

Nexus Treatment Program Annual Comparative Reports (§115.287 and §115.288) for the year 2025.

The Nexus Treatment Program posts an annual report of PREA investigations and outcomes.

Nexus staff conducts yearly training on PREA and our training curriculum includes Transgender and Crossgender pat searches, PREA power points and reading and understanding of the PREA policy. Nexus staff that are in specialized fields have received specialized PREA training. Nexus has revised the PREA policies that are compliant with the PREA Standards and Interpretations.

Nexus staff trains all contractors, volunteers and visitors PREA as stated per PREA policy.

The following are standardized definitions offered by the Prison Rape Elimination Act. This ensures everyone is using the same language, and has the same understandings of key terms.

Sexual abuse includes:

Sexual abuse includes:

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or Client by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or Client directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or Client by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Substantiated allegation means an allegation that was investigated and determined to have occurred.

Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

The Nexus Treatment Program has compiled the following data regarding PREA reports, and subsequent PREA investigation results for the year of 2025.

Client Allegations Made Towards Staff in 2025:

Sexual Abuse: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Sexual Harassment: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Voyeurism: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Client Allegations Made Towards Clients in 2025:

Sexual Abuse: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Sexual Harassment: (0) Unsubstantiated (1) Substantiated (0) Unfounded

DATA Comparison

PREA Audit

While looking at data from the previous three years, it is evident staff along with the Clients are more educated about PREA so we have an increase in reporting than the previous years. It is apparent reporting mechanisms are visible to both staff and Clients and it is Nexus Treatment Program has taken a pro-active role in attempting to reduce prison rape. The code of silence still exists for Clients and staff alike however when comparing results to previous years its shows both are reporting. Retaliation is monitored and no reports of retaliation have been reported.

Pursuant to PREA standards for data review (§115.288), the following will serve as an annual review for 2021 in order to assess and improve the effectiveness of Nexus Treatment Program's sexual abuse and sexual harassment prevention, detection, response policies and training.

Nexus Treatment Program completed its second audit regarding the level of compliance with implementation of 35 PREA Standards, which includes compliance of many subsets of each standard on August 26, 2025. K.E. Arnold, DOJ Certified PREA Auditor of Castle Rock, CO. for the completion of the audit.

Number of standards exceeded:	6
Number of standards met:	35
Number of standards not met:	0 Corrective actions have been submitted.

The following (6) PREA Standards were found to have exceeded standard compliance:

115.213(a) Supervision and monitoring

Pursuant to the PAQ, the PA/PM 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/PM further self reports the average daily number of clients since the last PREA audit is 86 and the average daily number of clients on which the staffing plan is predicated is 86.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 7, section V(B)(5) addresses 115.213(a).

The auditor's review of the 2023, 2024, and 2025 PAQ NEXUS Staffing Plans reveals 115.213(b) 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.

The PA/PM 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 total of 36 cameras are currently monitored at NEXUS, all with very good resolution and cameras properly positioned. An electronic copy of the staffing plan is available to the PA/PM and behavioral technician coordinator (BTC) via the server. The same is password protected and accessible on their desktops pursuant to privileges.

The PA further self reports the staffing plan incorporates staffing minimums of three staff per shift, inclusive of a behavioral technician supervisor (BTS). A concerted effort is made on a daily basis to staff each shift with four staff, inclusive of a BTS. There is no direct supervision as a minimum of two staff rove between the two units and throughout the facility and rounds are logged in a log book and in the control center relative to those areas that are not routinely inhabited by clients. Additionally, routine rounds and counts are logged. The auditor's review of random Securing Round Sheets, as well as, log entries reveals substantial staff presence in each unit. Minimally, security rounds are facilitated on an hourly basis. Additionally, fire safety rounds are routinely facilitated.

Additionally, supervisory unannounced administrative sexual safety rounds are facilitated on a frequent basis and documented in emails/forwarded to the CCCS/PC. The auditor notes that the same practice exceeds standard expectations as such rounds are not required pursuant to the Community Confinement Standards and accordingly, the auditor finds that NEXUS exceeds standards pursuant to 115.213(a).

According to the PA/PM, the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:

1. The physical layout of the facility

The PA/PM asserts that the CC is manned on a 24/7 basis and unit rounds are effected as described above. Staff make routine rounds throughout 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.

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. During regular business hours Monday through Friday, treatment staff are actively engaged with the client population and visible within the units and throughout the facility.

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 associates 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, a fair amount of cognitively impaired (mild to moderate) and mental health cases are closely monitored.

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

During the last 18 months, sexual abuse/harassment cases have been minimal. Specifically, two sexual harassment (SH) allegations have been reported during the last 18 months. Close attention is directed to Sexual Abuse Incident Reviews (SART) and resultant recommendations, if any, implementing the same if possible.

4. Any other relevant factors

None.

The PA/PM asserts the BTS monitors the daily roster and consequently, staffing plan compliance on a daily basis, alerting the BTC of any areas of concern. The BTC 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. The PA closely monitors treatment staff vacancies.

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 or non-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.

In view of the effectuation of unannounced sexual safety rounds, the auditor finds NEXUS exceeds standards with respect to 115.213(a).

115.213(b)

Pursuant to the PAQ, the PA/PM self reports each time the staffing plan is not complied with, facility staff document/justify all deviations from the staffing plan. The PA/PM self reports the six most common reasons for filling behind posts in the last 12 months are as follows: 1. vacation; 2. call off sick; 3. assistance with treatment groups; 4. lack of staff; 5. staff at training; and 6. transportation.

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 2023, five 2024, and five 2025 NEXUS Deviation Forms reveals substantial compliance with 115.213(b). Of note, consistent with the PA's/PM'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/PM asserts a Deviation Form is completed and signed and dated by both the employee and PA or BTC whenever coverage must be established for an unfilled post. While there has been no vacated posts or deviations as noted above, the form is used to track overtime, fill-ins, etc.

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

115.213(c)

Pursuant to the PAQ, the PA/PM 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/PM asserts the staffing plan is reviewed at least once every year and he authors the staffing plan review.

The auditor's review of the 2023, 2024, and 2025 staffing plan reviews 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(c).

Given the "Exceeds Requirements" finding as articulated in the 115.213(a) narrative and lack of adverse findings with respect to the remaining provisions, the auditor finds NEXUS "Exceeds Expectations" with respect to 115.213.

115.231 Employee Training

115.231(a)

Pursuant to the PAQ, the PA/PM self reports the agency trains all employees who may have contact with clients on:

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.

NEXUS PREA Policy 7-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

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.

All 12 random staff interviewees assert they have received all training regarding the aforementioned PREA topics either during PREA Orientation training or during PREA annual refresher training (PREA ART). Additionally, such training is received on a monthly basis pursuant to on-line training.

The auditor notes NEXUS staff receive a plethora of training, piece-mealed by month throughout the calendar year.

The auditor's on-site review of four of 14 applicable staff training files (staff hired between 2023 and the present) reveals substantial compliance with 115.231(a). Review of the four files reveals that the New Staff Training Forms associated with staff across all facility disciplines reflect completion of PREA Orientation training prior to client contact. Of note, these documents are signed and dated by the affected staff member and the "I understand" caveat is included within the same.

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 facilities is enhanced.

Annual In-Service PREA training (PREA ART) was completed, minimally, during 2024/2025 by nine of 10 employees, and is not yet due for four employees as the result of their last PREA training date. In view of the above, the auditor finds NEXUS substantially compliant with 115.231(a).

115.231(b)

Pursuant to the PAQ, the PA/PM 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/PM self reports zero staff transferred from opposite gender facilities during the last 12 months.

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

In view of the above, the auditor finds NEXUS substantially compliant with 115.231(b).

115.231(c)

The PA/PM 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 PREA ART is provided at NEXUS on an annual basis, the auditor finds NEXUS exceeds the requirements of the aforementioned provision. The PA further self reports that all staff receive 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 14 applicable staff training files (staff hired between 2023 and the present) reveals substantial compliance with 115.231(a). Review of the four files reveals that the New Staff Training Forms associated with staff across all facility disciplines reflect completion of PREA Orientation training prior to client contact. Of note, these documents are signed and dated by the affected staff member and the "I understand" caveat is included within the same.

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 facilities is enhanced.

Annual In-Service PREA training (PREA ART) was completed, minimally, during 2024/2025 by nine of 10 employees, and is not yet due for four employees as the result of their last PREA training date.

Of note, the PA/PM asserts that staff review policy and procedures annually along with other PREA training refreshers and some have been uploaded into OAS.

In view of the above, the auditor finds NEXUS exceeds standard expectations with respect to 115.231(c).

115.231(d)

Pursuant to the PAQ, the PA/PM 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 28 2024 and five 2025 PAQ Staff Development and Training Record forms reveals that staff completed PREA ART and PREA Basics classes. Staff affixed their signature and date to each of these forms, signifying completion of the training and many other PREA classes. An "I understand" caveat is also included on each form.

The auditor's on-site review of four of 14 applicable staff training files (staff hired between 2023 and the present) reveals substantial compliance with 115.231(a). Review of the four files reveals that the New Staff Training Forms associated with staff across all facility disciplines reflect completion of PREA Orientation training prior to client contact. Of note, these documents are signed and dated by the affected staff member and the "I understand" caveat is included within the same.

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 facilities is enhanced.

Annual In-Service PREA training (PREA ART) was completed, minimally, during 2024/2025 by nine of 10 employees, and is not yet due for four employees as the result of their last PREA training date.

In view of the above, the auditor finds NEXUS substantially compliant with respect to 115.231(d).

Given the "exceeds requirements" finding in the narrative for 115.231(c) and lack of non-compliance findings regarding 115.231 remaining provisions, the auditor finds NEXUS exceeds expectations regarding 115.231.

115.232 Volunteer and contractor training

115.232(a)

Pursuant to the PAQ, the PA/PM 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/PM further self reports two contractors and 17

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.

NEXUS PREA Policy 7-6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).

The auditor's review of the CCCS Volunteer/Contractor PREA Training program reveals a comprehensive program similar to that provided to NEXUS staff. The same is a Power Point presentation with significant discussion topics.

Four volunteer interviewees 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. She also receives a brief overview of PREA at NEXUS. The volunteers 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.

The auditor did attempt to telephonically contact one additional contractor, leaving voicemail messages and contact information. He did not respond to the same.

The auditor's review of the interviewees' training files reveals the last training was provided during 2025.

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals the two contractors and 17 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.

The auditor's review of completed documents entitled PREA Compliance Acknowledgment, a Volunteer/Contractor Training Outline, Volunteer/Contractor Handbook Acknowledgment, and Volunteer/Contractor Code of Ethics reveals that the participants 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 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.

The auditor notes that 115.232(a) is silent regarding contractor/volunteer training provision following the initial training. In other words, there is no requirement for either annual or bi-annual re-training however, it is clear that the annual PREA training is provided to contractors/volunteers at NEXUS. Accordingly, the auditor finds that NEXUS exceeds requirements with respect to 115.232(a).

In view of the above, the auditor finds that NEXUS exceeds expectations with respect to 115.232(a).

115.232(b)

Pursuant to the PAQ, the PA/PM 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/PM 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).

Interviewees state that the aforementioned training included 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 did attempt to telephonically contact the additional contractor, leaving voicemail messages and contact information. He did not respond to the same.

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

115.232(c)

Pursuant to the PAQ, the PA/PM 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).

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals the two contractors and 17 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.

The auditor's review of completed documents entitled PREA Compliance Acknowledgment, a Volunteer/Contractor Training Outline, Volunteer/Contractor Handbook Acknowledgment, and Volunteer/Contractor Code of Ethics reveals that the participants 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 reporting options. The PREA Compliance Acknowledgment also includes verbiage reflecting the individual's understanding of the material presented.

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

Given the finding articulated in the narrative for 115.232(a) and the lack of adverse findings with respect to remaining 115.232 provisions, the auditor finds NEXUS exceeds expectations with respect to 115.232.

115.263 Reporting and other confinement facilities**115.263(a)**

Pursuant to the PAQ, the PA/PM self reports the agency has a policy requiring that, upon receiving an allegation a client was sexually abused/harassed 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. While the PA/PM self reports that zero allegations were received from clients regarding sexual abuse at another facility, the auditor finds that in the last 12 months, staff received two allegations that a client was sexually abused while confined at another facility.

As noted in the preceding paragraph, sexual harassment allegations are considered at NEXUS for purposes of reporting. Accordingly, NEXUS exceeds standard expectations relative to 115.263(a). Of note, the auditor has not discovered any evidence of sexual harassment reports originating at other facilities during the last 12 months.

NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(a).

The auditor's review of one email and one memorandum regarding sexual abuse incidents allegedly perpetrated at other facilities reveals substantial compliance with 115.263(a-c). Both documents reveal that the incidents were reported either telephonically or via email to the heads of other facilities by the PA/PM or Acting PA. The email and verbal report were also forwarded on the day of notification by the clients.

In view of the above, the auditor finds NEXUS exceeds standard expectations with respect to 115.263(a).

115.263(b)

Pursuant to the PAQ, the PA/PM 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.

NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(b).

The auditor's review of one email and one memorandum regarding alleged sexual abuse incidents allegedly perpetrated at other facilities reveals substantial compliance with 115.263(a-c). The email was forwarded to the head of the other facility by the PA/PM while one verbal report to the respective facility head was memorialized in the remaining memorandum. The email and verbal report were also forwarded on the day of notification by the clients.

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

115.263(c)

Pursuant to the PAQ, the PA/PM self reports the facility documents it has provided such notification within 72 hours of receiving the allegation.

NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(c).

The auditor's review of one email and one memorandum regarding alleged sexual abuse incidents allegedly perpetrated at other facilities reveals substantial compliance with 115.263(a-c). The email was forwarded to the head of the other facility by the PA/PM while one verbal report to the respective facility head was memorialized in the remaining memorandum. The email and verbal report were also forwarded on the day of notification by the clients.

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

115.263(d)

Pursuant to the PAQ, the PA/PM self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA/PM further self reports in the last 12 months, zero allegations of sexual abuse were received by the facility from other facilities.

NEXUS PREA Policy 7-4 entitled Reporting, pages 7, section II(C)(10) addresses 115.263(d).

The Agency Head interviewee asserts that in regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), the PA/PM is generally the point of contact for receipt of the same. The PA/PM opens an investigation regarding the same.

The PA/PM 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. Zero such reports have been received at NEXUS during the last 12 months.

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

Given that sexual harassment allegations, applicable to 115.263, are reported to the agency or facility Warden, Director, PA, etc. and the auditor finds no deviation from standard, he finds that NEXUS exceeds standard expectations with respect to 115.263.

115.273 Reporting to Residents**115.273(a)**

Pursuant to the PAQ, the PA/PM 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/PM 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 two sexual harassment investigations were conducted during the last 18 months.

NEXUS PREA Policy 7-10 entitled Investigations, page 3, section II(F)(1) addresses 115.273(a). This policy stipulates that following an investigation into a client's allegation of sexual abuse/sexual harassment in the facility, the PA/PM informs the client of the findings whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The auditor's review of two sexual harassment investigations facilitated within the last 18 months reveals substantial compliance with 115.273(a). The PA/PM and BTC provided the 115.273 written notifications to the respective clients.

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 cases. 115.273(a) requires notification only in sexual abuse cases.

The PA/PM 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.

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.

In view of the above, the auditor finds NEXUS exceeds expectations with respect to 115.273(a).

115.273(b)

Pursuant to the PAQ, the PA/PM 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/PM self reports zero criminal sexual abuse investigations have been completed during the last 18 months.

NEXUS PREA Policy 7-10 entitled Investigations, page 3, section II(F)(2) addresses 115.273(b).

As previously mentioned, zero criminal investigations of sexual abuse/harassment were facilitated during the last 18 months.

Of note, the criminal investigative interviewee states that the BTC can access the status of any NEXUS criminal sexual abuse investigation pursuant to logging into the LPD electronic investigative tracking system. Accordingly, the BTC can be aware of status and completion of criminal investigations at any time. In view of the above, the auditor finds NEXUS substantially compliant with 115.273(b).

115.273(c)

Pursuant to the PAQ, the PA/PM 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/PM further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a client at NEXUS during the last 12 months.

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

In view of the above, the auditor finds NEXUS substantially compliant with 115.273(c).

115.273(d)

Pursuant to the PAQ, the PA/PM 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, pages 3 and 4, section II(H)(1 and 2) addresses 115.273(d).

As previously noted throughout this 115.273 narrative, zero allegations of sexual abuse were reported during the last 18 months.

In view of the above, the auditor finds NEXUS substantially compliant with 115.273(d).

115.273(e)

Pursuant to the PAQ, the PA/PM self reports the agency has a policy that all such notifications are documented. As reflected throughout the narrative for 115.273, two sexual harassment investigations for allegations were conducted during the last 18 months. The auditor finds that both notifications regarding the investigative outcomes were documented (dated May 6, 2024 and July 29, 2024) and provided to the respective clients.

NEXUS PREA Policy 7.10 entitled Investigations, page 4, section II(I) addresses 115.273(e).

In view of the above, the auditor finds NEXUS exceeds expectations with respect to 115.273(e).

Given the 115.273 (a) and 115.273(e) findings wherein NEXUS exceeds standard expectations, the auditor finds that NEXUS exceeds standard expectations with respect to 115.273.

Sexual abuse incident reviews

115.286(a)

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 18 months, zero administrative/criminal sexual abuse investigations were facilitated at NEXUS. The auditor notes that one sexual harassment allegation was determined to be substantiated and another sexual harassment allegation was determined to be unfounded during the last 18 months.

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 substantiated or unsubstantiated sexual abuse and sexual harassment allegations. Unfounded allegations are not considered with respect to 115.286 requirements. 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.

The auditor's review of the Sexual Assault Response Team (SART) Checklist in the matter wherein sexual harassment was substantiated reveals the incident was reported on April 24, 2024 and the SART was facilitated on May 8, 2024. The requisite SART membership was represented and all relevant 115.286(d) requirements were met. The PA/PM signed and dated the SART Checklist (report).

In view of the above, the auditor finds NEXUS exceeds standard expectations with respect to 115.286(a).

115.286(b)

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 18 months, two administrative sexual harassment investigations were facilitated at NEXUS however, the allegation(s) were found to be unfounded in one of these investigations.

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

The auditor's review of the Sexual Assault Response Team (SART) Checklist in the matter wherein sexual harassment was substantiated reveals the incident was reported on April 24, 2024 and the SART was facilitated on May 8, 2024. Clearly, the 30-day threshold was met.

In view of the above, the auditor finds NEXUS substantially compliant with 115.286(b).

115.286(c)

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.

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

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

In view of the above, the auditor finds NEXUS substantially compliant with 115.286(c).

115.286(d)

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 PM.

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/PM 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." High points in terms of staff performance and policy/procedural effectiveness are also identified.

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/PM 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/PM asserts he would follow-through on the same, if warranted. If not warranted or not attainable, the basis for failing to follow through is documented in the record.

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

In view of the above, the auditor finds NEXUS substantially compliant with 115.286(d).

115.286(e)

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).

The PA/PM 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/PM asserts he would follow-through on the same, if warranted. If not warranted or not attainable, the basis for failing to follow through is documented in the record.

In view of the above, the auditor finds NEXUS substantially compliant with 115.286(e).

Given the fact that NEXUS exceeds standard expectations as articulated in the narrative for 115.286(a), the auditor finds that NEXUS exceeds standard expectations regarding 115.286.



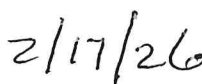
Mike Thatcher, CEO of CCCS Inc.



Date



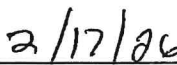
Marwan Saba, PREA Coordinator



Date



Rick Barman, Program Administrator



Date