On-Site Audit:	07/28/2022

FACILITY INFORMATION	
Facility name:	NEXUS Treatment Center
Facility physical address:	110 Skyline Drive , Lewistown , Montana - 59457
Facility mailing address:	

Primary Contact	
Name:	Marwan Saba
Email Address:	msaba@cccscoro.com
Telephone Number:	4064910245

Facility Director	
Name:	Rick Barman
Email Address:	rbarman@cccscorp.com
Telephone Number:	4065356660

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

Facility Characteristics	
Designed facility capacity:	88
Current population of facility:	79
Average daily population for the past 12 months:	83
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-67
Facility security levels/resident custody levels:	alternate secure
Number of staff currently employed at the facility who may have contact with residents:	39
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Community, Counseling, and Correctional Services, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	471 East Mercury Street, Butte, Montana - 59701
Mailing Address:	471 E Mercury Street, Butte, Montana - 59701
Telephone number:	4067820417

Agency Chief Executive Officer Information:	
Name:	Mike Thatcher
Email Address:	mthatcher@cccscorp.com
Telephone Number:	406-782-0417

Agency-Wide PREA Coordinator Information			
Name:	Marwan Saba	Email Address:	msaba@cccscorp.com

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.231 - Employee training • 115.273 - Reporting to residents • 115.286 - Sexual abuse incident reviews
Number of standards met:	
38	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-07-27
2. End date of the onsite portion of the audit:	2022-07-28

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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	SAVES. With respect to the Confidential Correspondence section, the client who submitted correspondence to the auditor was not housed at NEXUS during the on-site audit and accordingly, he could not be interviewed.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	88
15. Average daily population for the past 12 months:	83
16. Number of inmate/resident/detainee housing units:	2

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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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

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p style="text-align: center;">84</p>
<p>38. 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:</p>	<p style="text-align: center;">0</p>
<p>39. 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:</p>	<p style="text-align: center;">1</p>
<p>40. 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:</p>	<p style="text-align: center;">1</p>
<p>41. 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:</p>	<p style="text-align: center;">2</p>

42. 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
43. 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
44. 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
45. 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:	1
46. 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:	1
47. 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
48. 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):	None.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

49. 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:	35
50. 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:	2
51. 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:	3
52. 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:	None.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>None.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. 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):</p>	<p>None.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>9</p>

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".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During the facility tour, the auditor did not observe any clients who were confined to wheel chairs, walked with the assistance of crutches or a cane, etc. Random conversations with staff interviewees confirmed that zero clients with a physical disability are currently housed at NEXUS at the time of the on-site audit. Demographics regarding this targeted group were provided by medical staff.</p>

<p>61. 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:</p>	<p>2</p>
<p>62. 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:</p>	<p>1</p>
<p>63. 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:</p>	<p>2</p>
<p>64. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During verbal exchanges with staff, the auditor determined that zero non-English speaking clients were housed at NEXUS during the on-site audit. The same was validated pursuant to the auditor interviews with clients.</p>

<p>65. 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:</p>	<p>2</p>
<p>66. 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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>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).</p>	<p>During staff interviews, interviewees cited that zero transgender/intersex clients were housed at NEXUS during the time of the on-site audit.</p>
<p>67. 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:</p>	<p>1</p>
<p>68. 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:</p>	<p>1</p>

<p>69. 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:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>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).</p>	<p>During the facility tour, the auditor noted no evidence of segregated housing or isolation at NEXUS. Furthermore, the auditor finds no documentary evidence supporting placement of clients in segregated housing.</p>
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<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Race and ethnicity.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>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.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. 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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The auditor attempted to contact a second volunteer interviewee on multiple occasions and leaving messages on each occasion. The auditor received no return call on any occasion.</p> <p>The auditor likewise attempted to contact an additional medical contractor with the same result.</p>
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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.

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. 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)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>None.</p>

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.

<p>90. 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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>11 staff/contractor human resources files; 11 staff training files; 2 investigative files; 10 client files.</p>

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.

92. 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	1	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	0	1

93. 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	1	0	1	0
Total	1	0	1	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.

94. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	1

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.

96. 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

97. 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	1	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The sexual harassment matter encompassed two investigations however, the same fact pattern was present in both. A criminal referral was not effected with respect to the same. With respect to the sexual abuse matter, the same was reviewed for criminal consideration however, the same was administratively investigated.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

116. 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

121. 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
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1481 629">Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment.</p> <p data-bbox="280 674 1481 831">The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. The policy also includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of clients.</p> <p data-bbox="280 875 1442 943">NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 1-9 addresses 115.211(a).</p> <p data-bbox="280 987 1481 1435">Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level agency-wide PREA Coordinator (CCCS PC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PA reports the CCCS PC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS Organizational Chart. The PA also self reports a PREA Compliance Manager (PCM) is assigned at NEXUS. The auditor's review of the NEXUS Organizational Chart reveals the NEXUS PCM is in the facility's organizational structure with the PA also assuming PCM duties. Additionally, the PA/PCM self reports he has sufficient time and authority to develop, implement, and oversee facility efforts to comply with PREA standards at NEXUS.</p> <p data-bbox="280 1480 1481 1715">Pursuant to the CCCS Organizational Chart, the CCCS PC reports to the Director of Development, Administration, and Contract Management who reports directly to the Chief Executive Officer (CEO). The auditor finds that the CCCS PC has sufficient access to upper corporate management to address "all things PREA". The auditor notes that the Director of Development, Administration, and Contract Management position is currently vacant and as such, the CCCS PC reports directly to the CEO.</p> <p data-bbox="280 1760 1278 1794">The PA/PCM also self reports he currently serves as the PCM at NEXUS.</p> <p data-bbox="280 1839 1449 1906">According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees eleven facilities with collateral Compliance Manager duties.</p> <p data-bbox="280 1917 1465 2074">Nine PCMs and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities. As the CCCS PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the staffing plan is a critical step when confronted with any PREA issue, as well as,</p>

review of camera needs and placements.

The NEXUS PA/PCM asserts he facilitates frequent Management by Wandering Around (MBWA) rounds to assess PREA standards compliance and diagnose any problematic areas. He assesses operations, inclusive of camera placements/ staffing/institution climate/ and posters, etc. He assesses staff performance and practices against the standards and policy.

If policy changes are necessary, he recommends the same through the CCCS PC. He does implement proactive training changes, if appropriate. If necessary, additional client educational materials are posted or provided. Monetary expenditures (under \$500.00) can be approved by the PA/PCM and expenditures over \$500.00 are routed through the Director of Treatment Services to the CEO.

In view of the above, the auditor finds NEXUS substantially compliant with 115.211.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports the agency has not entered into or renewed a contract for confinement of clients since the last PREA audit.</p> <p>Accordingly, it has been determined 115.212(a) and (b) are not applicable to NEXUS. The auditor has validated the same pursuant to contact with the CCCS PC as CCCS is a non-profit entity engaged in a contractual agreement to house clients for the Montana Department of Corrections (MDOC).</p> <p>Accordingly, since there are no deviations from standard, the auditor finds NEXUS substantially compliant with 115.212.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 542">Pursuant to the PAQ, the PA/PCM self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect clients against sexual abuse. The PA/PCM further self reports the average daily number of clients since the last PREA audit is 83 and the average daily number of clients on which the staffing plan is predicated is 88.</p> <p data-bbox="280 577 1469 654">NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 7 and 8, section V(B)(5) addresses 115.213(a).</p> <p data-bbox="280 689 1461 976">The auditor's review of the 2022 NEXUS PAQ staffing plan reveals the facility meets standard expectations in terms of content. Additionally, review of the aforementioned staffing plan reviews reveals all four of the requisite community confinement facility issues are considered during development and documentation of the initial staffing plan. All staffing plans are thorough, addressing coverage supplementation, as well as, temporary cancellation of programs and services, as an absolute last resort.</p> <p data-bbox="280 1012 1481 1344">The PA/PCM asserts the facility does have a staffing plan and the plan is adequate to protect clients against sexual abuse. Effective and strategic assignment of staff and incorporation of non-security staff into the supervision scheme, minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and is addressed pursuant to Sexual Abuse Review Team (SART) reviews. A discussion regarding video surveillance appears in the narrative for 115.218. An electronic copy of the staffing plan is maintained in the PA/PCM's and security coordinator's (sc's) office. The same is password protected on their desktops.</p> <p data-bbox="280 1379 1406 1496">The PA further self reports the staffing plan incorporates the MDOC contractual requirement of staffing minimums of three staff per shift, inclusive of a security supervisor.</p> <p data-bbox="280 1532 1453 1608">The following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:</p> <ol data-bbox="280 1644 794 1680" style="list-style-type: none"> <li data-bbox="280 1644 794 1680">1. The physical layout of the facility <p data-bbox="280 1715 1481 1921">The PA/PCM asserts that the control center is manned, as well as, both housing units generally on a 24/7 basis. Staff make hourly rounds however, they primarily remain positioned on the units. Areas of congregation are either monitored via camera or saturated with additional staff rounds, locked doors, and staff presence. If additional staff are available, a rover is assigned.</p> <p data-bbox="280 1957 1461 2074">AUDITOR's NOTE: During the on-site audit, the auditor validated the above staffing configuration. He noted no areas of concern with respect to the staffing plan and staffing practices.</p>

Blind spots are the primary consideration in regard to staffing plan development. Additionally, assessment of client areas of congregation are another consideration. Compensation for blind spots can be addressed pursuant to realignment of staff duties, requests for additional cameras, and/or requests for additional staffing. Comprehensive weekly MBWA rounds by administrators provides the opportunity to assess coverage weaknesses. Additionally, assessment of client behaviors (temporary or protracted) are another measure in terms of the client sexual safety equation.

The auditor notes that the facility configuration is linear.

2. The composition of the client population

Gang members and "wannabes" are minimal at NEXUS. If increases in these segments of the population are noted, realignment of staff duties and locations may be used to offset the same. The ethnic composition of the population is primarily caucasian, hispanic, and native american. There are minimal LGBTI clients at NEXUS. Finally, acute mental health cases are addressed pursuant to the screening process.

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse

Two sexual abuse incidents have occurred during the last 12 months. Close attention is directed to Sexual Abuse Review Team (SART) reviews and resultant recommendations, if any, implementing the same, if possible.

4. Any other relevant factors

Staff are admonished to ensure they know the clients assigned to their supervision. This is generally an excellent check and balance in any correctional facility.

The PA/PCM asserts the shift supervisors monitor the daily roster and consequently staffing plan compliance on a daily basis, alerting the sc as to any areas of concern.

The sc subsequently, reports any areas of concern to the PA. A strategy is developed to cover the vacancy in accordance with the staffing plan. The PA is also very aware of daily staffing patterns pursuant to MBWA and review of daily rosters.

If necessary, on-call management staff work posts during non-regular business hours. Staff from other disciplines can be used to fill-in temporarily during regular business hours. MBWA allows for recognition of compliance.

A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to offset any vacancy. During the last three years, zero incidents of non-compliance have occurred.

Pursuant to the PAQ, the PA/PCM self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA/PCM self reports the six most common reasons for filling behind posts in the last 12 months are as follows: employee sick leave; family leave; employee annual leave; mandatory training; adverse weather conditions; and institutional

emergencies.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 7, section V(B)(6) addresses 115.213(b).

The auditor's review of five 2021 and five 2022 NEXUS Deviation Forms reveals substantial compliance with 115.213(b). Of note, consistent with the PA's/PCM's assertion in the narrative for 115.213(a), the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated in the Annual Staffing Plan Reviews.

The PA/PCM asserts a Deviation Form is completed and signed and dated by both the employee and PA or sc whenever coverage must be established for an unfilled post. While there has been no vacated posts or deviations, as noted above, the form tracks overtime, fill-ins, etc.

Pursuant to the PAQ, the PA/PCM self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section V(B)(7) addresses 115.213(c).

The PA/PCM asserts the staffing plan is reviewed at least once every year and he authors the staffing plan review.

The auditor's review of the 2021 staffing plan review reveals substantial compliance with 115.213(c). All four considerations are clearly given weight on an annual basis.

In view of the above, the auditor finds NEXUS substantially compliant with 115.213.

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 539">Pursuant to the PAQ, the PA/PCM self reports the facility conducts cross-gender strip or cross-gender visual body cavity searches of clients only in exigent circumstances or when performed by medical practitioners. In the last 12 months, the PA/PCM self reports zero cross-gender strip or cross-gender visual body cavity searches of clients were facilitated by NEXUS staff.</p> <p data-bbox="280 580 1469 656">NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section V(B)(8) addresses 115.215(a).</p> <p data-bbox="280 696 1453 936">The non-medical staff involved in cross-gender strip or visual searches interviewee states that when a client is believed to be holding dangerous contraband (e.g. weapon or drugs) in his anal cavity, the same would be considered an exigent circumstance, thereby warranting a cross-gender strip or visual search if no same sex staff are available. Such a search would be approved at higher Corporate level(s).</p> <p data-bbox="280 976 1366 1052">The auditor's review of Exigent Circumstances Logs validated the PA's/PCM's statement above regarding the frequency of such searches.</p> <p data-bbox="280 1093 1398 1211">Pursuant to the PAQ, the PA/PCM self reports the facility does not house female clients. Accordingly, during the last 12 months, zero female client pat-down searches were conducted by male staff.</p> <p data-bbox="280 1252 1358 1328">The PA/PCM asserts female clients are not housed at NEXUS and the auditor validated the same during the facility tour.</p> <p data-bbox="280 1368 1477 1563">Pursuant to the PAQ, the PA/PCM self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The PA/PCM further self reports facility policy requires all cross-gender pat-down searches of female clients are documented. As previously referenced, female clients are not housed at NEXUS.</p> <p data-bbox="280 1603 1469 1680">NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section V(B)(9) addresses 115.215(c).</p> <p data-bbox="280 1720 1398 1796">As referenced in the narrative for 115.215(a), zero cross-gender visual or body cavity searches of clients were conducted during the last 12 months.</p> <p data-bbox="280 1836 1469 2076">Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable clients 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). The PA/PCM further self reports policies and procedures require staff of the opposite gender</p>

to announce their presence when entering a client housing unit.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 8 and 9, section V(B)(11 and 12) addresses 115.215(d).

All eight random client interviewees assert opposite gender staff announce their presence when entering housing areas. Additionally, clients are not naked, or in full view, of opposite gender staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

All 12 random staff interviewees assert staff announce their presence when entering a housing unit that houses clients of the opposite gender. Additionally, clients are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour and throughout the on-site audit, the auditor observed female staff clearly and audibly announce their presence when entering wings wherein opposite gender clients are housed, stating, "Female on the floor" or some equivalent. Additionally, female staff knock on doors prior to entry into a room. None of the 17 total client interviewees contradicted the above.

Additionally, the auditor observed camera monitors, noting client privacy is maintained in accordance with 115.215(d). The auditor also noted, based on the physical plant layout and barriers, compliance with 115.215(d) is maintained in bathroom/shower areas.

One bathroom (tub and toilet) is located between each two rooms. The shower is shielded by a shower curtain and doors are located on both sides of each bathroom.

Pursuant to the PAQ, the PA/PCM self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex clients for the sole purpose of determining the client's genital status. According to the PA/PCM, no such searches were facilitated during the last 12 months.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section V(B)(10(b) addresses 115.215(e).

All 12 random staff interviewees state they are aware staff are prohibited from searching or physically examining transgender/intersex clients for the sole purpose of determining the client's genitalia.

The PA/PCM asserts there are zero transgender/intersex clients at NEXUS. Accordingly, such interview was not conducted.

Pursuant to the PAQ, the PA/PCM self reports 39% of all security staff have received training on conducting cross-gender pat-down searches of female clients and searches of transgender and intersex clients in a professional and respectful manner, consistent with security needs. Pursuant to further questioning, the auditor has learned that 100% of all security staff have received training on conducting cross-gender pat-down searches of female clients and searches of

transgender and intersex clients in a professional and respectful manner, consistent with security needs.

The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches reveals substantial compliance with 115.215(f).

The auditor's on-site review of eleven 2021 and 2022 Staff Training Development Record Forms reveals staff understand Transgender/Intersex Pat Searches. This training was provided to staff representing several different institutional disciplines, inclusive of Security.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 9, section V(B)(10)(c) addresses 115.215(f).

All 12 random staff interviewees state they received training on how to conduct cross-gender pat down and searches of transgender/intersex clients in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, discussion, and/or demonstration formats. They received this training during either Pre-Service, In-Service, or separate training.

In view of the above, the auditor finds NEXUS substantially compliant with 115.215.

115.216	Residents with disabilities and residents who are limited English proficient
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 580 349">Auditor Discussion</p> <p data-bbox="280 394 1474 551">Pursuant to the PAQ, the PA/PCM self reports the agency has established procedures to provide disabled clients equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.</p> <p data-bbox="280 584 1461 663">NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(2) addresses 115.216(a).</p> <p data-bbox="280 696 1474 864">The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2017 between CCCS and a Special Education Teacher with the Butte Public School System reveals substantial compliance with 115.216(a). This MOU addresses those clients who may be low functioning or somewhat cognitively impaired.</p> <p data-bbox="280 898 1461 976">The auditor's review of the large print CCCS PREA Handbook provides assistance to those clients with low vision.</p> <p data-bbox="280 1010 1461 1335">The Agency Head asserts the agency has established procedures to provide clients with disabilities and clients who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with Language Line, compliance regarding LEP clients is accomplished. In terms of MOUs for cognitively impaired, low functioning residents, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.</p> <p data-bbox="280 1368 1474 1626">The five clients with disabilities (one with low reading/low vision, two with low hearing, one with cognitive disabilities, and one with mental health concerns) interviewees assert the facility provides information about sexual abuse/harassment they are able to understand. The low reading/low vision interviewee states that staff read PREA materials to him at intake. He sometimes, at his initiation, uses another client to read posters, etc. to him.</p> <p data-bbox="280 1659 1461 1783">Pursuant to two random client interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats. The auditor found NEXUS substantially compliant with 115.216(a).</p> <p data-bbox="280 1816 1474 1984">Pursuant to the PAQ, the PA/PCM self reports the agency has established procedures to provide LEP clients 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.</p> <p data-bbox="280 2018 1461 2096">NEXUS PREA Policy 7-3 entitled Intake Screening, page 3, section II(A)(3) addresses 115.216(b).</p>

The auditor's review of the contract between CCCS and Language Link Interpreter Services for provision of services to non-English speaking clients reveals substantial compliance with 115.216(b). Services for 240-plus languages are provided pursuant to this service.

As posters identifying procedures for LanguageLink operations are posted in offices of those staff involved with the victimization/aggressor screening processes, the auditor did not test the same for operational effectiveness. Specifically, it is noted that these staff receive training regarding LanguageLink operations and contact steps.

The auditor's review of the CCCS and LanguageLink contract reveals that CCCS is assessed a \$50.00 monthly charge for provision of the translation/interpretation services articulated above. This fee is assessed in view of the minimal usage of the service. In addition to the aforementioned charge, translation/interpretation service calls are assessed at the rate of \$1.45 per minute (domestic) and \$3.25 per minute (international).

The PA/PCM advises pursuant to PAQ memorandums, NEXUS has not provided an interpreter during the last 12 months.

The PA/PCM advised there were no LEP clients at NEXUS during the on-site audit. Accordingly, this interview could not be facilitated.

Pursuant to the PAQ, the PA/PCM self reports agency policy prohibits use of client interpreters, client readers, or other types of client assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client's safety, the performance of first-response duties, or the investigation of the client's allegations. The PA/PCM further self reports the facility documents the limited circumstances in individual cases where client interpreters, readers, or other types of client assistants are used. Finally, in the last 12 months, the PA/PCM self reports there were no instances where client interpreters, readers, or other types of client assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the client's safety, the performance of first response duties, or the investigation of the client's allegations.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 3, section II(A)(4) addresses 115.216(c).

All 12 random staff interviewees assert the agency does allow the use of client interpreters, readers, and assistants to assist disabled clients or LEP clients when making an allegation of sexual abuse/harassment. All 12 interviewees cited a delay in obtaining an effective interpreter could compromise the client's safety leading to a possible life or death situation, impede the investigation of the client's allegations, or cause loss of evidence

All 12 interviewees assert, to the best of their knowledge, client interpreters, readers, or other assistants have not been used in relation to allegations of sexual

abuse/harassment.

In view of the above, the auditor finds NEXUS substantially compliant with 115.216(c) and 115.216, respectively.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1458 461">Pursuant to the PAQ, the PA self reports agency policy prohibits hiring or promoting anyone who may have contact with clients and prohibits enlisting the services of any contractor who may have contact with clients who:</p> <ul data-bbox="280 497 1436 779" style="list-style-type: none"> Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet. <p data-bbox="280 815 1393 851">CCCS Policy 1.3.1.12, pages 1 and 2, section IV (B)(1-3) addresses 115.217(a).</p> <p data-bbox="280 887 1477 1258">AUDITOR'S Note: The auditor notes that the CCCS employment application addresses two of the 115.217(a) issues however, the question as to whether the applicant has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution is not addressed. As reflected later in this 115.217 narrative, the Disclosure of PREA Employee Standards Violation form addresses all three 115.217(a) questions and the 115.217(b) sexual harassment question. The same is completed by the applicant, minimally, on the date of hire and accordingly, the auditor finds the process meets 115.217(a) muster.</p> <p data-bbox="280 1294 1437 1370">The auditor's on-site review of five of six applicable random staff files (staff hired between 2019 and 2022) reveals substantial compliance with 115.217(a) and (b).</p> <p data-bbox="280 1379 1465 1581">In three remaining cases, staff were hired prior to the implementation of PREA or prior to the last PREA audit cycle. The questions articulated in 115.217(a) and (b) were also asked with responses documented by one promoted staff. The auditor's review of two contract files likewise reveals substantial compliance with 115.217(a) and (b).</p> <p data-bbox="280 1617 1437 1693">The auditor has been advised the dentist's contract was issued on September 12, 2017. His contract is not renewed annually.</p> <p data-bbox="280 1729 1402 1890">The 2022 Disclosure of PREA Employee Standards Violation form, signed and executed by the contract nurse practitioner and dentist were provided to the auditor. An additional document was also provided for 2021 with respect to the contract dentist.</p> <p data-bbox="280 1926 1453 2087">The auditor's review of either criminal background records checks or five-year re-investigations (pertaining to employees and the medical contractor whose HR files were reviewed on-site) reveals non-existence of the three questions articulated in 115.217(a) and/or the sexual harassment question articulated in 115.217(b). This</p>

also applies to the contract nurse practitioner and dentist as their criminal background record checks were completed on February 8, 2019 and August 2, 2019. The auditor notes there is no evidence of 115.217(a) deviations within those documents.

Pursuant to the PAQ, the PA self reports 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 clients.

CCCS Policy 1.3.5.12 entitled PREA, page 5, section entitled Hiring and Promotion Decisions, paragraph (b) addresses 115.217(b).

A discussion regarding the subject-matter of 115.217(b), as applied to random staff HR file reviews and file reviews for both contractors, is reflected in the 115.217(a) narrative.

The Human Resources (HR) interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with clients.

Pursuant to the PAQ, the PA self reports agency policy requires before it hires any new employees who may have contact with clients, it:

Conducts criminal background record checks; and
Consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PA further self reports in the last 12 months, 11 staff, who may have contact with clients, have had criminal background record checks.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A)(1 and 2) addresses 115.217(c).

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with clients and all employees, who may have contact with clients, who are considered for promotion. The PA notifies CCCS Human Resources and they request requisite background checks through the State of Montana. Corporate tracks five-year re-investigations.

The same procedure applies to contractors who may have contact with clients.

Of the nine random staff files reviewed by the auditor, none of the applicants (six hired during this audit period) documented a prior institutional employer.

The auditor notes, in the above cases, all six criminal background record checks were completed prior to the date of hire and none of the same reflected any hiring concerns as related to requisites of 115.217(a) and (b). Three timely 5-year re-investigations were completed during this audit cycle with the same results.

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with clients. The PA further self reports, in the last 12 months, there were three contracts for services where a criminal background record check was conducted.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A) addresses 115.217(d).

Pursuant to the PAQ, the PA self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with clients or that a system is in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.217(e).

The HR interviewee states that the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conduct criminal background record checks for current employees and contractors who may have contact with offenders. HR staff utilize a spreadsheet to track due dates for employee 5-year re-investigations. Additionally, initial requests for criminal background record checks are facilitated by CCCS HR Department staff. The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana.

Given the transient society in which we work, this process leaves the possibility of hiring employees who have been involved in the offenses articulated in provision 115.17(a) in a State other than Montana. Accordingly, in an effort to facilitate the best hiring/promotion decision-making, the auditor recommends that a different background check procedure be implemented.

As an example, utilization of NCIC would provide a better snapshot from a national perspective. This is recommended as a PREA "Best Practice" in an attempt to facilitate sexual safety at NEXUS. This may require coordination with MDOC as access to NCIC may be limited to MDOC. It appears to this auditor that direct MDOC intervention and assistance is essential to sexual safety at NEXUS, given the ramifications of 115.217(d) and (e).

The auditor's review of five-year re-investigations applicable to random staff reveals adequate compliance with 115.217(e), as articulated the narrative for 115.217(c). Accordingly, the auditor finds NEXUS substantially compliant with 115.217(e).

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph f addresses 115.217(f).

As previously mentioned throughout this narrative, minimally, two of the three questions noted in 115.217(a) are directly asked pursuant to the application process and all three questions are asked annually in conjunction with the performance

review process.

As previously indicated in the narrative for 115.217, the auditor reviewed nine random staff HR files to determine compliance with the totality of 115.217. Six staff were hired between 2019 and 2022 and accordingly, the 115.217(a) and (b) questions were asked in the application and hiring phases minimally. In six of the nine cases, the questions were asked pursuant to annual Disclosure of PREA Employment Standards Violation forms dated either 2020, 2021, and/or 2022. This included one promotion applicant. Additionally, the three remaining staff hired prior to the audit cycle or implementation of PREA standards, completed the Disclosure of PREA Employment Standards form during November, 2021.

The HR interviewee states the facility asks all applicants and employees who may have contact with clients about previous misconduct as described in the narrative for 115.217(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. This is accomplished pursuant to annual completion of the form mentioned in the preceding paragraph. Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such misconduct.

Pursuant to the PAQ, the PA asserts agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.217(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.217) validates these forms were completed in conjunction with both of the afore-mentioned standard provisions for 2021 and/or 2022. It is noted the auditor did render findings during previous PREA audits of CCCS facilities in reference to 115.217(f) and the same is now corrected commensurate with the 2018 performance appraisal period. The aforementioned document is executed annually.

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.217(h).

The HR interviewee asserts when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds NEXUS substantially compliant with 115.217.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>NEXUS Policy 7-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).</p> <p>Pursuant to the PAQ, the PA self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since 2020 when two additional cameras were added. The impact of the camera additions on PREA was considered. The PA asserts that 36 cameras are monitored at NEXUS and coverage is exceptional. Additionally, camera clarity is likewise exceptional.</p> <p>NEXUS Policy 7.8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).</p> <p>The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of clients from incidents of sexual abuse. The agency considers line(s) of sight, blind spot(s), and potential obstruction(s) which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.</p> <p>Throughout the facility tour and duration of on-site audit, the auditor assessed camera placements and the number of cameras. It is the auditor's opinion that camera surveillance is adequate at NEXUS.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.218.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1465 539">Pursuant to the PAQ, the PA/PCM self reports the facility is responsible for conducting administrative sexual abuse investigations (including client-on-client sexual abuse or staff sexual misconduct). Criminal investigations are conducted by the Lewistown Police Department (LPD). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p data-bbox="280 577 1445 651">NEXUS PREA Policy 7-4 entitled Reporting, pages 8 and 9, section II(E)(1, 6, and 7) addresses 115.221(a).</p> <p data-bbox="280 689 1430 808">The auditor's review of a Memorandum of Understanding signed and dated September 17, 2020 by the PA/PCM and LPD Chief of Police includes the requisite elements of 115.221.</p> <p data-bbox="280 846 1469 965">LPD investigators secure all crime scene physical evidence. Commensurate with 115.264(a), NEXUS staff assist in the evidence preservation process pursuant to the protocol defined in the aforementioned standard provision.</p> <p data-bbox="280 1003 1477 1202">Eight of 12 random staff interviewees properly assert their role in that the uniform evidence protocol (preservation) includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.</p> <p data-bbox="280 1240 1449 1400">Eleven of 12 random staff interviewees properly assert the PA/PCM or sc facilitates administrative sexual abuse/harassment investigations while all of the 12 interviewees state that LPD sexual abuse investigators facilitate criminal sexual abuse/sexual harassment investigations.</p> <p data-bbox="280 1438 1469 1722">Pursuant to the PAQ, the PA/PCM self reports that zero youth are housed at NEXUS and accordingly, 115.221(b) is not applicable to any provision regarding youth. The PA/PCM further self reports the protocol was adapted from or is 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.</p> <p data-bbox="280 1760 1477 1879">The auditor's review of the aforementioned MOU between CCCS and LPD specifically addresses tenets of 115.221(b). The auditor finds NEXUS to be substantially compliant with 115.221(b).</p> <p data-bbox="280 1917 1477 2076">Pursuant to the PAQ, the PA/PCM self reports the facility offers to all clients who experience sexual abuse access to a forensic medical examination. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANEs. When SAFE/SANE Nurses are</p>

unavailable, a qualified medical practitioner performs forensic medical examinations.

All of the above is clearly articulated in an MOU with Central Montana Medical Center (CMMC). According to the PA/PCM, zero forensic medical examinations were conducted during the past 12 months.

The auditor's review of an MOU dated August 6, 2020, co-signed by the NEXUS PA/PCM and Interim CEO of CMMC, specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The MOU, in question, is detailed in regard to all services provided.

NEXUS PREA Policy 7-4 entitled Reporting, page 8, section II(E)(3) addresses 115.221(c).

The SAFE/SANE interviewee asserts there is one properly trained SAFE/SANE Nurse on staff at CMMC. She is on-call.

In the event the SAFE/SANE Nurse is unavailable, the ER physician would facilitate the forensic examination. The other ER Nurses are not specifically SAFE/SANE trained.

Of note, the interviewee asserts infection prophylaxis treatment is provided at CMMC.

The auditor's review of the aforementioned MOU reveals that STD and infectious disease testing/prophylactic treatment are administered at CMMC. Additionally, pre-HIV counseling is facilitated at CMMC with follow-up by NEXUS nursing staff.

Pursuant to the PAQ, the PA/PCM self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The PA/PCM further self reports the facility provides victim advocate services pursuant to an MOU between CCCS and SAVES, Inc.

NEXUS PREA Policy 7-4 entitled Reporting, pages 8 and 9, section II(E)(4) addresses 115.221(d).

The auditor's review of the MOU between CCCS and SAVES, Inc. reveals substantial compliance with 115.221(d). All requirements of the provision are clearly articulated in the MOU.

In addition to the above, a NEXUS intake aftercare coordinator has completed the PREA Resource Center/JUST DETENTION training course entitled PREA-Victim Services course. The same is documented on a Staff Development and Training Record Form.

The PA/PCM asserts there is an MOU between NEXUS and SAVES, Inc. regarding provision of victim advocates (vas) for clients in need of the same. The MOU is clearly scripted in regard to this requirement.

The PA/PCM asserts he has made contact with the SAVES, Inc. Director to ensure proper training of vas. The SAVES, Inc. Director states that three vas, inclusive of herself, provide services to seven counties. SAVES, Inc vas provide services to NEXUS, receiving only two allegations in the last 20 years. One allegation was lodged within the last 18 months, the same referencing another Montana confinement facility. According to the Director, vas receive some training through college coursework and seminars, training sessions, etc.

The resident who reported a sexual abuse incident at NEXUS states there was no penetration involved in the incident. He was not given the opportunity to contact any community providers following the incident and he was not transported for a forensic examination.

AUDITOR'S NOTE: Given the circumstances of the incident, the same is more reflective of sexual harassment, as opposed to, sexual abuse. Time involved in the incident, degree of depravity, and sexual intent appear to warrant sexual harassment consideration.

Pursuant to the PAQ, the PA/PCM self reports if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

NEXUS PREA Policy 7-4 entitled Reporting, page 9, section II(E)(5) addresses 115.221(e).

The PCM asserts if requested by the victim, a trained and qualified facility va, as well as, SAVES, Inc. vas are available to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. As previously indicated, the NEXUS/SAVES, Inc. MOU is quite explicit in terms of services.

The PA/PCM or sc facilitates administrative investigations at NEXUS. LPD facilitates criminal investigations pursuant to an MOU.

NEXUS PREA Policy 7-4 entitled Reporting, page 9, section II(E)(6 and 7) addresses 115.221(f).

The verbiage reflected in 115.221(f) is clearly articulated in the MOU between CCCS and LPD. The auditor's review of the MOU confirms compliance with 115.221(f) in terms of the conduct of criminal investigations.

Both NEXUS MOUs are previously addressed in this 115.221 narrative.

As previously mentioned above, a NEXUS staff member has completed requisite training to act in the capacity of a va. Additionally, the PA/PCM asserts that properly trained SAVES, Inc. vas (as validated by the Director of SAVES) provide VA services for NEXUS.

	In view of the above, the auditor finds NEXUS substantially compliant with 115.221.
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115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1417 539">Pursuant to the PAQ, the PA/PCM self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including client-on-client and staff sexual misconduct). In the last 12 months, two allegations of sexual abuse and sexual harassment were received.</p> <p data-bbox="280 580 1458 692">Auditor's note: The auditor's further review of documentary evidence associated with another standard [115.63(d)] reveals that a third investigation was completed within the last 18 months.</p> <p data-bbox="280 732 1334 808">NEXUS PREA Policy 7-4 entitled Reporting, page 2, section II(A)(11 and 12) addresses 115.222(a).</p> <p data-bbox="280 848 1377 925">The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.</p> <p data-bbox="280 965 1481 1205">An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and any staff or client interviews are conducted. Criminal investigations are facilitated by Lewistown Police Department (LPD) investigators, taking into account a higher standard of evidence and possible referral for prosecution.</p> <p data-bbox="280 1245 1469 1319">Evidence reveals that two incidents were referred to LPD and they declined criminal investigation in both matters.</p> <p data-bbox="280 1359 1469 1727">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PA/PCM further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p data-bbox="280 1767 1441 1843">NEXUS PREA Policy 7-4 entitled Reporting, pages 2 and 3, section II(A)(11 and 12) addresses 115.222(b).</p> <p data-bbox="280 1883 1481 2083">The administrative investigative staff interviewee states agency policy requires 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. LPD investigators facilitate all criminal sexual abuse investigations, inclusive of collection of physical evidence,</p>

pursuant to an MOU. If the PA/PCM determines there may be criminal implications/overtones, he would refer the matter to LPD. All referrals for criminal investigation are documented.

The criminal investigative interviewee states that criminal investigations of sexual abuse at NEXUS are initiated as soon as possible following receipt of a report. LPD is a small law enforcement department with patrolmen and zero detectives. Accordingly, the responding patrolman facilitates the sexual abuse investigation. Responses are prioritized dependent upon criminal activity in the community and calls in progress.

The auditor's review of the CCCS website reveals the aforementioned policy and the aforementioned MOU with LPD are available on the same.

The auditor finds the aforementioned MOU with LPD is very descriptive of NEXUS staff responsibilities and those of LPD. As previously mentioned, the auditor's thorough review of the MOU validates compliance with 115.222(c).

The auditor's review of the CCCS website reveals substantial compliance with 115.222(c).

In view of the above, the auditor finds NEXUS substantially compliant with 115.222.

115.231	Employee training
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1437 416">Pursuant to the PAQ, the PA/PCM self reports the agency trains all employees who may have contact with clients on:</p> <ul data-bbox="280 456 1469 1030" style="list-style-type: none"> Its zero-tolerance policy for sexual abuse and sexual harassment; How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; Client's rights to be free from sexual abuse and sexual harassment; The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with clients; How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming clients; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="280 1070 1334 1146">NEXUS PREA Policy 7-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).</p> <p data-bbox="280 1187 1461 1303">Pursuant to the auditor's review of Power Point Training Slides, all ten provisions, as identified in 115.231(a), are addressed. Furthermore, both the PREA Training Outline and video entitled, "What You Need to Know" address this subject-matter.</p> <p data-bbox="280 1344 1477 1500">All 12 random staff interviewees assert they have received all training regarding the aforementioned PREA topics either during Orientation training or during annual PREA training (PREA ART). Additionally, such training is received on a monthly basis pursuant to on-line training.</p> <p data-bbox="280 1541 1477 1617">The auditor notes NEXUS staff receive a plethora of training, piece-mealed by month throughout the calendar year.</p> <p data-bbox="280 1657 1469 1895">The auditor's on-site review of five of nine applicable staff training files reveals substantial compliance with 115.231(a). Review of four of the five files reveals that the PREA Staff Development and Training Forms associated with staff across all facility disciplines reflect completion of PREA Orientation training prior to client contact. The last document pertained to completion of PREA ART. Relevant documentation was not located in four cases.</p> <p data-bbox="280 1935 1406 2092">The auditor's review reveals the five participants signed and dated the "I understand" caveat. A plethora of different classes are provided to staff on an annual basis as reflected in the NEXUS PREA Training Curriculum. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS</p>

facilities is enhanced.

Annual In-Service PREA training (PREA ART) was completed during 2021/2022 by nine of 11 employees, and is not yet due for two employees as the result of their hire date.

Pursuant to the PAQ, the PA/PCM self reports training is tailored to the male gender of the clients housed at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender of the client population at NEXUS.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(B) addresses 115.231(b).

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to the male client population. Additionally, the NEXUS PA/PCM self reports zero staff transferred from opposite gender facilities during the last 24 months.

All employees receive PREA training prior to assumption of duties with clients.

The PA/PCM self reports that PREA refresher courses are provided to all staff on an annual basis. Since 115.231(c) requires refresher training every two years and annual refresher training (PREA ART) is provided at NEXUS, the auditor finds NEXUS exceeds the requirements of the aforementioned provision. The PA further self reports that all staff received PREA ART on an annual basis.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(C) addresses 115.231(c).

The auditor's on-site review of four of 11 random staff training files reveals PREA ART was completed during 2022. However, the entirety of PREA ART has not yet been completed in calendar year 2022 in seven cases. Of note, 2021 PREA ART was completed in those cases. Given the fact that governing policy requires annual completion of PREA ART, the auditor finds NEXUS exceeds standard requirements as previously noted.

Of note, the PA/PCM asserts that staff review policy and procedures annually along with other PREA training refreshers.

Pursuant to the PAQ, the PA/PCM self reports the agency documents that employees, who may have contact with clients, understand the training they received through employee signature or electronic verification.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(D) addresses 115.231(d).

The auditor's review of relevant training records, as described in the narrative for 115.231(a), clearly reveals verbiage regarding the employee's understanding of the subject-matter presented. Additionally, the narratives for 115.231(a) and (c) reference documentation completed to demonstrate compliance with 115.231.

In view of the above, the auditor finds NEXUS exceeds standard expectations with

	respect to 115.231.
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115.232	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1474 622">Pursuant to the PAQ, the PA/PCM self reports volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The PA/PCM further self reports three contractors and two volunteers have provided services at NEXUS during the last 12 months and all have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p data-bbox="280 663 1362 739">NEXUS PREA Policy 7-6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).</p> <p data-bbox="280 779 1434 891">The auditor's review of the CCCS Volunteer/Contractor PREA Training program reveals a comprehensive program similar to that provided to staff. The same is a Power Point presentation with significant discussion topics.</p> <p data-bbox="280 931 1466 1339">One volunteer interviewee and one contractor interviewee state they have been trained in their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. The medical contractor interviewee is a full-time employee at the Montana State Prison (MSP) and she contracts with CCCS, providing services at NEXUS and other facilities. She receives staff PREA ART at MSP and the same is credited at NEXUS. The volunteer received initial PREA training during a volunteer/contractor orientation or annual in-service sessions. The same was provided prior to assumption of duties with clients and/or annually thereafter. The volunteer training was presented in a Power Point Presentation with handouts and discussion.</p> <p data-bbox="280 1379 1417 1456">AUDITOR's NOTE: The volunteer's training was interrupted during the COVID-19 pandemic as volunteer services were terminated during that time.</p> <p data-bbox="280 1496 1450 1572">The auditor's review of the interviewees' training files reveals the last training was provided during 2022.</p> <p data-bbox="280 1612 1453 1850">The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals the three contractors and two volunteers executed the same prior to entry into the facility. The same addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the trainee's understanding of the material presented.</p> <p data-bbox="280 1890 1471 2092">The auditor's review of completed documents entitled PREA Compliance Acknowledgment, a Volunteer/Contractor Training Outline, and Volunteer/Contractor Code of Ethics reveals that the participant signed and dated these forms, acknowledging receipt of the training, minimally. These documents address definitions of sexual abuse/harassment, zero tolerance regarding the same, and</p>

reporting options. The PREA Compliance Acknowledgment also includes verbiage reflecting the individual's understanding of the material presented.

The Training Outline identifies the quite extensive PREA subject-matter presented and reflects that participants had an opportunity to discuss the same with staff. All relevant documents appear to have been executed in a timely manner prior to client contact.

Pursuant to the PAQ, the PA/PCM self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with clients. The PA/PCM further self reports all volunteers and contractors who have contact with clients have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(F) addresses 115.232(b).

The volunteer interviewee states that the aforementioned training is presented in a Power Point presentation format. The same did include instruction regarding the agency's zero tolerance policy on sexual abuse/harassment, as well as, the multiple methods of reporting sexual abuse/harassment. Additionally, PREA definitions, warning signs of sexual abuse/harassment of clients, red flags regarding the same, and the effect of sexual abuse/harassment on the client population are also addressed.

The auditor notes that telephonic contact with one additional contractor and one volunteer was attempted with negative results. Messages were left however, neither individual was responsive.

Pursuant to the PAQ, the PA/PCM self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(G) addresses 115.232(c).

Documentation of volunteer/contractor training participation is addressed in the narratives for 115.232(a) and 115.235(d).

In view of the above, the auditor finds NEXUS substantially compliant with 115.232.

115.233	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 667">Pursuant to the PAQ, the PA/PCM self reports clients 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. The PA/PCM further self reports 132 NEXUS clients were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the clients admitted to NEXUS during the last 12 months.</p> <p data-bbox="280 707 1418 779">NEXUS PREA Policy 7-3 entitled Intake Screening, page 1, section II(A)(1)(a)(1-4) addresses 115.233(a).</p> <p data-bbox="280 819 1481 1227">The intake staff interviewee (a security supervisor) states he does provide clients with information about the zero-tolerance policy regarding sexual abuse/harassment of clients and how to report incidents or suspicions of sexual abuse/harassment, shortly following arrival at the facility. The NEXUS PREA Handbook, PREA pamphlet, and PREA video are provided at intake as a means of educating clients regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Clients sign the Acknowledgment at intake. Additionally, the interviewee may read the pamphlet to disabled clients and alerts clients to the posters near the client telephones.</p> <p data-bbox="280 1267 1481 1594">Seven of eight random client interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival. The remaining client stated that he received requisite information within 10 days following release from COVID quarantine. All eight random client interviewees state they received all or some variation thereof the NEXUS PREA Handbook, PREA pamphlet, PREA video review, and Acknowledgment. Additionally, all random client interviewees state they were advised regarding the following on the date of arrival or in one case, following release from COVID quarantine:</p> <ul data-bbox="280 1635 1267 1751" style="list-style-type: none"> Their right not to be sexually abused or harassed; How to report sexual abuse/harassment; and Their right not to be punished for reporting sexual abuse/harassment. <p data-bbox="280 1792 1445 1908">The auditor's review of six random 2021 PAQ NEXUS Treatment Program PREA Handbook receipts, as well as, NEXUS Treatment Facility PREA Training documents reveals substantial compliance with 115.233(a).</p> <p data-bbox="280 1948 1481 2065">The auditor's on-site review of eight of 10 random client files reveals the aforementioned information was provided to the respective residents following release from COVID Quarantine. Of note, four of the files pertained to random client</p>

interviewees.

During the interview with the intake staff interviewee, the auditor inquired as to whether requisite PREA materials were provided to clients prior to placement in COVID Quarantine. The interviewee stated that the aforementioned information was provided to them prior to placement in Quarantine however, each client signed for the information subsequent to release from the same. The auditor notes that requisite signatures were dated within 11 days of arrival at the facility.

The auditor's review of the NEXUS PREA Handbook and PREA pamphlet reveals the same provides substantial information to each client regarding all of the key components identified in 115.233(a). Additionally, a bi-monthly client PREA Training syllabus provides requisite information.

In view of the above and the auditor's observations, he finds NEXUS substantially compliant with 115.233(a).

Pursuant to the PAQ, the PA/PCM self reports the facility provides clients who are transferred from a different community confinement facility with refresher information as referenced above. The PA/PCM further self reports zero clients were transferred to NEXUS from a different community confinement facility within the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(d) addresses 115.233(b).

The intake staff interviewee states the client is alerted to the information cited in the narrative for 115.233(a) within 24 hours of arrival at the facility, generally within two hours of arrival. Minimally, such information is provided prior to placement in a unit.

A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a). Of note, none of the random client interviewees was transferred to NEXUS from a different community confinement facility. However, they were transferred from county jails, specialized secure facilities, or sanction centers. All were provided with the NEXUS PREA information.

Pursuant to the PAQ, the PA/PCM self reports client PREA education is available in accessible formats for all clients including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to clients who have limited reading skills.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(b) addresses 115.233(c).

Client educational materials and MOUs are addressed in greater depth in the narrative for 115.216.

Pursuant to the PAQ, the PA/PCM self reports the agency maintains documentation of client participation in PREA education sessions.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(f) addresses 115.233(d).

The auditor's review of random client files and documentation as described in the narrative for 115.233(a) reveals substantial compliance with 115.233(d).

Pursuant to the PAQ, the PA/PCM self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, client handbooks, or other written formats.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

A discussion regarding the NEXUS PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of two client posters were included in the PAQ information and all provide relevant information. A poster bearing the telephone numbers and addresses for reporting sexual abuse/sexual harassment is included.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible in the vicinity of client telephones, minimally. The posters are legible and readily available to the client population. However, the auditor notes that the telephone number for Boyd Andrews Community Services [BACS- third party 115.251(b) sexual abuse/harassment reporting source] is inaccurate. The same reflects the BACS telephone number as (406)202-6377 while the new telephone number is (406)202-9177. Accordingly, the auditor finds NEXUS non-compliant with both 115.233(e) and 115.251(b).

In view of the above, the auditor imposes a 180-day corrective action period wherein the PA/PCM will ensure the poster is amended to reflect the correct telephone number. The auditor notes that the NEXUS PREA Handbook has been amended to capture the correct information. Once the amended poster has been completed, the PA/PCM will post the same in the client telephone areas in both units and photograph/date stamp the same as evidence of compliance. The same will be uploaded to OAS upon completion.

The corrective action completion due date is February 24, 2023.

January 4, 2023 Update:

The auditor's review of the amended and updated poster reveals corrective action is complete. The same now corresponds with the NEXUS PREA Handbook. Accordingly, the auditor now finds NEXUS compliant with 115.233(e).

In view of the above, the auditor finds NEXUS non-compliant with 115.233.

115.234	Specialized training: Investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1453 456">Pursuant to the PAQ, the PA/PCM self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="280 497 1326 568">NEXUS PREA Policy 7-6 entitled Training, page 3, section II(I)(1) addresses 115.234(a).</p> <p data-bbox="280 609 1442 810">The administrative investigative staff interviewee states he did receive training specific to conducting sexual abuse investigations in a confinement setting. He states the training consisted of a three hour National Institute of Corrections (NIC) on-line course entitled PREA: Investigation of Sexual Abuse in a Confinement Setting, inclusive of scenarios and a testing component.</p> <p data-bbox="280 851 1469 1093">The auditor's review of NIC Certificates for the PA/PCM and the CCCS PC, as well as, a 2020 Staff Development and Training Record Form relative to the sc's completion of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting course reveals substantial compliance with 115.234(a) and (c). The auditor's review of the lesson plan and mock scenarios related to this three hour on-line course reveals substantial compliance with 115.234.</p> <p data-bbox="280 1133 1453 1415">The criminal investigative interviewee states that he, and to the best of his knowledge, none of the LPD patrolmen have received nothing specific to sexual abuse investigations in a confinement setting. He and most of the patrolmen received basic sexual abuse investigations training during the initial academy, as well as, training sponsored by other Montana law enforcement jurisdictions regarding sexual abuse investigations. Training is provided in conjunction with the Montana Law Enforcement Academy (MLEA).</p> <p data-bbox="280 1456 1430 1527">NEXUS PREA Policy 7-6 entitled Training, pages 3 and 4, section II(I)(2) addresses 115.234(b).</p> <p data-bbox="280 1568 1453 1684">The auditor's review of the aforementioned NIC specialty training lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training points are as follows:</p> <ul data-bbox="280 1724 1449 1921" style="list-style-type: none"> Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution. <p data-bbox="280 1962 1430 2033">The investigative staff interviewee states the training he/she completed included the following topics:</p>

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The criminal investigative interviewee states that he and the patrolmen have completed the following topics:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda warnings;
Sexual abuse evidence collection within community setting(s); and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the PA/PCM self reports the agency maintains documentation showing that investigators have completed requisite training. The PA/PCM self reports the agency maintains documentation showing two investigators have completed requisite training.

NEXUS PREA Policy 7-6 entitled Training, page 4, section II(I)(3) addresses 115.234(c).

In view of the above, the auditor finds NEXUS substantially compliant with 115.234.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1453 539">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PA/PCM further self reports two medical and one mental health practitioners (100%), who work regularly at the facility, completed the specialized training.</p> <p data-bbox="280 580 1437 656">The auditor notes that pursuant to further inquiry, two medical contract providers and one mental health contractor also fall within the parameters of 115.235(a).</p> <p data-bbox="280 696 1342 772">NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).</p> <p data-bbox="280 813 1469 967">Both the medical and mental health staff interviewees state they have completed the three hour on-line PREA Resource Center (PRC) specialty course regarding medical treatment of sexual abuse victims in a confinement setting and provision of mental health care in the same environment and under the same conditions.</p> <p data-bbox="280 1008 1139 1041">Both specialty training courses included the following topics:</p> <ul data-bbox="280 1081 1437 1361" style="list-style-type: none"> How to detect and assess signs of sexual abuse/harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse/harassment; and How and to whom to report allegations or suspicions of sexual abuse/harassment. <p data-bbox="280 1290 1430 1361">Both interviewees state their courses were scenario based and included a testing component.</p> <p data-bbox="280 1402 1477 1644">The auditor's review of NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, and one NIC Certificate for the course entitled Behavioral Health Care for Sexual Assault Victims, one NIC Certificate for a contract nurse practitioner and one for a contract mental health practitioner entitled Child Forensic Interview Training reveals substantial compliance with 115.235. Certificates apply to three NEXUS staff and two contractors.</p> <p data-bbox="280 1684 1477 1798">There is also a contract dentist on board and the CCCS PC and NEXUS PA/PCM report he is under constant staff supervision when in the facility. Accordingly, the auditor finds the level of specialty training is not required under these circumstances.</p> <p data-bbox="280 1839 1331 1915">In view of the above, the auditor finds NEXUS substantially compliant with 115.235(a).</p> <p data-bbox="280 1955 1430 2069">Pursuant to the PAQ, the PA/PCM self reports facility medical staff do not conduct forensic medical examinations. The auditor validated the same pursuant to interviews with medical/mental health staff.</p>

Pursuant to the PAQ, the PA/PCM self reports the agency maintains documentation showing that medical and mental health practitioners have completed the requisite training.

NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 3, section III(B) addresses 115.235(c).

An explanation regarding evidence with respect to specialty medical/mental health training is addressed in the narrative for 115.235(a).

The auditor's review of PAQ documentation reveals that all three medical contractors completed annual PREA training at NEXUS during 2022. Completed Volunteer/Contractor Acknowledgment Forms are evidence of annual completion of such training. Other documentation is referenced in the narrative for 115.232(a).

Validating evidence regarding the other contract medical provider (nurse practitioner) is addressed in the narrative for 115.232(a).

The auditor's on-site review of the medical staff and mental health interviewee's training file reveals they completed In-Service PREA training during 2021.

In view of the above, the auditor finds NEXUS substantially compliant with 115.235.

115.241	Screening for risk of victimization and abusiveness
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1404 456">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other clients.</p> <p data-bbox="280 497 1474 864">NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1) addresses 115.241(a). This policy stipulates clients are screened by security technicians through the use of the NEXUS screening tool, upon arrival at the facility, for potential vulnerabilities or tendencies of being sexually abused by other clients or being sexually abusive toward other clients. Security staff meets with the client upon arrival and completes the medical and mental health screening instrument. Medical staff will screen the client within seven (7) days of arrival. Housing and programming assignments are made accordingly on a case-by-case basis by the admission and intake supervisor, the sc, and PA/PCM.</p> <p data-bbox="280 904 1481 1061">The one staff responsible for risk screening interviewees asserts she previously screened some clients upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other clients however, she now facilitates 30-day reassessments.</p> <p data-bbox="280 1102 1458 1218">Three of eight random client interviewees state when they first came to the facility (during intake within 24 hours of arrival at the facility), they were asked the following questions:</p> <ul data-bbox="280 1258 1337 1415" style="list-style-type: none"> Whether they had been in jail or prison before; Whether they had ever been sexually abused; Whether they identify as being gay, lesbian, or bisexual; and Whether they think they might be in danger of sexual abuse at the facility. <p data-bbox="280 1424 1426 1541">One additional interviewee states he received initial victimization/aggressor screening within three days of arrival at the facility while four additional interviewees state they received the same upon release from COVID Quarantine.</p> <p data-bbox="280 1581 1458 1738">The auditor's on-site review of eight of 10 random client Initial PREA Assessments/ Reassessments reveals the initial victimization/aggressor screening was conducted within 11 days of arrival at the facility and subsequent to completion of COVID Quarantine. During the Quarantine period, clients were not locked in their rooms.</p> <p data-bbox="280 1747 1458 1948">DOC screening information, which gives their crimes and if they are a violent, was used to establish a safety analysis during this time frame and offenders were housed accordingly. The auditor finds this practice to be acceptable under these temporary circumstances. Under normal circumstances, the auditor has observed institutionalization of 115.241(a) requirements.</p> <p data-bbox="280 1989 1468 2060">The auditor's review of 30-day reassessments corresponding to the aforementioned initial screenings reveals all were facilitated outside the 30-day window from the</p>

date of admission to the facility. Two of the 10 initial assessments and 30-day reassessments were completed in a timely manner. Accordingly, the auditor finds NEXUS non-compliant with 115.241 (f).

In view of the above, the auditor is placing NEXUS in a six month corrective action period wherein the PA/PCM will provide evidence demonstrating compliance with 115.241(f). The corrective action completion due date is February 24, 2023.

To demonstrate compliance, the PCM will reinforce 115.241(f) policy requirements with the 30-day reassessment interviewee. This will be accomplished pursuant to review of the policy and standard requirements. Subsequent to completion of this training, the PA/PCM will upload a copy of the relevant training certification documenting the employee's understanding of the requirement.

Additionally, within two months of the date of this interim report, the PA/PCM will upload a copy of the most current client roster and the auditor will select ten random names of clients who arrived at NEXUS within that time period. The PA/PCM will upload both the initial victimization/30-day reassessment screenings relative to those ten selected clients and subsequent to the auditor's review, the will assess compliance with 115.241(f).

January 4, 2023 Update:

The auditor's review of five random client reassessment files (pertaining to clients received at NEXUS since October 11, 2022) reveals all were completed in a comprehensive manner and within the prescribed 30-day time frame from the date of admission to NEXUS. Furthermore, the auditor's review of the staff member who completes some initial and most reassessments Staff Development and Training Record Form reveals she completed requisite corrective action training.

In view of the above, the auditor finds NEXUS substantially compliant with 115.241(f).

Pursuant to the PAQ, the PA/PCM self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA/PCM further self reports during the last 12 months, 132 clients entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other clients, within 72 hours of their entry into the facility. This equates to 100% of clients admitted to the facility during the last 12 months, for 72 hours or more.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 3, section II(B)(1) addresses 115.241(b). This policy stipulates clients are screened pursuant to the NEXUS screening tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other clients or being sexually abusive toward other clients.

The auditor's findings with respect to on-site random client document reviews are

clearly articulated in the narrative for 115.241(a). The COVID-19 pandemic was certainly abnormal and alternative measures were employed based on bed space and health concerns.

The staff responsible for risk screening interviewee states policy requires initial screening of clients for risk of sexual victimization or risk of sexually abusing other clients at intake, always within 24 hours of arrival. Random client interviewee statements are addressed in the narrative for 115.241(a).

Pursuant to the PAQ, the PA/PCM self reports risk assessment is conducted using an objective screening instrument.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j) and (1) addresses 115.241(c).

Pursuant to a thorough review, the auditor finds the screening instrument is objective. The same addresses the factors identified in 115.241(d) and (e) and a weighting system is included in the assessment to assist in identifying those clients with a proclivity for sexual abuse victimization, as well as, being perpetrators.

The auditor's review of the aforementioned Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues, as well as, others:

- 1) Whether the client has a mental, physical, or developmental disability;
- 2) The age of the client;
- 3) The physical build of the client;
- 4) Whether the client has previously been incarcerated;
- 5) Whether the client's criminal history is exclusively nonviolent;
- 6) Whether the client has prior convictions for sex offenses against an adult or child;
- 7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the client has previously experienced sexual victimization; and
- 9) The client's own perception of vulnerability.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j) and (1) addresses 115.241(d).

The staff responsible for risk screening interviewee states the initial risk screening considers:

History of sexual abuse victimization in the community and in confinement;
History of violence and predatory sexual behavior;
History of incarceration;
Personal feelings regarding sexual safety at the facility;
LGBTI self-identification or perception;
Physical size and stature; and
Age.

In terms of the process for conducting initial screening, the client is escorted to and screened in an office with windows. No staff or clients are in the area during screening. Questions are read to the client and they respond accordingly.

Responses are documented on the screening tool and based on responses, a score is rendered.

The interviewee did not state that she previews commitment documentation prior to facilitation of screening. The auditor highly recommends that if a commitment packet is available to screener (containing Pre-Sentence Reports, NCIC, arrest reports, etc., institutional disciplinary record(s) and misconduct reports), that the same be previewed by the screener prior to screening and used to validate or invalidate the interviewee's responses. Clarification of history is essential to effective screening.

The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B)(2)(j)(1) addresses 115.241(e).

Pursuant to the PAQ, the PA/PCM self reports the policy requires the facility reassess each client's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the client's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self reports that during the last 12 months, 132 clients entering the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other clients, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of clients who meet the above 30-day criteria and who arrived within the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B)(2)(j)(2) addresses 115.241(f).

The staff responsible for risk screening interviewee facilitates 30-day reassessments at NEXUS. She asserts client risk assessments are facilitated around 30-days subsequent to arrival, generally at the 20 to 30-day (from arrival) mark. She accesses a spread sheet to ensure timely reassessments. All reassessments are facilitated in private, behind closed doors.

Seven of eight random client interviewees assert they were again screened at NEXUS. Four of the interviewees assert a reassessment was conducted within 30 days of arrival at the facility.

The finding regarding 115.241(f) is clearly articulated above in the narrative for 115.241(a).

Pursuant to the PAQ, the PA/PCM self reports policy requires that a client'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 client's risk of sexual victimization or abusiveness.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(5) addresses 115.241(g).

The staff responsible for risk screening interviewee asserts she does reassess a client's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. The PA/PCM would direct the screener to reassess at that time.

The auditor's review of an investigation dated June 14, 2022 resulted in a substantiated finding for sexual abuse although the fact pattern is more representative of sexual harassment. A reassessment followed this finding on June 29, 2022.

Pursuant to the PAQ, the PA/PCM self reports the policy prohibits disciplining clients for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the client has previously experienced sexual victimization; and
The client's own perception of vulnerability.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(7) addresses 115.241(h).

The auditor notes each client is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.241(d). The document clearly delineates the client will not be disciplined for failure or refusal to respond to the questions. Both the client and a staff witness sign and date this document.

The staff responsible for risk screening interviewee states clients are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to the following):

Whether or not the client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the client has previously experienced sexual victimization; and
The client's own perception of vulnerability.

Clients sign a Disclaimer which clearly scripts non-discipline as indicated.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(8)

addresses 115.241(i).

The PA/PCM asserts security leads and supervisors facilitate Initial PREA screening and route the completed screening instrument to the sc and him. The PA/PCM maintains hard copies of the same in his locked cabinet and office. Assessments may be shared with the sc. Assessments are not maintained electronically.

Auditor's Note: The auditor did validate storage practices as described by the PA/PCM. Assessments and reassessments are secured in a locked file cabinet located in the PA/PCM's locked office.

The staff responsible for risk screening interviewee states that completed assessments are routed to the PA/PCM.

In view of the above, the auditor finds NEXUS substantially compliant with 115.241.

115.242	Use of screening information
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1445 501">Pursuant to the PAQ, the PA/PCM self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 542 1465 613">NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(C)(3) addresses 115.242(a).</p> <p data-bbox="280 654 1469 936">In response to how the facility uses information from risk screening during intake to keep clients from being sexually victimized or being sexually abusive, the PA/PCM asserts potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs). Victims are not housed in the same room with Aggressors. Either may be housed with clients designated as Unrestricted. Either victims or aggressors may be strategically housed to facilitate additional supervision.</p> <p data-bbox="280 976 1481 1214">The staff responsible for risk screening interviewee validates the PA/PCM's statement and asserts the facility primarily uses information gleaned from the risk screening to ensure safe housing assignments. PVs/KVs and PAs/KAs are not housed together. The screening tool generates a score and staff add the calculations, assigning a status. The tool is not keyed into a data base. Programs/routines are monitored by staff.</p> <p data-bbox="280 1254 1430 1415">The auditor's cursory review of housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 1456 1374 1527">Pursuant to the PAQ, the PA/PCM self reports the facility makes individualized determinations about how to ensure the safety of each client.</p> <p data-bbox="280 1568 1465 1639">NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(C)(4) addresses 115.242(b).</p> <p data-bbox="280 1680 1422 1751">The auditor finds substantial compliance with 115.242(b) based on the evidence cited above in the narrative for 115.242(a).</p> <p data-bbox="280 1792 1481 1908">Pursuant to the PAQ, the PA/PCM self reports the facility makes housing and program assignments for transgender or intersex clients in the facility on a case-by-case basis.</p> <p data-bbox="280 1948 1465 2020">NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(C)(5) addresses 115.242(c).</p>

The PA/PCM asserts there are no designated wings or housing units for transgender/intersex clients at NEXUS. Transgender/intersex clients are generally dispersed throughout the facility. They may be strategically housed closer to supervision if circumstances warrant the same. The client's personal feelings regarding vulnerability are considered.

The PA/PCM asserts there were no transgender/intersex clients housed at NEXUS at the time of the on-site audit. Accordingly, such interview(s) could not be conducted during the on-site audit.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(C)(7) addresses 115.242(d).

The PA/PCM asserts transgender/intersex client's own views with respect to safety are given serious consideration in placement and programming assignments.

The staff responsible for risk screening interviewee confirms the PA/PCM's assertion with respect to the same subject-matter.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(C)(10) addresses 115.242(e).

The PA/PCM asserts transgender/intersex clients are given the opportunity to shower separately from other clients. One staff responsible for risk screening interviewee confirms the PA/PCM's assertion.

As previously noted, the auditor observed that a shower and bathroom is located between every two rooms. The PA/PCM relates every client showers separately based on this configuration however, if a back-up is requested or absolutely necessary, there is an administrative locker room available for such client showering.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(C)(11) addresses 115.242(f).

The PA/PCM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) clients. LGBTI clients are not placed in a designated wing or housing area.

The one gay and one bisexual clients stated they have not been placed in a housing area only for LGBTI clients.

Housing is addressed in the narrative for 115.242(c). The PA/PCM asserts there are no designated wings or housing units for LGBTI clients at NEXUS. He reviews the room spreadsheet daily as he has final say regarding room assignments and accordingly, he ensures compliance with 115.242(f).

In view of the above, the auditor finds NEXUS substantially compliant with 115.242.

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115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 456">Pursuant to the PAQ, the PA/PCM self reports the agency has established procedures allowing for multiple internal ways for clients to report privately to agency officials about:</p> <p data-bbox="280 497 1385 694">Sexual abuse or sexual harassment; Retaliation by other clients or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="280 734 1342 810">NEXUS PREA Policy 7-4 entitled Reporting, pages 1 and 2, section II(A)(1-6) addresses 115.251(a).</p> <p data-bbox="280 851 1474 1093">The auditor's review of the NEXUS Client Handbook and two posters reveals some of the information is inaccurate. Specifically, a second outside reporting source (not affiliated with NEXUS) has been accrued pursuant to MOU and the same is not listed in the aforementioned NEXUS PREA Handbook. SAVES, the victim advocacy (VA) resource [115.253(b)] is listed as a reporting source and the same cannot serve as such. This assessment is made in accordance with an FAQ.</p> <p data-bbox="280 1133 1474 1375">The auditor notes that one poster entitled "Break the Chains of Silence" includes an inaccurate telephone number for the new 115.251(b) reporting source, Boyd Andrews Community Services (BACS). The telephone number has been updated however, neither this poster nor a document posted near client telephones in both units reflect the updated telephone numbers. Accordingly, both posters require amendment to capture the accurate telephone number.</p> <p data-bbox="280 1415 1430 1532">The auditor notes that the NEXUS PREA Handbook has been amended to capture accurate information. Accordingly, that component of corrective action requirements is complete.</p> <p data-bbox="280 1572 1445 1688">In view of the above, the auditor finds NEXUS non-compliant with 115.251(b). Accordingly, a 180-day corrective action period is imposed with a completion due date established as February 24, 2023.</p> <p data-bbox="280 1729 1474 1926">To demonstrate compliance with and institutionalization of 115.251(b), the PA/PCM will amend the aforementioned posters and once completed, the PA/PCM will post the same in the client telephone areas in both units and photograph/date stamp the same as evidence of compliance. The same will be uploaded to OAS upon completion.</p> <p data-bbox="280 1966 1474 2083">In addition to the above, if client training materials require updating or amendment, the same will be addressed. The PA/PCM will upload a copy of the amended documents into OAS.</p>

The PA/PCM will also author a memorandum to all staff who facilitate intakes, advising them of the amendment(s). Intake staff will sign and date the memorandum, signifying their receipt and understanding of the information. The PA/PCM will subsequently upload the signed and dated memorandum(s) into OAS.

January 4, 2023 Update:

The auditor's review of the amended NEXUS Client PREA Handbook reveals that BACS is the recognized 115.251(b) reporting resource. LPD has been removed as a 115.251(b) reporting resource and accordingly, 115.251(b) corrective action is now complete. As mentioned in the narrative for 115.233, the poster has likewise been updated to reflect correct information.

The auditor's review of two Staff Development and Training Record Forms applicable to staff who facilitate intakes reveals both have received training regarding the 115.251(b) reporting option, as well as, the correct telephone number for BACS. Accordingly, the auditor finds that all 115.251(b) corrective action is complete and NEXUS is now substantially compliant with the same standard.

All 12 random staff interviewees were able to identify at least one method in which clients can privately report pursuant to 115.251(a). Methods of reporting include verbal report to staff, submission of an emergency grievance, third-party report, telephonically contact BACS or LPD, and write a letter.

All eight random client interviewees were able to identify at least two methods of private reporting of incidents as prescribed in 115.251(a). Methods of reporting identified are third-party report, verbal report to staff, call BACS or LPD, write a kite, and submit an emergency grievance. All interviewees identified either/or the BACS or LPD resources and third-party report from family or friends as methods to report sexual abuse/harassment to someone who does not work at the facility.

Pursuant to the PAQ, the PA/PCM self reports the agency provides at least one way for clients to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

NEXUS PREA Policy 7-4 entitled Reporting, pages 1 and 2, section II(A)(4 and 6) addresses 115.251(b).

The auditor's review of the LPD MOU clearly defines the process for clients reporting to a public or private entity or office that is not part of the agency. Reporting to LPD results in a report to NEXUS staff as a patrol officer is immediately dispatched to the facility, if available. Additionally, an MOU with BACS reflects that a report to a designated telephone number results in a report to the CCCS PC in an expeditious manner.

The amended PREA Handbook, page 4 addresses 115.251(b).

The PA/PCM reports the facility provides clients the opportunity to report sexual

abuse/harassment to a public or private entity or office that is not part of the agency pursuant to placement of a call to LPD or BACS. Posters are located near client telephones and relevant contact information is noted in the NEXUS PREA Handbook.

The PA/PCM asserts that when telephone calls are placed to the designated LPD telephone number, the dispatcher then dispatches a patrol officer to the facility, if available. The response generally occurs within one hour. At that point, notification regarding the alleged incident is made to the on-duty NEXUS supervisor.

With respect to a report of sexual abuse to the designated BACS telephone number, the turnaround call to the CCCS PC is completed in an expeditious manner. All such calls are toll-free and none are monitored. During the auditor's physical test of the system, the telephone numbers for LPD and BACS were directly entered into the system and no further numbers, identification of the caller, etc. were required. The telephone numbers, with the exception of the aforementioned BACS inaccuracy, are posted near client telephones. This procedure does enable receipt and immediate transmission of client reports of sexual abuse/harassment to agency officials.

Five of eight random client interviewees state they can make a report without having to give their name. Additionally, they assert clients or friends can facilitate third-party reports.

During the on-site audit, the auditor tested both LPD and BACS Hotlines. When testing the LPD Hotline, the auditor accessed the telephone number reflected on the poster located near the client telephones. An LPD dispatcher answered the call and was advised that the same constituted a test of the reporting system. The dispatcher advised that she would pass the information to a patrol officer who would report to the facility.

The auditor did inquire as to whether any LPD official or employee would report the call to the PA/PCM or sc and he was advised that the same would not occur. Appropriate information received during the call would be shared with the aforementioned facility officials by the responding patrol officer.

Subsequent to this test, the auditor advised the shift supervisor who assisted with the call that the results of the test left some unanswered questions. Specifically, all may work fine during regular business hours however, the mechanics of the process might change during non-regular business hours when the PA/PCM or sc are not on-site. This pertains to the confidentiality of sexual abuse reporting. When questioned, the PA/PCM did not advise that any training had been facilitated between NEXUS staff and LPD. Additionally, while there is an MOU between NEXUS and LPD, specifics of the process are not articulated therein.

Given the above, the BACS Hotline (a mutual-aid MOU between NEXUS and BACS) was tested. While there was an issue with the telephone number to the responsible BACS representative as learned during a CCCS facility audit in June, 2022, the auditor was in possession of the correct telephone number for BACS. Accordingly, the test call was facilitated on the client telephone and the same was successful. A

return call was received by the CCCS PC within 30-45 minutes of placement of the test call.

The auditor does recommend that the PA/PCM utilize the BACS reporting telephone number exclusively in view of the above findings. This meets the requirements of 115.251(b). Once posters are corrected as articulated in 115.251(a), the protocol will be fully consistent with 115.251.

In view of the above, the auditor finds NEXUS non-compliant with 115.251(b) and the corrective action articulated above is required.

Pursuant to the PAQ, the PA/PCM self reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self reports staff are required to document verbal reports. Verbal reports will be reported and documented immediately.

CCCS PREA Policy 1.3.5.12, page 14, section IV(115.251)(e) addresses 115.251(c).

It is noted staff are required to accept reports verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The same are addressed in the Staff Training Power Point training slides 29 and 30.

All 12 random staff interviewees state clients can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. Eleven of 12 interviewees state they document any verbal reports immediately following receipt of the same.

All eight random client interviewees state reports of sexual abuse/harassment can be made both verbally and in writing. Seven interviewees state such reports can be made by a friend or relative so the client does not have to be named.

Pursuant to the PAQ, the PA/PCM self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of clients. Staff can make private reports verbally to the PA or someone at the corporate office, they can send an email to management, they can contact facility or corporate management staff, or they can mail a grievance to the PA/PCM. They can also use a third party to report. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions.

NEXUS PREA Policy 7-4 entitled Reporting, page 1, section II(A)(3-5) addresses 115.251(d).

All 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of clients. Methods of reporting cited were verbal report to supervisor behind closed doors, submission of a written report, submission of e-mail to supervisor, telephonic report to supervisor/PA/PCM, or sc, report to Corporate, telephonic report to LPD or BACS, and third-party report.

In view of the above, the auditor finds NEXUS substantially compliant with 115.251.

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115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1394 416">Pursuant to the PAQ, the PA/PCM self reports the agency has an administrative procedure for dealing with client grievances regarding sexual abuse.</p> <p data-bbox="280 456 1453 488">NEXUS PREA Policy 7-4, pages 3 and 4, section II(A)(13)(a-f) addresses 115.252(a).</p> <p data-bbox="280 528 1481 725">Pursuant to the PAQ, the PA/PCM self reports agency policy or procedure allows a client to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The PA/PCM further self reports agency policy does not require a client to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 766 1433 882">NEXUS PREA Policy 7-4, page 3, section II(A)(13)(a and c) addresses 115.252(b). The NEXUS PREA Handbook, pages 6 and 7, section entitled Grievance Procedure also addresses 115.252(b).</p> <p data-bbox="280 922 1461 1120">Pursuant to the PAQ, the PA/PCM self reports agency policy and procedure allows a client to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA/PCM further self reports agency policy and procedure requires that a client grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.</p> <p data-bbox="280 1160 1437 1236">NEXUS PREA Policy 7-4, page 4, section II(A)(13)(e)(5) addresses 115.252(c). The NEXUS PREA Handbook, page 6, section (b)(1) and (2) also addresses 115.252(c).</p> <p data-bbox="280 1276 1453 1559">Pursuant to the PAQ, the PA/PCM self reports agency policy and procedure requires 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. The PA/PCM further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA/PCM further self reports the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.</p> <p data-bbox="280 1599 1453 1675">NEXUS PREA Policy 7-4, page 4, section II(A)(13)(f)(1-4) addresses 115.252(d). The NEXUS PREA Handbook, page 7, section (b)(1-4) also addresses 115.252(d).</p> <p data-bbox="280 1715 1442 1787">The client who reported a sexual abuse incident at NEXUS interviewee states that he did not file any grievance regarding the sexual abuse incident he reported.</p> <p data-bbox="280 1827 1461 2069">Pursuant to the PAQ, the PA/PCM self reports agency policy and procedure permits third parties, including fellow clients, staff members, clients, attorneys, and outside advocates to assist them in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of clients. The PA further self reports agency policy and procedure requires if the client declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency</p>

documents the client's decision to decline. Zero grievances alleging sexual abuse were filed by clients in the last 12 months wherein the client declined third-party assistance, ensuring documentation of the client's decision to decline.

NEXUS PREA Policy 7-4, page 8, section II(D)(3 and 4) addresses 115.252(e). Additionally, NEXUS PREA Handbook page 7, section d(1-3) addresses 115.252(e).

Pursuant to the PAQ, the PA/PCM self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a client is subject to a substantial risk of imminent sexual abuse. The PA/PCM further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months.

The PA/PCM asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

NEXUS PREA Policy 7-4, pages 3 and 4, section II(A)(13)(e)(1-5) addresses 115.252(f). NEXUS PREA Handbook page 7, section d(1-3) also addresses 115.252(f).

Pursuant to the PAQ, the PA/PCM self reports the agency has a written policy that limits its ability to discipline a client for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the client filed the grievance in bad faith. The PA/PCM further self reports that during the last 12 months, there was zero instances of client discipline for incidents of this nature.

NEXUS PREA Policy 7-4, page 3, section II(A)(13)(e)(3) addresses 115.252(g). Additionally, the NEXUS PREA Handbook page 7, section e addresses 115.252(g).

In view of the above, the auditor finds NEXUS substantially compliant with 115.252.

115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 461">Pursuant to the PAQ, the PA/PCM self reports the facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p data-bbox="280 497 1461 618">Giving clients mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and</p> <p data-bbox="280 622 1453 698">Enabling reasonable communication between clients and these organizations in as confidential manner as possible.</p> <p data-bbox="280 734 1453 810">NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a).</p> <p data-bbox="280 846 1482 922">The NEXUS PREA Handbook, pages 4 and 5, section entitled Client Access to Outside Confidential Support Services, section (a) also supports 115.253(a).</p> <p data-bbox="280 958 1437 1169">Auditor's Note: During the facility tour, the auditor was not able to validate the above. Posters reflected relevant SAVES, Inc. information in conjunction with 115.251(b) (See the narrative for 115.251). He alerted the PA/PCM regarding this shortcoming and accordingly, NEXUS was found to be non-compliant with 115.253(a) at the time of the facility tour.</p> <p data-bbox="280 1205 1458 1326">During the report writing phase of the audit, the auditor has been provided a photograph of a poster that meets the intent and requirement(s) of 115.253(a). Accordingly, the auditor now finds NEXUS substantially compliant with 115.253(a).</p> <p data-bbox="280 1361 1482 1729">Seven of eight random client interviewees state services are available outside of the facility for dealing with sexual abuse, if they needed the same. Two interviewees identified SAVES, Inc. and vas as the advertised service and one interviewee identified mental health and counseling services. The auditor notes SAVES, Inc. is a va group, providing counseling. Five interviewees state the name, telephone number, and address for service(s) is posted on unit walls near the telephones. Six interviewees assert the number(s) is/are free to call. Eight interviewees assert they can talk to staff from the service(s) anytime, inclusive of requests to case manager(s) outside their assigned telephone time.</p> <p data-bbox="280 1765 1469 1975">The client who reported a sexual abuse interviewee states that address(es) and telephone number(s) for outside va services are available via posters. He was not aware of the name or type of service and he advised that the telephone calls are free. The interviewee was not aware of the circumstances under which he may talk with individuals who provide such services.</p> <p data-bbox="280 2011 1390 2087">With the exception of the aforementioned poster, interviewees are clearly well informed regarding this information and if not aware from memory, they are</p>

resourceful and knowledgeable as to where the information can be found. With the placement of the aforementioned amended poster in each housing unit, NEXUS clients are clearly well informed or have the ability to be well informed regarding va services.

Pursuant to the PAQ, the PA/PCM self reports the facility informs clients, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA/PCM further self reports the facility informs clients, prior to giving 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 vas including any limits to confidentiality under relevant federal, state, or local law.

NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

The NEXUS PREA Handbook, page 9, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.253(b). Clearly, reports of sexual abuse, either in the community or at the facility, must be reported by facility mental health staff and/or SAVES, Inc. staff.

Seven of eight random client interviewees state conversations with representatives from outside sources assisting in the sexual abuse healing process, remain private.

However, six random client interviewees state what they say to staff from the services, referenced in the narrative for 115.253(a), may be listened to by someone else or told to someone else. Five of eight interviewees cited reasons for sharing the content of the conversation, may be further injury to the victim or others (self injurious behavior or potential for assault), a life threatening situation, or the information constitutes a basis for criminal action.

The client who reported a sexual abuse interviewee states that he can communicate (talk or write) with vas in a confidential way. However, he was not aware if his conversations with the va could be told to or listened to by someone else.

Given the numerous resources available to clients wherein the subject-matter of 115.253(b) is articulated, the auditor finds sufficient education and efforts to educate clients are abundant. Clients have plentiful methods in which they are informed and can remain informed regarding this subject-matter. Accordingly, the auditor finds NEXUS substantially compliant with 115.253(b).

The auditor's contact with a representative from SAVES reveals that two NEXUS clients have reported sexual abuse during the last 20 years. The interviewee does not recall receipt of a request for assistance from NEXUS clients during the last 12 months. She reports three vas provide assistance at SAVES and a Hotline is available to callers. The interviewee states that vas receive training through college coursework and seminars.

The auditor notes that this call was not placed at the facility however, there is no evidence of telephone usage concerns or SAVES contact concerns. The auditor's

test of client telephones with respect to 115.251(b) is evidence of facility telephone access and operational efficiency of the same. The auditor was able to easily facilitate contact with SAVES.

Pursuant to the PAQ, the PA/PCM self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide clients with emotional support services related to sexual abuse. The PA/PCM further self reports the facility maintains copies of the agreement.

The August 6, 2020 MOU between CCCS and SAVES, Inc. clearly captures the requirements of 115.253. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

In view of the above, the auditor finds that NEXUS is now substantially compliant with 115.253.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports the facility provides a method to receive third-party reports of client sexual abuse or sexual harassment. The PA/PCM further self reports a third party reporting form is available to all clients. Clients can access the same through staff and the same are available on each inhabited floor. Clients can mail forms to their visitors, etc. for use, when necessary.</p> <p>The PA/PCM further self reports that a third-party report can be made to any staff , other client, case manager, or volunteer/contractor who, in turn, would contact the PA/PCM and/or CCCS PC immediately. They can mail a report to the CCCS PC through the 3rd party reporting form or email or call the PC.</p> <p>All reports go directly to the CCCS PC who, in turn, disseminates the same to each facility. All phone calls will be taken by the PA or PCM at the facility. If the CCCS PC is contacted, he will immediately contact the PA/PCM at NEXUS. Emails are another source of receiving third party reports and they will be disseminated to the PA/PCM immediately.</p> <p>According to the PA/PCM, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. During the facility tour, the auditor observed third-party report forms located in the front entry for use by visitors, etc.</p> <p>NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(D)(1) addresses 115.254(a). This policy stipulates third party reports may be sent via mail or email to the NEXUS PA/PCM or CCCS PC. Third Party reporters may call or report to the CCCS PC or NEXUS PA/PCM personally. Third Party reporting forms are available on each facility floor however, they can be accessed by asking any staff member, case manager, volunteer, contractor, program administrator or security chief.</p> <p>Pages 4-6 of the NEXUS PREA Handbook also provide information regarding third-party reports of sexual abuse. The information is concisely presented, providing reporting options.</p> <p>On October 2, 2022, the auditor facilitated a test of the third-party reporting system by forwarding an email to the CCCS PC. The CCCS PC acknowledged the test via return email on October 3, 2022.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.254.</p>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1452 421">Pursuant to the PAQ, the PA/PCM self reports the agency requires all staff to report immediately and according to agency policy:</p> <p data-bbox="280 456 1433 573">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;</p> <p data-bbox="280 582 1321 618">Any retaliation against clients or staff who reported such an incident; and</p> <p data-bbox="280 627 1414 698">Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 734 1362 815">NEXUS PREA Policy 7-4 entitled Reporting, page 6, section II(C)(1) addresses 115.261(a).</p> <p data-bbox="280 851 1439 967">Pursuant to the auditor's review of the PAQ and on-site review of information, he finds three sexual abuse/harassment incidents were perpetrated at NEXUS during the last 12 months.</p> <p data-bbox="280 1003 1382 1039">All 12 random staff interviewees assert the agency requires all staff to report:</p> <p data-bbox="280 1075 1433 1191">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;</p> <p data-bbox="280 1200 1321 1236">Any retaliation against clients or staff who reported such an incident; and</p> <p data-bbox="280 1245 1414 1317">Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="280 1352 1468 1433">Minimally, all 12 interviewees assert agency policy/procedure requires all staff to immediately report the above to their supervisor, shift supervisor, PA/PCM, sc, or ts.</p> <p data-bbox="280 1469 1477 1675">Pursuant to the PAQ, the PA/PCM self reports apart from reporting to designated supervisors or officials and designated state or local service 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.</p> <p data-bbox="280 1711 1362 1792">NEXUS PREA Policy 7-4 entitled Reporting, page 6, section II(C)(3) addresses 115.261(b).</p> <p data-bbox="280 1827 1477 2033">Throughout the on-site audit, the auditor observed that allegations, investigations inclusive of ancillary documentation, and video, etc. are maintained electronically in a password protected system. Additionally, hard copies are maintained in the sc's locked office during the investigation and subsequently in the PA/PCM's secured office.</p>

NEXUS PREA Policy 7-4 entitled Reporting, page 6, section II(C)(5) addresses 115.261(c).

The medical and mental health staff interviewees state that at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. The medical interviewee states that she verbalizes limitations of confidentiality and documents the same in the progress notes while the mental health interviewee states she uses informed consent. She likewise verbalizes the same information at the commencement of the encounter and subsequently documents in the progress notes.

Both interviewees further report they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. Reporting to the PA/PCM or nurse supervisor would follow.

Neither interviewee states that she became aware of such incidents at NEXUS during the last 12 months. However, they would report the same immediately if they became aware of such an incident.

NEXUS PREA Policy 7-4 entitled Reporting, page 6, section II(C)(4) addresses 115.261(d).

The PA/PCM asserts juveniles (under the age of 18) are not housed at NEXUS. MDOC would be alerted and briefed regarding any incident involving a client, inclusive of a vulnerable adult.

NEXUS PREA Policy 7-4 entitled Reporting, page 6, section II(C)(6) addresses 115.261(e).

The PA/PCM asserts he receives all client reports of sexual abuse/harassment and he summarily refers the same to the sc for investigation. He may conduct the investigation in the alternative as he is properly trained.

In view of the above, the auditor finds NEXUS substantially compliant with 115.261.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports when the agency or facility learns a client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA/PCM further self reports in the last 12 months, there was zero times the facility determined a client was subject to substantial risk of imminent sexual abuse.</p> <p>NEXUS PREA Policy 7-4 entitled Reporting, page 2, section II(A)(7) addresses 115.262(a).</p> <p>115.262(a) provisions are also addressed in slides 40 and 41 of the NEXUS Power Point Training Presentation, which is provided to staff.</p> <p>According to the Agency Head interviewee, when it is learned a client is subject to a substantial risk of imminent sexual abuse, the client may be removed from the facility. Minimally, alert the PA/PCM and recommend the client be moved to another wing.</p> <p>When it is learned a client is subject to risk of imminent sexual abuse, the PA/PCM asserts the potential victim is removed from the danger zone and a better housing location is considered, inclusive of transfer to another facility. Additionally, the client is interviewed to ascertain his knowledge of any threat of sexual abuse.</p> <p>When interviewing the victim, the PA/PCM attempts to determine if there are any other threats from associates of the perpetrator. If there are such threats, the associates are admonished that there had better be no problems. The perpetrator, if known, is generally removed from the facility pursuant to collaboration with MDOC.</p> <p>All 12 random staff interviewees corroborate the statements of the Agency Head and PA/PCM in terms of removal from the danger zone to a safe place with subsequent staff supervision. All 12 interviewees assert such action is implemented immediately.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.262.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 622">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy requiring that, upon receiving an allegation a client 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. The PA/PCM further self reports in the last 12 months, the facility received four allegations (one of which was sexual harassment) that a client was sexually abused while confined at another facility.</p> <p data-bbox="280 663 1382 739">NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(a).</p> <p data-bbox="280 779 1469 1016">The auditor's review of four emails regarding alleged sexual abuse/harassment incidents allegedly perpetrated at other facilities reveals substantial compliance with 115.263(a-c). Three of the four documents were forwarded to the heads of other facilities by the PA/PCM while one was forwarded to the facility head by the CCCS PC under the PA's email heading and address. The emails and documentation were also forwarded within one day of notification by the clients.</p> <p data-bbox="280 1057 1469 1173">Pursuant to the PAQ, the PA/PCM self reports agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p data-bbox="280 1214 1382 1290">NEXUS PREA Policy 7-4 entitled Reporting, page7, section II(C)(10) addresses 115.263(b).</p> <p data-bbox="280 1330 1453 1406">Pursuant to the PAQ, the PA/PCM self reports the facility documents it has provided such notification within 72 hours of receiving the allegation.</p> <p data-bbox="280 1447 1382 1523">NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(c).</p> <p data-bbox="280 1563 1469 1715">Pursuant to the PAQ, the PA/PCM self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA/PCM further self reports in the last 12 months, two allegations of sexual abuse were received by the facility from other facilities.</p> <p data-bbox="280 1756 1398 1832">NEXUS PREA Policy 7-4 entitled Reporting, pages 7, section II(C)(10) addresses 115.263(a).</p> <p data-bbox="280 1872 1422 2024">The Agency Head interviewee asserts that in regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), the PA/PCM is generally the point of contact for receipt of the same. The PA/PCM opens an investigation regarding the same.</p>

The PA/PCM asserts if an allegation of sexual abuse (allegedly occurred at NEXUS) is received from another facility, a full scale investigation is initiated. He contacts the CCCS PC and subsequently opens a full investigation.

The auditor's review of the two allegations and subsequent investigations referenced above validates the PA/PCM's assertion. One investigation (allegations were reflective of sexual harassment) was implemented upon notification (September 6, 2021) while the alleged victim was housed at NEXUS and the same was thoroughly investigated. The second investigation (allegations more reflective of sexual harassment) was lodged by another client who had allegedly witnessed a sexual harassment incident at NEXUS. That incident had already been investigated at NEXUS prior to the witness' report.

In view of the above, the auditor finds NEXUS substantially compliant with 115.263.

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1469 499">Pursuant to the PAQ, the PA/PCM self reports the agency has a first responder policy for allegations of sexual abuse. The PA/PCM further self reports agency policy requires, upon learning of an allegation that a client was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p data-bbox="280 539 1477 651">Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p data-bbox="280 665 1382 824">If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p data-bbox="280 835 1445 947">4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.</p> <p data-bbox="280 958 1418 1028">The PA/PCM self reports one alleged incident of sexual abuse occurred at NEXUS during the last 12 months.</p> <p data-bbox="280 1070 1466 1229">While the incident was not observed in progress, the victim and alleged perpetrator were kept separate. The area wherein the incident occurred was subsequently reviewed on camera. As previously indicated, the auditor finds that the incident was more reflective of sexual harassment, as opposed to, sexual abuse.</p> <p data-bbox="280 1270 1386 1339">NEXUS PREA Policy 7-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).</p> <p data-bbox="280 1382 1345 1451">Both the security staff first responder and non-security staff first responder interviewees verbalized all first responder steps as scripted in 115.264(a).</p> <p data-bbox="280 1494 1466 1653">The client who reported a sexual abuse interviewee states that staff immediately responded to his report of sexual abuse. Specifically, he advised two security staff and they reported the incident to the sc. He does feel that the staff who first got to the scene reacted quickly.</p> <p data-bbox="280 1693 1445 1852">The auditor's review of the NEXUS Coordinated Response to PREA Incidents flow chart reveals substantial compliance with 115.264(a). Additionally, the MDOC Sexual Assault Response and Containment Checklist also contains the appropriate provision requirements.</p> <p data-bbox="280 1892 1453 1962">Pursuant to the PAQ, the PA/PCM self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:</p> <p data-bbox="280 2002 1458 2072">1) Request that the alleged victim not take any actions that could destroy physical evidence; and</p>

2) Notify security staff.

The PA/PCM further self reports that of the allegations of sexual abuse within the last 12 months, there was zero times a first responder was a non-security staff member.

NEXUS PREA Policy 7-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(b).

According to the CCCS PC, all staff (security and non-security) receive the same PREA training. Accordingly, all staff receive the same First Responder training.

Commensurate with 115.264(a), NEXUS staff assist in the evidence preservation process.

Eight of 12 random staff interviewees properly assert their role in that the uniform evidence protocol (preservation) includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners. The auditor notes that all staff have laminated cards reflecting the four 1st Responder steps.

In view of the above, the auditor finds NEXUS substantially compliant with 115.264.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports 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.</p> <p>NEXUS PREA Policy 7-11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.265(a).</p> <p>The auditor's review of the above policy reveals a detailed and understandable document available to all staff. Staff responsibilities are well scripted, by position, and easily employed.</p> <p>The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to the sexual abuse allegation. Additionally, the Sexual Assault Initial Response and Containment Checklist document serves as an excellent guideline for staff as they perform sexual assault related duties.</p> <p>The PA/PCM asserts the facility has 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. Policy 7-11 details specific responsibilities by functional area. Notification responsibilities and decision-making regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document and the same is unique to NEXUS.</p> <p>The PA/PCM notes staff are trained regarding this policy during all-staff meetings.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.265(a).</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit.</p> <p>While 115.266(a) is technically not applicable to NEXUS, the facility is substantially compliant as there are no deviations from standard.</p> <p>The Agency Head asserts CCCS has not entered into or renewed any collective bargaining agreements on behalf of the facility since the last PREA audit. Specifically, there is no union at NEXUS.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.266.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 584">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. According to the PA/PCM, he and the nursing director are in charge of monitoring retaliation at NEXUS. The PA/PCM is the retaliation monitor for staff while the nursing director is the retaliation monitor for clients.</p> <p data-bbox="280 622 1423 696">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) addresses 115.267(a).</p> <p data-bbox="280 734 1423 808">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.267(b).</p> <p data-bbox="280 846 1461 1048">According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of clients and staff from retaliation for sexual abuse/harassment allegations, staff and clients can be moved to another facility, change shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. There are many facilities within the CCCS structure.</p> <p data-bbox="280 1086 1474 1368">The PA/PCM asserts for allegations of sexual abuse/harassment, he monitors staff for a minimum of 90 days. He checks-in with the victim on a weekly basis. The victim would be referred for Employee Assistance Program (EAP) support services, if deemed appropriate. Placement of the staff victim on another shift or shift assignment may be appropriate or a request to move the employee to another CCCS facility may be prudent. Staff perpetrators may be placed on administrative leave pending the outcome of an investigation.</p> <p data-bbox="280 1406 1469 1653">The designated staff member charged with monitoring retaliation for clients interviewee states she meets the client victim on a weekly basis. She coordinates with the PA/PCM to effect a room move, if prudent. Mental health counseling may also be recommended. If associates are retaliating against the victim, she would recommend transfer of those individuals. Finally, increased security checks may be a proactive recommendation.</p> <p data-bbox="280 1691 1441 1809">The client who reported a sexual abuse incident at NEXUS interviewee states that he feels protected enough against possible revenge from staff or other clients because he reported what happened to him.</p> <p data-bbox="280 1848 1436 2094">Pursuant to the PAQ, the PA/PCM self reports the facility monitors the conduct or treatment of clients or staff who report sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by clients or staff. The PA/PCM further self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation.</p>

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PA/PCM self reports retaliation has not occurred within the last 12 months.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(3)(a-c) addresses 115.267(c).

The PA/PCM asserts when he suspects retaliation against client victim(s), he forwards the same to the nursing supervisor for follow-up. If the retaliation involves a staff victim, he investigates and follows through with perpetrator discipline, if warranted. Essentially, the same strategies as articulated in the narrative for 115.267(b) are implemented.

The PA/PCM and designated staff member charged with monitoring retaliation further assert they look for the following to detect possible retaliation against client victims/potential victims:

- Change(s) in behavior;
- Hesitancy in responding to questions;
- Positioning next to staff or supervisors;
- Client acting out;
- Unexplained injuries to clients;
- Decompensation in hygiene practices;
- Withdrawal and isolation;
- Increased accrual of misconduct reports and staff write-ups;
- Not engaging in groups and change(s) in work habits; and
- Frequent requests for assignment changes.

In regard to staff victims/potential victims of retaliation, the following are monitored:

- Increased receipt of disciplinary charges;
- Frequent shift and post change requests;
- Isolation;
- Increased Sick Leave usage;
- Tardiness;
- Appearance changes; and
- Increase in negative performance reviews.

Monitoring is conducted for a minimum of 90 days or until the risk has dissipated or client releases from the facility. The same is documented on the Retaliation Monitoring Form.

There is no maximum monitoring time. Continuation is a collaborative decision between the client retaliation monitor and the PA/PCM.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a) addresses 115.267(d).

The CCCS PC asserts periodic status checks are documented in the client's progress notes.

The relevant policy citation for 115.267(e) is reflected in the narrative for 115.267(a-d).

The auditor finds if any other individual who cooperates with an investigation expresses fear of retaliation, he/she is monitored in the same manner as reflected throughout 115.267.

The Agency Head asserts if an individual who cooperates with an investigation expresses a fear of retaliation, the agency implements retaliation monitoring. The aforementioned retaliation monitors effect the same. The PA/PCM's statements are reflected throughout the narrative for 115.267.

In view of the above, the auditor finds NEXUS substantially compliant with 115.267.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1393 416">Pursuant to the PAQ, the PA/PCM self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 454 1353 530">NEXUS PREA Policy 7-10 entitled Investigations, page 1, section I addresses 115.271(a).</p> <p data-bbox="280 568 1477 725">The administrative investigative staff interviewee asserts he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report, if on-site. He generally reports to the facility for sexual abuse matters during non-regular business hours.</p> <p data-bbox="280 763 1422 882">In regard to sexual harassment matters, he may report to the facility dependent upon the circumstances. Minimally, he would coordinate with the on shift supervisor regarding preliminary investigative steps.</p> <p data-bbox="280 920 1393 1077">With respect to third-party or anonymous reports of sexual abuse, both the administrative and criminal investigative interviewees state that the same are investigated in the same manner as any other allegation. Within the criminal context, a statement is required from the victim, however.</p> <p data-bbox="280 1115 1430 1279">Pursuant to the PAQ, two administrative/criminal sexual abuse (one)/harassment (one) investigations were facilitated at NEXUS during the last 12 months. A third allegation was lodged by a client housed at another facility and the same was included in one of the two investigations to which the allegation pertained.</p> <p data-bbox="280 1317 1402 1393">NEXUS PREA Policy 7-10 entitled Investigations, page 1, section II(A) addresses 115.271(b).</p> <p data-bbox="280 1431 1390 1507">Administrative investigator certifications and criminal investigator training are addressed in the narrative for 115.234.</p> <p data-bbox="280 1545 1461 1785">The administrative investigative staff interviewee asserts he completed specialized training specific to conducting sexual abuse investigations in confinement settings. The training was a three-hour on-line course presented through NIC. The interviewee states the course was entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Scenario training and a testing component were included in the course.</p> <p data-bbox="280 1823 1445 1899">NEXUS PREA Policy 7-10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).</p> <p data-bbox="280 1937 1481 2056">The administrative investigative staff interviewee asserts his investigation process includes the following chronological steps, inclusive of estimated time allotments for each step:</p>

Review 1st Responder duties (two to three minutes);
Check the crime scene, ensuring the same is secure and assess on-site evidence (two to three minutes);
Review video footage and telephone monitoring (one hour to ?).
Threshold questioning of victim (45 minutes);
Witness interviews and statements (15 minutes per witness);
Involve LPD;
Interview 1st Responders (10-15 minutes);
File reviews (one hour);
Interview perpetrator if case released for administrative processing by LPD (0-45 minutes);
Re-interviews, if necessary (15 minutes per witness); and
Write report (two to three hours).

Direct evidence is handled by LPD investigators. The facility investigator would secure staff and client files, staff reports, interview notes, video and telephone monitoring, and witness statements.

The criminal investigative interviewee states that investigating patrolmen collect sheets, clothing, letters, bedding, towels, and other germane physical evidence located at the crime scene. Of course, DNA, semen, etc. on the above is likewise collected. The investigator would also collect the above items from the administrative investigative investigator, along with the criminal investigator's Affidavits, interview notes, etc.

The criminal investigative interviewee asserts his investigation process includes the following chronological steps:

Dispatch receives the initial call and report;

A patrolman reports to the facility based on prioritization and takes a statement from the facility supervisor;

The patrolman assesses the crime scene and available evidence, collecting relevant evidence. He/she also collaborates with other LPD officials to determine if the evidence supports the investigation. A trained evidence technician may assist or complete the evidence collection;

The patrolman takes a threshold statement from the victim in an attempt to answer the Who? What? When? Where? and Why? of the scenario and the identities of potential staff and client witnesses;

Interview the victim and witnesses;

Review video footage and files;

Interview perpetrator;

Conduct re-interviews, if necessary; and

Write report.

NEXUS PREA Policy 7-10 entitled Investigations, page 1, section II(B) addresses 115.271(d).

The administrative investigative staff interviewee asserts compelled interviews are not facilitated at NEXUS. LPD investigators handle the same. The criminal investigative interviewee states that LPD investigating patrolmen do not specifically coordinate compelled interviews with the District Attorney (DA) however, they do maintain continuous contact with the DA throughout the course of the investigation.

The auditor finds one allegation was referred to LPD for criminal investigation.

NEXUS PREA Policy 7-10 entitled Investigations, page 2, section II(C)(4 and 5) addresses 115.271(e).

The administrative investigative staff interviewee states victims, suspects, or witnesses are considered credible until proven otherwise. Credibility analysis is determined by virtue of how their statement(s) compare against the timeline, physical evidence, circumstantial evidence, and otherwise known facts.

Consistency in information is critical when determining credibility. He would not, under any circumstances, require a client who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The criminal investigative interviewee states that victim/witness/perpetrator credibility is determined based on the totality of circumstances. Specifically, how does the interviewee's statement fit with the facts and evidence known? The DA actually makes the credibility assessment(s) as all sexual abuse cases are referred to the DA. With respect to polygraph examinations and other truth-telling devices, the criminal investigative interviewee states that polygraph examinations are not administered in Lewistown.

NEXUS PREA Policy 7-10 entitled Investigations, page 1, section II(A)(1)(a and b) addresses 115.271(f).

The administrative investigative staff interviewee asserts when assessing whether staff actions or failure to act contributed to an incident of sexual abuse, he considers whether staff actions were reasonable for a corrections professional in relationship to the fact pattern. He assesses what they knew and how they reacted, assessing any potential Code of Conduct or policy violation issues. Were staff negligent or deliberately indifferent?

The interviewee further asserts he documents administrative investigations in written reports. The executive digest constitutes a narrative of the allegations, inclusive of timeline. The body of the report addresses the Who?, What?, When?, Where?, and Why? of the allegations and investigative findings, inclusive of victim/witness/ and perpetrator interviews and credibility assessments. Interview findings, credibility assessments related to the victim/perpetrator/ and witnesses, evidence

assessments, witness statements, any additional evidence, investigative conclusion(s), and finding(s) are also included in the report.

While the investigation is in progress, the same remains in the interviewee's office. Once completed, the same is forwarded to the PA/PCM for storage in his locked file cabinet in his locked office.

Pursuant to the auditor's PAQ review, one administrative sexual abuse investigation was referred to LPD for further consideration as a criminal matter, during the last 12 months.

The administrative investigative staff interviewee states criminal investigations are properly documented in a report. As previously reported, one criminal sexual abuse (fact pattern more reflective of sexual harassment) investigation has been conducted at NEXUS during the last 12 months. While the criminal report is not generally received at NEXUS, the interviewee believes that the criminal report format is actually similar to that identified for administrative reports.

The criminal investigative interviewee states that criminal investigations are documented in formal reports, generally pursuant to the following format:

Presentation of the allegations;

Delineation of the event and investigative timeline;

Physical evidence collection;

Victim, witness, and perpetrator statements;

Video review and file recapitulation.

Pursuant to the PAQ, the PA/PCM self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, zero sexual abuse investigative cases were referred for prosecution.

NEXUS PREA Policy 7-10 entitled Investigations, page 1, section II(B) addresses 115.271(h).

The administrative investigative staff interviewee asserts LPD investigators are responsible for prosecution referrals. The criminal investigative interviewee states that all sexual abuse cases are referred to the DA for prosecution consideration.

Pursuant to the PAQ, the PA/PCM self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse/harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

NEXUS PREA Policy 7-10 entitled Investigations, page 2, section II(D) addresses 115.271(i).

During the on-site audit, the auditor found zero 115.271(i) deviations.

NEXUS PREA Policy 7-10 entitled Investigations, page 1, section I addresses 115.271(j).

The administrative and criminal investigative interviewees state they continue with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation or a client perpetrator leaves the control of the facility and when an alleged victim who alleges sexual abuse/harassment leaves the facility prior to completion of the investigation into the incident.

NEXUS PREA Policy 7-10 entitled Investigations, page 2, section II(C)(2) addresses 115.271(l).

The PA/PCM asserts the sc/administrative investigator maintains bi-weekly contact with LPD investigator(s) in an effort to remain informed about the progress of the investigation. The administrative investigative interviewee validates the PA/PCM's statement regarding bi-weekly contact with LPD investigator(s) and further states that he assists LPD investigators in any manner needed throughout the conduct of their investigation.

In view of the above, the auditor finds NEXUS substantially compliant with 115.271.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(E) addresses 115.272(a).</p> <p>The investigative staff interviewee asserts a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same equates to approximately 51% of 100%. There is more evidence substantiating the allegation than not.</p> <p>The criminal investigative interviewee states that the evidentiary standard of "probable cause" applies to referral of cases for criminal prosecution. As previously referenced in the narrative for 115.271, the DA makes such determinations.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.272.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 667">Pursuant to the PAQ, the PA/PCM self reports the agency has a policy requiring that any client who makes an allegation he 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. The PA/PCM self reports zero criminal and/or administrative investigations of sexual abuse were conducted at NEXUS during the last 12 months. However, the auditor finds that one sexual abuse and one sexual harassment investigation were conducted during the last 12 months.</p> <p data-bbox="280 705 1481 904">NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(F)(1) addresses 115.273(a). This policy stipulates following an investigation into a client's allegation of sexual abuse/sexual harassment in the facility, the PA/PCM informs the client of the findings whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 943 1465 1059">The auditor finds NEXUS exceeds standard expectations regarding 115.273(a) as such notifications at NEXUS are also conducted in sexual harassment cases, as well as, sexual abuse. 115.273(a) requires notification only in sexual abuse cases.</p> <p data-bbox="280 1097 1461 1256">The PA/PCM asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The administrative investigative staff makes such notification via CCCS notification form.</p> <p data-bbox="280 1294 1465 1494">The investigative staff interviewee states that agency procedure requires that a client who makes an allegation of sexual abuse/harassment must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He makes such notification via CCCS notification form.</p> <p data-bbox="280 1532 1458 1648">The client who reported a sexual abuse interviewee states that the facility is required to notify him when his sexual abuse investigation has been substantiated, unsubstantiated, or unfounded. He did receive such notification.</p> <p data-bbox="280 1686 1433 1765">Pursuant to the auditor's review of the investigative files as referenced above, he finds that notifications were provided in both cases.</p> <p data-bbox="280 1803 1461 2089">Pursuant to the PAQ, the PA/PCM self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the client of the outcome of the investigation. The PA/PCM self reports zero criminal and/or administrative investigations of sexual abuse were conducted by an outside agency during the last 12 months although, as previously indicated, both cases were reviewed and addressed by LPD. Neither case was pursued by LPD for criminal investigation. Facility staff were aware of the status of</p>

the two investigations.

NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(F)(2) addresses 115.273(b).

Pursuant to the PAQ, the PA/PCM self reports that following a client's allegation that a staff member has committed sexual abuse against him, the facility subsequently informs him (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the client's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PA/PCM further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a client in an agency facility in the last 12 months. Furthermore, none of the four criteria apply to the staff member involved in the sexual harassment allegation and accordingly, 115.273(c) notification was not required.

NEXUS PREA Policy 7-10 entitled Investigations, page 3, section II(G)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the PA/PCM self reports following a client's allegation he has been sexually abused by another client at NEXUS, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

NEXUS PREA Policy 7.10 entitled Investigations, page 3, section II(H)(1 and 2) addresses 115.273(d).

The auditor notes there were no such incidents wherein either indictments or convictions for client sexual abuse at NEXUS occurred during the audit period.

Pursuant to the PAQ, the PA/PCM self reports the agency has a policy that all such notifications are documented. As reflected throughout the narrative for 115.273, two investigations for allegations of sexual abuse/harassment were conducted during the audit period. The auditor finds that both notifications were documented (dated June 7, 2022 and June 23, 2022).

NEXUS PREA Policy 7.10 entitled Investigations, page 3, section II(I) addresses 115.273(e).

	In view of the above, the auditor finds NEXUS substantially compliant with 115.273.
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115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1477 456">Pursuant to the PAQ, the PA/PCM self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 497 1425 568">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) addresses 115.276(a).</p> <p data-bbox="280 609 1461 766">Pursuant to the PAQ, the PA/PCM self reports there has been zero incidents at NEXUS during the last 12 months, wherein staff-on-client sexual abuse/harassment was alleged. However, as previously indicated, one sexual harassment investigation involved a staff-on-client allegation.</p> <p data-bbox="280 806 1425 878">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(1) addresses 115.276(b).</p> <p data-bbox="280 918 1425 1034">The auditor's review of PAQ information confirms that during the last 12 months, zero terminations from employment were realized for staff engaging in sexual abuse.</p> <p data-bbox="280 1075 1469 1397">Pursuant to the PAQ, the PA/PCM self reports 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. The PA/PCM further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1438 1425 1509">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.276(c).</p> <p data-bbox="280 1550 1477 1872">Pursuant to the PAQ, the PA/PCM self reports 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. The PA/PCM further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1912 1425 1984">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3 section II(H)(3) addresses 115.276(d).</p> <p data-bbox="280 2024 1469 2060">In view of the above, the auditor finds NEXUS substantially compliant with 115.276.</p>

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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA/PCM self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA/PCM self reports agency policy requires that any contractor or volunteer who engages in sexual abuse is prohibited from contact with clients. According to the PA/PCM, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of clients.</p> <p>NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).</p> <p>Pursuant to the PAQ, the PA/PCM self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with clients in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).</p> <p>The PA/PCM asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, client contact with the contractor or volunteer and contractor/volunteer access to the facility would be denied pending completion of an investigation. If substantiated, access privileges are permanently rescinded. There are no examples of such conduct during this audit period.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.277.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1461 622">Pursuant to the PAQ, the PA/PCM self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the client engaged in client-on-client sexual abuse. The PA/PCM also self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for client-on-client sexual abuse. The PA/PCM asserts, in the last 12 months, there were no administrative or criminal findings of client-on-client sexual abuse that occurred at the facility.</p> <p data-bbox="280 665 1422 736">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(a).</p> <p data-bbox="280 779 1449 891">Pages 10 and 11 of the NEXUS PREA Handbook reflects Prohibited Acts of which clients may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.</p> <p data-bbox="280 934 1422 1005">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).</p> <p data-bbox="280 1048 1469 1373">According to the PA/PCM, NEXUS staff write the disciplinary report and MDOC Probation and Parole staff complete Class II administrative disciplinary hearings and impose sanctions. MDOC staff can revoke NEXUS program participation as a sanction. The PA/PCM can attend the hearing and provide recommendations. The sanction(s) is/are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other clients with similar histories. Mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="280 1415 1477 1570">The hearings officer imposes sanctions and addresses mental health disability/ mental health issues as part of the hearing process. However, in the case of a Class III administrative hearing, facility hearing staff can refer the client to facility mental health staff if mental health conditions are present.</p> <p data-bbox="280 1612 1422 1684">NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.278(c).</p> <p data-bbox="280 1727 1422 1798">A discussion regarding referral for mental health assessment is addressed in the narrative for 115.278(b) above.</p> <p data-bbox="280 1841 1453 2040">Pursuant to the PAQ, the PA/PCM self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reason(s) or motivation(s) for abuse. In view of the above, facility staff consider whether to require the offending client to participate in such interventions as a condition of access to programming or other benefits.</p>

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(2) and (3) addresses 115.278(d).

The mental health staff interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility considers whether to offer these services to offending clients.

The interviewee further elaborated when such services are provided, a client's participation is not required as a condition of access to programming or other benefits as the same is voluntary unless ordered by a judge.

Pursuant to the PAQ, the PA/PCM self reports the agency disciplines clients for sexual conduct with staff only upon a finding that the staff member did not consent to such contact.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

Pursuant to the PAQ, the PA/PCM self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA/PCM self reports the agency prohibits all sexual activity between clients. The PA/PCM further self reports the agency deems such activity to constitute sexual abuse only if it determines the activity is coerced.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).

Throughout the on-site audit and pre-audit review, the auditor found no evidence of non-compliance with the totality of 115.278. Accordingly, the auditor finds NEXUS substantially compliant with 115.278.

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 752">Pursuant to the PAQ, the PA/PCM self reports client victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA/PCM further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p data-bbox="280 792 1410 864">NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(a).</p> <p data-bbox="280 904 1449 1106">The medical and mental health staff interviewees state client victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same typically occurs immediately following a report. The nature and scope of these services is determined according to the practitioner's professional judgment.</p> <p data-bbox="280 1146 1430 1303">The medical staff interviewee states she commences treatment with threshold questioning and observation of unclothed extremities/torso. The victim does not remove clothing in an effort to ensure evidence preservation. The interviewee works to calm the victim. She offers and/or provides the victim basic first aid.</p> <p data-bbox="280 1344 1474 1500">The mental health interviewee states that she asks the client if he is okay with her presence. She then listens and allows the victim to guide the conversation. She calms them and upon return to the facility from the forensic examination, she would educate the victim regarding available mental health resources.</p> <p data-bbox="280 1541 1375 1666">The auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials.</p> <p data-bbox="280 1706 1481 1863">A synopsis of security staff and non-security staff first responder interviewee statements regarding first responder responsibilities is captured in the narratives for 115.221(a) and 115.264(a). Additionally, the same is captured for all random staff interviewees.</p> <p data-bbox="280 1904 1458 2060">As referenced in the narrative for 115.282(a), the auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials. The subject-matter of 115.282(b) is clearly captured</p>

within this document.

Pursuant to the PAQ, the PA/PCM self reports client victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Of note, the PA/PCM asserts zero clients requested medical/mental health services as the result of sexual abuse/harassment allegation(s) during the last 12 months.

NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(c).

The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same would be addressed at the Central Montana Medical Center (CMMC) during the forensic examination.

The client who reported a sexual abuse incident at NEXUS interviewee states he was not provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis. AUDITOR's NOTE: There was no penetration involved in this incident. As previously indicated, the auditor finds this incident more reflective of sexual harassment based on the fact pattern.

Pursuant to the PAQ, the PA/PCM self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

NEXUS PREA Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(c) addresses 115.282(d).

In view of the above, the auditor finds NEXUS substantially compliant with 115.282.

115.283	<p data-bbox="277 107 1469 197">Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p data-bbox="277 232 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="277 309 580 347">Auditor Discussion</p> <p data-bbox="277 385 1449 506">Pursuant to the PAQ, the PA/PCM self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="277 539 1481 618">NEXUS Policy 7-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p data-bbox="277 651 1481 857">The PA/PCM self reports that during the last 12 months, one client has reported prior victimization in a prison, jail, lockup, or juvenile facility. The auditor interviewed this client and he advised that he arrived at NEXUS on July 26, 2022 and had not yet met with mental health staff regarding a sexual abuse incident that allegedly occurred at another facility.</p> <p data-bbox="277 891 1474 969">The auditor's review of mental health notes dated August 3, 2022 reveals the client, in question, was evaluated and treated for mental health medication, etc. issues.</p> <p data-bbox="277 976 1404 1055">The client did not mention the alleged sexual abuse at a county jail during this encounter.</p> <p data-bbox="277 1088 1481 1339">As mentioned in the narrative for 115.263, two additional clients alleged sexual abuse at confinement facilities. The auditor's review of one mental health intake note regarding one of the two clients reveals he did cite the alleged sexual abuse, to which he was allegedly subjected, during the encounter. The same appears to be addressed in the note. With respect to the other client's report, there is no mention of the alleged incident in the medical examination.</p> <p data-bbox="277 1373 1474 1579">The auditor finds that prior sexual abuse incidents that occurred in confinement settings are addressed in 115.283(a). There is no stipulation regarding a timeline for meeting(s) or examination(s). With respect to the specifics of what the alleged client victims stated, some opted to not address concerns when evaluated pursuant to standard protocol for new admissions.</p> <p data-bbox="277 1612 1420 1818">Much like the requirements of 115.81 in the Prisons and Jail PREA standards, the auditor does recommend that the PA/PCM follows up to ensure that clients who report prior sexual abuse in confinement settings, during their 115.241 victimization/screening process or at any time, receive medical/mental health attention regarding their allegations.</p> <p data-bbox="277 1852 1366 1930">NEXUS Policy 7-5 entitled Medical and Mental Health, page 2, section II(C)(a) addresses 115.283(b).</p> <p data-bbox="277 1964 1468 2085">The medical staff interviewee states she commences treatment with observation of unclothed extremities/torso. The victim does not remove clothing in an effort to ensure evidence preservation. The interviewee works to calm the victim and</p>
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provides first aid.

The mental health staff interviewee asserts she asks the client if he is okay with her presence. She then exercises listening skills, allowing the client to guide the conversation. She calms the victim and then educates the victim regarding services upon his return from the forensic examination.

The client who reported a sexual abuse at NEXUS states that he thinks medical or mental health staff followed up with him regarding services, treatment plans, or, if necessary, referrals for continued care. As reflected in the narrative for 115.282(c), the client was not removed from the facility for a forensic examination based on the fact pattern.

NEXUS Policy 7-5 entitled Medical and Mental Health, page 2, section II(C)(b) addresses 115.283(c).

The medical/mental health staff interviewees state medical and mental health services are offered consistent with the community level of care. The forensic examination, as the same is conducted at CMMC, is the community standard.

Pursuant to the PAQ, the PA/PCM self reports there are no female clients housed at NEXUS. Accordingly, based on the same and the auditor's on-site observation, 115.283(d) and (e) are not-applicable to NEXUS.

Pursuant to the PAQ, the PA/PCM self reports client victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

NEXUS Policy 7-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(c) and (d) addresses 115.283(f).

Pursuant to the PAQ, the PA/PCM self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

NEXUS Policy 7-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(c) addresses 115.283(g).

As previously indicated, based on the fact pattern, the client alleged to have been subjected to sexual abuse did not undergo a forensic examination.

Pursuant to the PAQ, the PA/PCM self reports the facility attempts to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

NEXUS Policy 7-5 entitled Medical and Mental Health, page 3, section II(C)(e) addresses 115.283(h).

The mental health staff interviewee states that a mental health evaluation is completed within seven days of a client's arrival at NEXUS. However, such clients

would not normally be placed at NEXUS.

The interviewee states she is not aware of any such incidents involving clients received at NEXUS. If the same were determined to have occurred, individual counseling would be offered.

In view of the above, the auditor finds NEXUS substantially compliant with 115.283.

115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1474 622">Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse or sexual harassment incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, one administrative/criminal sexual abuse investigation was facilitated at NEXUS. The auditor notes that one sexual harassment allegation was determined to be unfounded and accordingly, the same is not considered for 115.286(a).</p> <p data-bbox="280 665 1474 904">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual abuse and sexual harassment allegations. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds NEXUS exceeds standard expectations.</p> <p data-bbox="280 947 1453 1142">The auditor's review of the Sexual Assault Response Team (SART) Checklist in this matter reveals the incident was reported on June 15, 2022 and the SART was facilitated on June 22, 2022. The requisite SART membership was represented and all relevant 115.286(d) requirements were met. The PA/PCM signed and dated the SART Checklist (report).</p> <p data-bbox="280 1184 1449 1256">In view of the above, the auditor also finds NEXUS exceeds standard requirements with respect to 115.286(a).</p> <p data-bbox="280 1299 1474 1494">Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the last 12 months, one criminal/ administrative sexual abuse/harassment investigation was facilitated at NEXUS.</p> <p data-bbox="280 1536 1474 1608">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).</p> <p data-bbox="280 1650 1394 1767">Pursuant to the PAQ, the PA self reports 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.</p> <p data-bbox="280 1809 1474 1881">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).</p> <p data-bbox="280 1924 1474 2078">The PA asserts the facility has a sexual abuse incident review team and the same is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. SART composition is commensurate with the aforementioned policy. The auditor's review</p>

of the aforementioned SART Checklist validates compliance with 115.286(c).

Pursuant to the PAQ, the PA self reports 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 provision and any recommendations for improvement, and submits such report to the facility head and PCM.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

In regard to how the team uses the information gleaned from the sexual abuse incident review, the PA asserts the team assesses all factors and determines needed changes in policy, training, staffing, camera placements, etc. as proactive strategies to deter future incidents of sexual abuse/harassment. The primary focus is to enhance "all things PREA."

The team does consider whether:

The incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status or perceived states; gang affiliation; and/or other group dynamics at the facility;

The area in the facility where the incident allegedly occurred contains physical barriers in that area may enable abuse;

The adequacy of staffing levels is appropriate in that area during different shifts; and

Monitoring technology should be deployed or augmented to supplement supervision by staff.

The PA/PCM asserts he prepares a report of the SART review, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. In regard to any recommendations, the PA/PCM asserts he would follow-through on the same, if warranted. If not warranted, the basis for failing to follow through is documented.

The SART interviewee corroborates the PA/PCM's statement regarding the topics assessed during the SART review.

Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

Specific discussion of the above, appears throughout the narrative of 115.286. In view of the above, the auditor finds NEXUS substantially compliant with 115.286.

115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1461 584">Pursuant to the PAQ, the PA self reports 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. The PA further self reports 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 conducted by the Department of Justice.</p> <p data-bbox="280 624 1461 696">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-k) addresses 115.287(a)/(c).</p> <p data-bbox="280 736 1474 772">The auditor finds the data collection system to be commensurate with 115.287(a/c).</p> <p data-bbox="280 813 1449 884">Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 925 1461 996">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-k) addresses 115.287(b).</p> <p data-bbox="280 1037 1442 1193">The auditor's review of aggregated data from 2020, and 2021 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually. This review was facilitated through review of the CCCS website.</p> <p data-bbox="280 1234 1469 1350">Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="280 1391 1469 1462">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 3, section II(A)(3) addresses 115.287(d).</p> <p data-bbox="280 1503 1453 1619">The auditor learned that neither CCCS nor NEXUS contracts with other facilities for the confinement of clients designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) is not applicable to NEXUS.</p> <p data-bbox="280 1659 1422 1776">Pursuant to the PAQ, the PA self reports the Department of Justice has requested data from the previous calendar year and they have provided the same. Accordingly, the auditor finds NEXUS substantially compliant with 115.287(f).</p> <p data-bbox="280 1816 1466 1852">In view of the above, the auditor finds NEXUS substantially compliant with 115.287.</p>

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 501">Pursuant to the PAQ, the PA self reports 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, and response policies, and training, including:</p> <ul data-bbox="280 537 1426 698" style="list-style-type: none"> Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. <p data-bbox="280 734 1458 976">The auditor's review of the 2020 and 2021 NEXUS Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head, and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).</p> <p data-bbox="280 1012 1469 1133">The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.</p> <p data-bbox="280 1169 1458 1456">The PA/PCM asserts 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, and response policies and training. He electronically forwards copies of all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC however, he maintains hard copies, inclusive of facility population data and SSV data in a safe in his locked office.</p> <p data-bbox="280 1491 1474 1653">The PA/PCM further asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The PCM writes an annual facility narrative and forwards the same to the CCCS PC.</p> <p data-bbox="280 1688 1477 1850">Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.</p> <p data-bbox="280 1886 1449 2007">The auditor's review of the previously mentioned Annual Reports reveals there are now year-to-year demographic comparisons. The reports do reflect strategies employed to enhance the PREA program at NEXUS.</p> <p data-bbox="280 2042 1190 2078">Changes in annual demographics are addressed in the report(s).</p>

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor's review of the NEXUS website reveals signed copies of the 2019 and 2020, and 2021 Annual Reports are available for public consumption on the same. The reports are signed by the NEXUS PA, CCCS PC, and the CCCS CEO.

The Agency Head asserts he approves annual reports written pursuant to 115.288.

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of material redacted.

In regard to the types of material typically redacted from the annual report, the PA/PCM asserts client/staff names and other identifying information and/or security information would be redacted. The agency does indicate the nature of the material redacted.

The auditor did not find any evidence of redactions in any of the aforementioned annual reports.

In view of the above, the auditor finds NEXUS substantially compliant with 115.288.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1417 416">Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p data-bbox="280 456 1469 568">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM, which is now the PA/PCM.</p> <p data-bbox="280 609 1441 721">During the facility tour, the auditor noted relevant data, as articulated in 115.289(a), could be securely maintained in a secure safe/filing cabinet in the PA/PCM's locked office.</p> <p data-bbox="280 761 1461 1008">The PA/PCM asserts there are two PREA investigations, SART reviews, Retaliation Monitoring documents for the last 12 months and accordingly, such documents are maintained in a locked safe in his locked office. electronic copies of the above documents are maintained in a password protected program maintained by the PA/PCM. Specifics regarding secure retention of 115.287 information are addressed in the narrative for 115.288(a).</p> <p data-bbox="280 1048 1453 1205">Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public, at least annually, through its website. As previously indicated, CCCS does not contract with other providers to manage clients under their control.</p> <p data-bbox="280 1245 1469 1317">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2) addresses 115.289(b).</p> <p data-bbox="280 1357 1358 1429">Pursuant to the auditor's review of the NEXUS website, all relevant statistics captured within the SSVs are posted on the same.</p> <p data-bbox="280 1469 1469 1671">Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PA further asserts the agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p data-bbox="280 1711 1358 1783">NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, sections II(C)(3 and 4) addresses 115.289(c).</p> <p data-bbox="280 1823 1469 1935">The auditor did not observe any personal identifiers in the statistics reflected on the website. Additionally, the auditor did not find any deviations from policy or standard regarding maintenance of sexual abuse data.</p> <p data-bbox="280 1975 1358 2047">Pursuant to the above, the auditor finds NEXUS substantially compliant with 115.289.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor has audited this facility within the last three years. Similarly, he has audited CCCS facilities during the last six years and he finds that audits were facilitated pursuant to established PREA timelines.</p> <p>Facility staff were very attentive to the auditor’s needs with respect to the totality of the audit process. Pre-audit information was provided in a timely manner, etc. Staff and client interviews were coordinated to ensure the auditor was able to facilitate all interviews in an efficient manner. Report writing has not been inhibited whatsoever.</p> <p>The auditor notes that he experienced no difficulty in terms of access and observation of all areas of the facility.</p> <p>The auditor observed numerous Audit Notices posted throughout the facility in housing units and other strategic areas. The auditor notes that he received one letter from a client and he was not interviewed as he had departed the facility prior to the on-site audit.</p> <p>All staff and client interviews were facilitated in a private setting and in a confidential manner.</p> <p>In view of the above, the auditor finds NEXUS substantially compliant with 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The auditor's review of the CCCS/NEXUS website reveals that the 2019 PREA audit report is published on the same.

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 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.)	na
	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.)	yes

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 staffing patterns?	yes
	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.)	na
	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.)	na
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?	no

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, 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 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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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 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?	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: 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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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 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?	yes

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 contact with residents?	yes
	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.)	na
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 administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

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.)	yes
	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 services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	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).	yes
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 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Does the agency 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?	yes
	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?	no
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 (c)	Resident education	
	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.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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.)	yes

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.)	yes
	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.)	yes
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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	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 experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

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	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
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 third parties?	yes
	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 (d)	Exhaustion of administrative remedies	
	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 exempt from this standard.)	yes
	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 actions that could destroy physical evidence, and then notify security staff?	yes
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?	no
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 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?	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 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?	no
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 resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at 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 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 (b)	Disciplinary sanctions for staff	
	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.)	yes
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 facility?	yes
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?	yes
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?	yes

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.)	na
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.)	na
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 cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 should be deployed or augmented to supplement supervision by staff?	yes
	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.)	yes

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 and security of a facility?	yes
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.)	yes
	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.)	na

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