

**Prison Rape Elimination Act (PREA) Audit Report
Community Confinement Facilities**

Interim *Final*

Date of Report *Click or tap here to enter text.*

Auditor Information

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<i>Mailing Address:</i> PO Box 1872	<i>City, State, Zip:</i> Castle Rock, CO 80104
<i>Telephone:</i> 484-999-4167	<i>Date of Facility Visit:</i> August 22, 23, 2019

Agency Information

<i>Name of Agency:</i> Community Counseling and Correctional Services (CCCS)		<i>Governing Authority or Parent Agency</i> NA	
<i>Physical Address:</i> 471 E. Mercury St,		<i>City, State, Zip:</i> Butte, MT 59701	
<i>Mailing Address:</i> SAA		<i>City, State, Zip:</i> SAA	
<i>The Agency Is:</i>	<input type="checkbox"/> <i>Military</i>	<input type="checkbox"/> <i>Private for Profit</i>	<input checked="" type="checkbox"/> <i>Private not for Profit</i>
<input type="checkbox"/> <i>Municipal</i>	<input type="checkbox"/> <i>County</i>	<input type="checkbox"/> <i>State</i>	<input type="checkbox"/> <i>Federal</i>
<i>Agency Website with PREA Information:</i> www.cccscorp.com			

Agency Chief Executive Officer

<i>Name:</i> Mike Thatcher, Chief Executive Officer	
<i>Email:</i> mthatcher@cccscorp.com	<i>Telephone:</i> (406) 782-0417

Agency-Wide PREA Coordinator

<i>Name:</i> Marwan Saba	
<i>Email:</i> msaba@cccscorp.com	<i>Telephone:</i> (406) 491-0245

PREA Coordinator Reports to: Mike Thatcher	Number of Compliance Managers who report to the PREA Coordinator: 9
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Facility Information

Name of Facility: Nexus Treatment Facility

Physical Address: 110 Skyline Dr. City, State, Zip: Lewistown MT, 59457

Mailing Address (if different from above): SAA City, State, Zip: SAA

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: www.cccscorp.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA
 NCCHC
 CALEA
 Other (please name or describe: *Click or tap here to enter text.*)
 N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
MDOC Contract Review, PREA Audit

Facility Director

Name: Rick Barman

Email: rbarman@cccscorp.com Telephone: (406) 535-6660

Facility PREA Compliance Manager

Name: Patti Hould

Email: ppetersen@cccscorp.com Telephone: (406)535-6660

Facility Health Service Administrator N/A

Name: Courtney Moline

Email: cmoline@cccscorp.com

Telephone: (406) 535-6660 Ext. 238

Facility Characteristics	
Designated Facility Capacity:	88
Current Population of Facility:	90
Average daily population for the past 12 months:	88
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	20-54
Average length of stay or time under supervision	270 days
Facility security levels/resident custody levels	Alternative Secure
Number of residents admitted to facility during the past 12 months	110
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	107
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	104
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	39
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	2

Number of individual contractors who have contact with residents, currently authorized to enter the facility:	2
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p style="text-align: center;">Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	8 rooms
Number of multiple occupancy cells, rooms, or other enclosures:	32 rooms
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the NEXUS Methamphetamine Treatment Center facility was conducted August 22-23, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

The documentation review included, but was not limited to, Community Counseling and Correctional Services (CCCS) and NEXUS Corporate/facility policies, staff training slides, completed forms regarding both staff and family member training, MOUs, organizational chart(s), PREA Handbook, CCCS and NEXUS PREA brochures, family member educational materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the CCCS PREA Coordinator (CCCS PC). The majority of informational needs were addressed pursuant to this process.

It is noted that participants in the NEXUS program are formally known as family members. Accordingly, the family member terminology is reflected throughout this report.

The auditor's telephonic interview with the Director of SAVES reveals he/she is not aware of any sexual abuse reports from NEXUS family members or staff. She specifically stated they receive minimal, if any, business from NEXUS.

The auditor met with the Program Administrator (PA), CCCS PC, CCCS PREA Specialist/Compliance (PS/C), Security Coordinator (SC), the PREA Compliance Manager (PCM), nurse supervisor, and administrative secretary at 8:00AM on August 22, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 9:40AM, the auditor toured the entire facility with the PA, SC, and PCM.

It is noted the rated capacity of NEXUS is 88 family members and the institutional count on August 19, 2019 was 90 family members.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and family members. The auditor randomly selected (from a family member roster provided by the PCM) 17 (13 of which required no specialty interviews) family members for on-site interviews pursuant to the Random Resident Interview Questionnaire and four specialty interview questionnaires. Interviewees represented all wings of the facility.

According to the PCM, there were no transgender/intersex family members, family members who reported a sexual abuse incident at NEXUS, family members who reported prior sexual victimization during screening, family members who are hard of hearing/display speech impediments/Limited English Proficient (LEP), cognitively disabled, at the facility during the on-site audit. Accordingly, such interviews were not conducted.

It is noted the 13 random family member interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to family members for reporting sexual abuse and sexual harassment. Overall, random family member interviewees presented good knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random family members advised they had received training by NEXUS staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers. Of note, the Random Resident Questionnaire was also administered to the four specialty family member interviewees.

Twelve random staff selected by the auditor from a staff roster provided by the PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to family members and staff, the response protocols when a family member alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Director
- CCCS PC
- PCM
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- Medical (1)
- Mental Health (1)
- SAFE/SANE Staff (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
- Security and Non-Security Staff Who Have Acted as First Responders (1 Security staff and 1 Non-Security staff)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)
- Volunteer (1)

The contract administrator interview was not conducted as NEXUS does not employ staff in that capacity.

It is noted CCCS is the umbrella company for NEXUS.

The following family member interviews were facilitated in addition to the random family member interviews. The interview sets are noted below:

- Disabled- 1 physical disability and 1 low hearing
- LGB- 2 bisexual

The auditor reviewed 10 staff and one volunteer training records, 11 family member files, nine staff/one volunteer/one contractor HR files, zero PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On August 22, 2019, the auditor, the CCCS PC, and CCCS PREA Specialist/Compliance (PS/C) proceeded to the NEXUS entry area where we were processed (at the control center) pursuant to

standard security procedures. The auditor also read, signed, and dated the PREA Notification referenced in the narrative for 115.232.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of family members, unit layout (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and family member programming.

The facility is comprised of one floor and two housing units with three wings apiece. Staff offices are generally confined to the Administration Area and North Unit. Medical and the Food Service Area located in North Unit. Family member rooms are located on either side of wing hallways. The auditor notes bathrooms are included in each quad and doors are solid. A laundry room is located in both Snowy and Moccasin Units. Additionally, two group rooms are located on each unit.

Showers are shielded by an acceptable curtain. Toilet areas are included in the quad bathrooms, affording substantial privacy. Genitalia cannot be seen as the result of this configuration.

The auditor noted staff offices are equipped with a window.

The auditor notes family member telephones are located within the housing units. Reports of sexual abuse/harassment can be made from these telephones.

Currently, there are 34 cameras scattered throughout the facility, 23 positioned inside the building and 11 positioned outside the same, inclusive of the vehicle sallyport. Camera coverage is noted to be effective throughout the facility.

Camera resolution was noted to be good at the time of the on-site audit. There were no inoperative cameras at the time. The PA, SC, and Control Center Security Technician have the ability to monitor camera surveillance.

Notices of the PREA audit were generously posted throughout the facility and both residents and staff were aware that a PREA audit would be conducted on August 22 and 23, 2019.

Pursuant to the auditor's review of several different cameras, as well as camera angles, in the control center, he found no concerns with respect to family member privacy. Family members have sufficient protection from potential voyeurism.

As mentioned throughout this report, sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. As mentioned in the individual standard narratives, the auditor finds that family members have ample opportunity to be aware of sexual safety protocols pursuant to numerous channels.

An On-site Audit Closeout meeting was facilitated on August 23, 2019 with the PA, CCCS PC, CCCS PS/C, SC, PCM, and auditor in attendance. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the PCM for her diligence in terms of ensuring prompt reporting of interviewees and follow-up regarding the auditor's requests for clarification and additional documentation.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding both staff and family member general knowledge of PREA programs and operations. Additionally, he cited the staff/contractor PREA training programs and Victimization and Predator Screening process/implementation of the same as a strength.

Facility Characteristics

The NEXUS Program is a partnership between Community, Counseling, and Correctional Services, Inc. (CCCS) and the Montana Department of Corrections (MDOC). The program represents the culmination of efforts by CCCS and MDOC to provide an alternative, proactive response to traditional sentencing of adults who are involved with, and addicted to, methamphetamine and other chemicals of dependence. NEXUS, which means connecting or linking services, is an 80-bed methamphetamine treatment facility for adult male offenders who have been convicted of second or subsequent methamphetamine possession or a first methamphetamine lab construction.

Located in Lewistown, Montana, it is a \$9.2 million facility designed, financed, constructed, and owned by CCCS. Construction commenced in May 2006, and the program began operating on June 1, 2007. NEXUS has 44 employees and it contracts with MDOC.

The program is based on a therapeutic community model of treatment and includes a comprehensive array of correctional programming and services, including food service, transportation, routine medical and dental services, and various other programs such as anger management, family relationships, life skills, criminal thinking errors, and cognitive restructuring groups and counseling. The NEXUS Program is an intensive, cognitive-behavioral based addictions treatment community assisting family members in developing the skills necessary to create prosocial change, reduce antisocial thinking, interrupt criminal behavior patterns, and address the negative effects of chemical addictions while integrating more fully into society.

NEXUS Program has, as one of its primary goals, the operation of a safe, humane program, which provides a place of custody and provides programs and services that offer Family Members opportunities for positive change. Specific goals have additionally been set as benchmarks for the measurement of the services provided and are as follows:

- To increase the methamphetamine addicted offender's level of knowledge of chemical dependency and the consequences of methamphetamine use.
- To provide offenders with treatment and ancillary services necessary to create prosocial change, reduce antisocial thinking, criminal behavior patterns and the negative effects of chemical dependency—particularly as it relates to methamphetamine use.
- To promote responsibility and accountability of offenders by providing an experiential, prosocial community environment.
- to maintain a 98% level of offenders admitted to Phase II who have developed an individualized recovery plan by the end of Phase II of the program.
- To maintain a 98% level of offenders who have developed an individualized community-based aftercare plan by the end of the last phase of the program.
- To decrease the number and frequency of positive alcohol/drug screens while under probation supervision after graduation from the program.
- To decrease the proportion of offenders who violate probation as evidenced by a lower number of intermediate sanction and revocations.
- To decrease the incidence of further methamphetamine-related convictions.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.231, 115.273, 115.286

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: Two initially.
List of Standards Not Met: 115.217, 115.251 Corrective action completed during the report writing phase (Post Audit).

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the 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.

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 family members.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 1-9 addresses 115.211(a).

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. Additionally, the PA self reports she has sufficient time and authority to develop, implement, and oversee facility efforts to comply with PREA standards at NEXUS.

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. Nine PCMs and one Compliance/PREA Specialist report to him and facilitate PREA- related duties at the respective facilities. As 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, review of camera needs and placements.

The NEXUS PCM asserts she handles Human Resources (HR) duties in addition to PREA responsibilities. She facilitates frequent rounds to assess PREA standards compliance and diagnose any problematic areas. She spot quizzes staff regarding PREA standards implementation at NEXUS.

As she is new to the position, she will be updating PREA policy(ies) throughout her daily duties. As potential supervision/camera needs/issues are recognized, she will coordinate with the PA and Security Coordinator (SC) to effect change(s). If staff PREA performance issues are identified, the same will be addressed with the respective supervisor. Any monetary expenditures will be addressed with the PA.

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- 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 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.) Yes No NA

115.212 (b)

- 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.) Yes No NA

115.212 (c)

- 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.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of family members since the last PREA audit. 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 there is no bargaining unit/ CCCS interface.

Accordingly, since there are no deviations from standard, the auditor finds NEXUS substantially compliant with 115.212.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- 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 No 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 No
- 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 No
- 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 No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.213 (c)

- 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? X Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? X Yes No
- 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? X Yes No
- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect family members against sexual abuse. The PA further self reports the average daily number of family members since the last PREA audit is 81 and the average daily number of family members on which the staffing plan is predicated is 88.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 7 and 8, section IV(A)(5) addresses 115.213(a).

The auditor's review of three NEXUS PAQ staffing plans (2017, 2018, and 2019) reveals the facility meets standard expectations in terms of content. Additionally, review of the afore-mentioned 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 asserts the facility does have a staffing plan and the plan is adequate to protect family members 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. A hard copy of the staffing plan is documented and maintained in the PA's Office. The PA, SC, and PCM also maintain an electronic copy of the same.

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

Blind spots are the primary considerations in regard to staffing plan development. Additionally, assessment of family member 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 rounds by administrators (Management by Walking Around-MBWA) provides the opportunity to assess coverage weaknesses. Additionally, assessment of family member behaviors (temporary or protracted) are another measure in terms of the family member sexual safety equation.

2. The composition of the family member population

Gang members and "wannabes" are minimal at NEXUS. If increases in this segment of the population are noted, realignment of staff duties and locations may be used to offset the same. Additional cameras may be requested if realignment of staff duties is ineffective.

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

No sexual abuse incidents have occurred since 2014. However, a sexual harassment allegation has been reported. Increases may warrant reconsideration and realignment of staff responsibilities to offset weaknesses.

Any other relevant factors

There are no other relevant factors.

The PA asserts the shift supervisors monitor daily roster and consequently, staffing plan compliance on a daily basis and alert the SC as to any areas of concern. 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. A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same.

MBWA results in the PA's personal knowledge of daily staffing.

The PCM asserts one staff member always mans the Control Center and one additional staff member is assigned to the two housing units. If additional staff are available, a rover is assigned. Family member areas of congregation and high traffic areas are always assessed when developing the annual staffing plan. Locations of camera placements are also considered to ensure maximum coverage of the facility either through video surveillance or physical staffing. She assesses blind spots pursuant to MBWA and discusses the same with the PA to offset area(s) of weakness.

2. The composition of the family member population

Gang members and "wannabes" are minimal at NEXUS, as is the sex offender population. Racial balance is acceptable and there are few physical disabilities. The LGBTI population is likewise minimal.

The prevalence of substantiated and unsubstantiated incidents of sexual abuse

At NEXUS, frequency of PREA allegations is minimal, mostly non-existent.

Any other relevant factors

There are none.

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA self reports the four most common

reasons for deviating from the staffing plan in the last 12 months are as follows: staff sick call; transportation of family members for medical appointments, etc.; staff vacations; and inadequate shift coverage.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section IV(A)(6) addresses 115.213(b).

The auditor's review of two 2017, six 2018, and two 2019 NEXUS Deviation Forms reveals substantial compliance with 115.213(b). Of note, 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 asserts a Deviation Form is completed and signed and dated by both the employee and 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 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 IV(A)(7) addresses 115.213(c).

The staffing plan reviews reveal cameras can be monitored from three locations. During the facility tour, the auditor validated locations as prescribed in the staffing plan reviews.

The PCM asserts the staffing plan is reviewed at least once every year and she will be part of the writing and review process.

The auditor's review of the 2017, 2018, and 2019 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.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- 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 residents.)
 Yes No 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 residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- 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 No

115.215 (e)

- 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 No
- If a 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 No

115.215 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility conducts cross-gender strip or cross-gender visual body cavity searches of residents only in exigent circumstances or when performed by medical practitioners. In the past 12 months, the PA self reports 0 cross-gender strip or cross-gender visual body cavity searches of family members were facilitated by NEXUS staff.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section IV(A)(8) addresses 115.215(a).

The non-medical staff involved in cross-gender strip or visual searches interviewee asserts when a family member is believed to be holding dangerous contraband (e.g. shank) 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).

The auditor's review of Exigent Circumstances Logs validates the PA's statement above regarding the frequency of such searches.

Pursuant to the PAQ, the PA self reports the facility does not house female family members. In the past 12 months, no female family member pat-down searches were conducted by male staff. As previously reflected above, female family members are not housed at NEXUS.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section IV(A)(9) addresses 115.215(b).

The PCM asserts female family members are not housed at NEXUS and the auditor validated the same during the facility tour.

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The PA further self reports facility policy requires all cross-gender pat-down searches of female residents are documented. As previously referenced, female family members are not housed at NEXUS.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 8, section IV(A)(9) addresses 115.215(c).

As referenced in the narrative for 115.215(a), 0 cross-gender visual or body cavity searches of family members were conducted during the last 12 months. Additionally, cross-gender pat searches of female family members are not conducted at NEXUS.

Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable family members 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 further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a family member housing unit.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 9, section IV(A)(10 and 11) addresses 115.215(d).

All 13 random family member interviewees assert opposite gender staff announce their presence when entering housing areas. Additionally, family members 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 family members of the opposite gender. Additionally, family members 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 announce their presence when entering wings wherein opposite gender family members are housed, stating, "Female on the floor" or some equivalent.

Additionally, the auditor observed camera monitors, noting family member 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.

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

NEXUS PREA Policy 7-1 entitled PREA General Requirements, pages 8 and 9, section IV(A)(9)(a)(iii) addresses 115.215(e).

All 12 random staff interviewees assert they are aware staff are prohibited from searching or physically examining transgender/intersex family members for the sole purpose of determining the family member's genitalia.

The PCM asserts there are 0 transgender/intersex family members at NEXUS. Accordingly, such interview was not conducted.

Pursuant to the PAQ, the PA self reports 100% of all security staff have received training on conducting cross-gender pat-down searches of female family members and searches of transgender and intersex family members 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 review of 12 Staff Development & Training Record Forms (covering 2017 and 2019) reveals staff understand Gender Responsive Strategies and Transgender/Intersex Pat Searches. This training was provided to staff representing several different institutional disciplines, inclusive of Security.

The auditor's review of 2017 and 2018 training spread sheets also reveals the vast majority of staff completed the same training course during the respective years.

The auditor's on-site review of 10 random employee training files reveals during calendar year 2019, eight staff completed and understand the requisite training. All security staff included in this sample received the requisite training. Of note, three individuals received the same training during 2017.

NEXUS PREA Policy 7-1 entitled PREA General Requirements, page 9, section IV(A)(12) and (a) addresses 115.215(f).

All 12 random staff interviewees assert they received training on how to conduct cross-gender pat down and searches of transgender/intersex family members in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, 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.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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.) X Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? X Yes No
- 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? X Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? X Yes No
- 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? X Yes No
- 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: Are blind or have low vision? X Yes No

115.216 (b)

- 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? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes No

115.216 (c)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled family members 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.

NEXUS PREA Policy 7-3 entitled Intake Screening, pages 2 and 3, section II(A)(2) addresses 115.216(a).

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 115.16(a). This MOU addresses those offenders who may be low functioning or somewhat cognitively impaired.

The auditor's review of the large print CCCS PREA Handbook provides assistance to those family members with low vision.

The Agency Head asserts the agency has established procedures to provide family members with disabilities and family members 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 residents 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.

The two family members with disabilities (one with physical disabilities and one with low hearing) interviewees assert the facility provides information about sexual abuse/harassment they are able to understand.

Pursuant to three random family member 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).

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide family members with limited English proficiency (LEP) 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.

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

The auditor's review of the contract between CCCS and Language Link Interpreter Services for provision of services to non-English speaking family members. Services for 250-plus languages are provided pursuant to this service.

The PA advises pursuant to PAQ memorandums, NEXUS has not provided an interpreter during the last 36 months.

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

Pursuant to the PAQ, the PA self reports agency policy prohibits use of family member interpreters, family member readers, or other types of family member assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter, could compromise the family member's safety, the performance of first-response duties, or the investigation of the family member's allegations. The PA further self reports the facility documents the limited circumstances in individual cases where family member interpreters, readers, or other types of family member assistants are used.

Finally, in the last 12 months, the PA self reports there were no instances where family member interpreters, readers, or other types of family member assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the family member's safety, the performance of first response duties, or the investigation of the family member's allegations.

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

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

All 12 interviewees assert, to the best of their knowledge, family member 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.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- 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)? X Yes No
- 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? X Yes No
- 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 question immediately above? X Yes No
- Does the agency prohibit the enlistment of 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)? X Yes No
- Does the agency prohibit the enlistment of 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? X Yes No
- Does the agency prohibit the enlistment of 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 question immediately above? X Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? X Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? X Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? X Yes No

- 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? X Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? X Yes No

115.217 (e)

- 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? X Yes No

115.217 (f)

- 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? X Yes No
- 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? X Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? X Yes No

115.217 (h)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA asserts agency policy prohibits hiring or promoting anyone who may have contact with family members and prohibits enlisting the services of any contractor who may have contact with family members who:

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- b. 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
- c. Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

CCCS Policy 1.3.1.12, pages 1 and 2, section IV (B)(1-3) addresses 115.217(a).

The auditor's on-site review of four of nine random staff files reveals substantial compliance with 115.217(a) and (b). In the remaining three cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated in 115.217(a) and (b) were also asked with responses documented by two promoted staff.

The auditor has been advised the dentist's contract was issued on September 12 2017. His contract is not renewed annually.

Pursuant to research, NEXUS staff were unable to provide the auditor a copy of the 2018 Disclosure of PREA Employee Standards Violation form (addresses the three 115.217(a) questions and 115.217(b) sexual harassment question) signed and executed by the contractor. The auditor notes, however, as articulated throughout 115.217, this form was not implemented until 2018.

The (auditor) has reviewed a Disclosure of PREA Employment Standards Violation form dated April 26, 2019 that was executed by the contract dentist. Accordingly, the auditor finds NEXUS compliant with 115.217(a) and (b), as applied to this contractor.

The auditor's review of either criminal background records checks or five-year re-investigations reveals non-existence of the three questions articulated in 115.217(a) and/or the sexual harassment question articulated in 115.217(b). This also applies to the contract dentist as his criminal background records check was completed on August 2, 2019. The auditor notes there is no evidence of 115.217(a) deviations within that document.

According to the CCCS PC, one medical contractor (nurse practitioner) works with an agency who provides medical services to CCCS pursuant to an agreement. She provides somewhat minimal intermittent services on an "as needed" basis.

The auditor notes this contractor was previously referenced in a Final PREA Audit Report for another CCCS facility as the original background investigation conducted, constituted a professional background investigation. The same does not constitute a criminal background record check as required by 115.17(d). Accordingly, the auditor determined that facility was non-compliant with 115.17(d) and as one component of corrective action, the conduct of a criminal background record check was required.

As part of the post-audit review for that facility, the auditor has confirmed the requisite background check has been completed. Accordingly, given the fact this contractor provides services at multiple CCCS facilities as articulated in 115.232, the auditor finds NEXUS compliant with 115.217(a) and (b).

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 offenders.

CCCS Policy 1.3.5.12 entitled PREA, page 5, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.17(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 (the PCM facilitates these duties) 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 offenders.

Pursuant to the PAQ, the PA self reports agency policy requires before it hires any new employees who may have contact with family members, it a. conducts criminal background record checks and b. consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PA further self reports in the past 12 months, nine staff, who may have contact with family members, 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 family members and all employees, who may have contact with family members, 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 family members.

Of the nine random staff files reviewed by the auditor, two of the applicants (hired during this audit period) documented a prior institutional employer and the requisite previous institutional employer verification form was properly forwarded to the previous employer in one case.

The auditor notes, in the above cases, three 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). In three cases, the criminal background records check results were received within one to four days of the date of hire and prior to contact with family members. The auditor's review of the same reveals no concerns in terms of 115.217(a) and (b) issues. 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 family members. The PA further self reports, in the past 12 months, there were two 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).

According to the CCCS PC, one medical contractor works with an agency who provides medical services to CCCS pursuant to an agreement. She provides somewhat minimal intermittent services on an "as needed" basis.

The auditor notes this contractor was previously referenced in a Final PREA Audit Report for another CCCS facility as the original background investigation conducted, constituted a professional background investigation. The same does not constitute a criminal background record check as required by 115.17(d). Accordingly, the auditor determined that facility was non-compliant with 115.17(d) and as one component of corrective action, the conduct of a criminal background record check was required. As part of the post-audit review for that facility, the auditor has confirmed the requisite background check has been completed. Accordingly, given the fact this contractor provides services at multiple CCCS facilities as articulated in 115.232, the auditor finds NEXUS compliant with 115.217(d).

In addition to the above, the auditor's review of the criminal background records check [referenced in the narrative for 115.217(a)] for the other contractor reveals the initial criminal background records check (2017) could not be located and there is no annual requirement for the conduct of the same as related to contractors. While continuous compliance with 115.217(d) could not be established, a new criminal background records check has been completed [see narrative for 115.217(a)] and accordingly, corrective action is complete. The auditor has briefed CCCS PC and NEXUS PC regarding this issue and it is incumbent upon them to ensure the 115.217(e) five-year re-investigations are completed in a timely manner. The combination of such investigations and annual completion of the Disclosure of PREA Employee Standards Violation forms are crucial to compliance with 115.217.

In view of the above, no further corrective action is required with respect to 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 family members 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 asserts the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conducts criminal background record checks for current employees and contractors who may have contact with family members.

Corporate HR staff utilize a spreadsheet to track due dates for employee 5-year re-investigations. Additionally, initial requests for criminal background record checks are requested by CCCS HR Department staff following a request from facility 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). Provision of the best practice is certainly advantageous to MDOC, as well as, NEXUS.

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, the three questions noted in 115.217(a) are asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process.

During an audit of a CCCS facility conducted during November, 2017, this auditor discovered the three questions were not asked on an annual basis in conjunction with the performance appraisal process. Accordingly, the Disclosure of PREA Employment Standards Violation form was implemented on an annual basis, commencing with calendar year 2018. This document includes the three questions referenced in the narrative for 115.17(a), as well as sexual harassment [115.17(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/promotion interview phases of the employment process.

As previously indicated in the narrative for 115.17, the auditor reviewed nine random staff HR files to determine compliance with the totality of 115.17. Five staff were hired during 2019 and accordingly, the 115.217(a) and (b) questions were asked in the application and hiring interview minimally. In three of the four remaining cases, the questions were asked pursuant to annual Disclosure of PREA Employment Standards Violation forms dated in November and December, 2019.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with family members 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 the majority of 115.217, inclusive of 115.217(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 the afore-mentioned standard provisions for 2018 and 2019 in many cases.

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.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- 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.)
Yes No NA

115.218 (b)

- 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 a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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.

NEXUS Policy 7.8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

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 2016.

NEXUS Policy 7.8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).

The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of residents from incidents of sexual abuse. The agency considers line of sight, blind spots, potential obstructions 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.

The PA asserts 32 cameras have been added since the last PREA audit. The planning process included assessment of family member areas of congestion and blind spots.

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 camera surveillance is adequate at NEXUS.

In view of the above, the auditor finds NEXUS substantially compliant with 115.218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- 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.)
X Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? X Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No

- 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)? X Yes No

- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X Yes No
- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No X NA
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.221 (e)

- 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? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X Yes No

115.221 (f)

- 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.) X Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- 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 *always* makes a victim advocate from a rape crisis center available to victims.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including family member-on-family member 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.

NEXUS PREA Policy 7.4 entitled Reporting, page 10, section II(E)(i and ii) addresses 115.221(b). The auditor's review of a Memorandum of Understanding signed and dated September 26, 2019 by the PA and LPD Chief of Police includes the requisite elements of 115.221.

As previously mentioned, 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 afore-mentioned standard provision.

Nine 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.

Nine of 12 random staff interviewees properly assert the PA facilitates administrative sexual abuse/harassment investigations while all of the 10 of 12 interviewees assert LPD sexual abuse investigators facilitate criminal sexual abuse/sexual harassment investigations.

Pursuant to the PAQ, the PA self reports no youth are housed at NEXUS and accordingly, 115.221(b) is not applicable to any provision regarding youth. The PA further self reports the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The auditor's review of an MOU between CCCS and LPD specifically addresses tenets of 115.221(b). The MOU is dated March 23, 2016. The previously mentioned MOU is more explicit in terms of 115.221 requirements. The auditor finds NEXUS to be substantially compliant with 115.221(b).

Pursuant to the PAQ, the PA self reports the facility offers to all family members 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 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). The auditor notes one of the NEXUS nurses is SAFE/SANE trained pursuant to Planned Parenthood, copy of Certificate included in the PAQ packet. According to the PA, no forensic medical examinations were conducted during the past 36 months.

The auditor's review of an MOU dated April 7, 2016, co-signed by the NEXUS PA and 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 10, section II(E)(iii) 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, Emergency Room (ER) Nurses would facilitate the forensic examination, in conjunction with the ER Physician. The other ER Nurses are not specifically SAFE/SANE trained.

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

Pursuant to the PAQ, the PA 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 further self reports the facility provides victim advocate services pursuant to an MOU between CCCS and SAVES.

NEXUS PREA Policy 7.4 entitled Reporting, page 10, section II(E)(iv) addresses 115.221(d).

The auditor's review of the MOU between CCCS and SAVES 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 case manager has completed the PREA Resource Center/JUST DETENTION training course entitled Victim Services Trauma-Informed Approach course. The same is documented on a Staff Development and Training Record Form and accompanying test.

The PCM asserts there is an MOU between NEXUS and SAVES regarding provision of Victim Advocates (VAs) for family members in need of the same. The MOU is clearly scripted in regard to this requirement.

The PCM asserts she has not made contact with the SAVES Director to ensure proper training of VAs. Accordingly, the auditor recommended the PCM complete the call.

The PCM asserts no residents who reported a sexual abuse at NEXUS were confined at the facility during the on-site audit. Accordingly, such interview could not be conducted.

Pursuant to the PAQ, the PA self reports if requested by the victim, a victim advocate 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 11, section II(E)(v) addresses 115.221(e).

The PCM asserts if requested by the victim, a trained and qualified facility VA, as well as, SAVES 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 MOU is quite explicit in terms of services.

The PA facilitates administrative investigations at NEXUS. LPD facilitates criminal investigations pursuant to an MOU.

NEXUS PREA Policy 7.4 entitled Reporting, page 11, section II(E)(vi and vii) 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.

In view of the above, the auditor finds NEXUS substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- 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 No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including family member-on-family member and staff sexual misconduct). In the past 12 months, 0 allegations of sexual abuse and sexual harassment were received.

NEXUS PREA Policy 7.4 entitled Reporting, page 2, section II(A)(11) addresses 115.222(a).

The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.

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 family member interviews are conducted. Criminal investigations are facilitated by LPD investigators, taking into account a higher standard of evidence and possible referral for prosecution.

Pursuant to the PAQ, the PA 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 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.

NEXUS PREA Policy 7.4 entitled Reporting, page 3, section II(A)(12) addresses 115.222(b).

The investigative staff interviewee asserts 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 pursuant to an MOU with the same. If the PA determines there may be criminal implications/overtones, he would refer the matter to LPD.

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

The auditor finds the afore-mentioned 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.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? X Yes No
- 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? X Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment X Yes No
- 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? X Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? X Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? X Yes No
- 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? X Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X Yes No
- 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? X Yes No
- 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? X Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? X Yes No
- 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? X Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
X Yes No
- 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? X Yes No
- 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? X Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with family members on:

- 1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- 3) Family member's rights to be free from sexual abuse and sexual harassment;
- 4) The right of family members and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with family members;
- 9) How to communicate effectively and professionally with family members, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

NEXUS PREA Policy 3.6 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.

Eleven of 12 random staff interviewees assert they have received all training regarding the afore-mentioned PREA topics either during Orientation training, or during annual PREA training. Additionally, such training is received on a monthly basis pursuant to on-line training.

The auditor notes NEXUS staff receive a plethora of training, provided on a monthly basis throughout the calendar year.

The auditor's review of nine annual In-Service Cross Gender/Transgender Pat Search/PREA Staff Development and Training Forms associated with staff across all facility disciplines, reveals completion of the same during 2017. Additionally, five such forms reveal completion of In-Service PREA training during 2017 and two New Staff Training forms reveal completion of both of the afore-mentioned courses during the same period.

Review of eight Staff Development and Training Forms associated with staff across all facility disciplines, reveals completion of the same relative to 2018 PREA In-Service training, one New Staff Training form regarding PREA and Cross Gender/Transgender Pat Searches, and six Staff Development and Training Forms regarding Gender Responsive Strategies reveal completion of those courses during 2018.

Finally, four Staff Development and Training Forms reveal completion of In-Service PREA training during 2019.

The auditor's review reveals all participants sign the "I understand" caveat and date a training form each time they complete a course. A plethora of different classes are provided to staff on an annual basis as reflected on the training matrix. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

The auditor did note the New Staff Training Form is absent the requisite "I understand" caveat. Upon further inquiry, he was provided an example of an accompanying Staff Development and Training Record Form, signed and dated by the attendee, attesting to his/her understanding of the subject-matter presented.

Four of five applicable on-site random training file reviews revealed comprehensive and timely receipt of Orientation PREA training. Five additional files pertained to staff hired at NEXUS prior to implementation of PREA and accordingly, requisite documentation for 115.231(a) is not available.

Annual In-Service PREA training was completed with respect to six employees, and not yet due for four employees.

Pursuant to the PAQ, the PA self reports training is tailored to the male gender of the family members at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender of the family member population at NEXUS.

NEXUS PREA Policy 3.6 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 family member population. Additionally, the NEXUS PCM self reports 0 staff transferred from opposite gender facilities during the last 24 months.

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

Pursuant to the PAQ, the PA self reports 39 staff, who may have contact with family members, were trained or retrained in PREA requirements. This equates to 100% of staff.

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 is provided at NEXUS, the auditor finds NEXUS exceeds the requirements of the afore-mentioned provision.

NEXUS PREA Policy 3.6 entitled Training, page 2, section II(C) addresses 115.231(c).

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

NEXUS PREA Policy 3.6 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.

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

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- 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? X Yes No

115.232 (b)

- 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)? X Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with family members have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The PA further self reports two contractors and four volunteers have provided services at NEXUS during the past 12 months and all have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

NEXUS PREA Policy 3.6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).

The auditor's review of the CCCS Volunteer and 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.

The volunteer interviewee asserts he has been trained in his responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. He received initial training during a volunteer Orientation session. The same was a three hour session provided prior to assumption of duties. The training was presented in a Power Point Presentation.

The auditor's review of the interviewee's training file reveals the last training was provided on August 1, 2019.

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals one contractor executed the same on November 9, 2017. 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 medical contractor is a full-time employee of MDOC, assigned to the Montana State Prison (MSP) in Deer Lodge, Montana. The CCCS PC advises the contractor has completed annual PREA Refresher Training at MSP. The auditor has been provided copies of Certificates signifying she completed 2018 Annual PREA Refresher training at MSP on September 12, 2018. Additionally, the auditor reviewed Certificates for completion of PREA Post-Audit Corrective Action, on the same date.

The auditor reviewed the MSP Final PREA Audit Report dated October 18, 2016 and finds no evidence of training and content deficiencies with respect to the topics covered pursuant to 115.31(a). Accordingly, the auditor deduces the content of requisite training topics to be, minimally adequate, in accordance with 115.31(a).

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals one contractor executed the same in 2017. These documents, as well as, a Volunteer Handbook document, and Staff PREA Acknowledgment Form were completed by one volunteer in 2016, one volunteer in 2017, one volunteer in 2018, and three volunteers in 2019. These documents address definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The documents also include verbiage reflecting the individual's understanding of the material presented.

The auditor reviewed documents entitled Volunteer/Contractor Acknowledgment Form and various other training certifications dated 2016, 2017, and 2018 and signed/dated by volunteers.

Pursuant to the PAQ, the PA 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 family members. The PA further self reports all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.

NEXUS PREA Policy 3.6 entitled Training, pages 2 and 3, section II(F) addresses 115.232(b).

The volunteer interviewee asserts the 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, avoiding fraternization with family members, investigative process, first responder duties, contacting security, and documentation responsibility are also addressed.

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

NEXUS PREA Policy 3.6 entitled Training, page 3, 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.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? X Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? X Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? X Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? X Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? X Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? X Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? X Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? X Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? X Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? X Yes No

- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? X Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? X Yes No

115.233 (e)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports family members 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 self reports 110 NEXUS family members were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the family members admitted to NEXUS during the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake Screening, pages 1 and 2, section II(A)(1)(a)(1-4) addresses 115.233(a).

The intake staff interviewee asserts he/she does provide family members with information about the zero-tolerance policy regarding sexual abuse/harassment of family members and how to report incidents or suspicions of sexual abuse/harassment shortly following arrival at the facility. The PREA Handbook, PREA pamphlet, and PREA video are provided at Intake as a means of educating family members 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. Family members sign for receipt of such materials. Additionally, the interviewee may read materials to disable family members.

All 13 random family member interviewees assert they received information about the facility's rules against sexual abuse/harassment upon arrival. Twelve interviewees assert they received the PREA Handbook, PREA pamphlet, and PREA video review on date of arrival. Additionally, 12 of 13 interviewees assert they were advised regarding the following on the date of arrival:

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.

The auditor's review of random PAQ NEXUS Treatment Program PREA Handbook receipts, as well as, NEXUS Treatment Facility PREA Training documents reveals substantial compliance with 115.33(a). Findings are broken out statistically by year as follows:

2016- 3 of 3
2017- 4 of 4
2018- 6 of 6
2019- 4 of 4

The auditor's on-site review of 10 of 11 random resident files reveals the aforementioned information was provided to the respective residents on the date of arrival.

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

Pursuant to the PAQ, the PA self reports the facility provides family members who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports three family members were transferred to NEXUS from a different community confinement facility within the last 12 months and all received requisite training.

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

The intake staff interviewee asserts the family member 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.

A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a).

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

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

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

Pursuant to the PAQ, the PA self reports the agency maintains documentation of family member 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 family member 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 self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, family member 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 PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of two family member 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, as well as, support services in the event of sexual abuse, is also 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 throughout the facility. This condition was observed during the facility tour.

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

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).)

X Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA
- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA

115.234 (c)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

NEXUS PREA Policy 7-6 entitled Training, page 3, section II(I)(1) addresses 115.234(a).

The investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the training was specialty training presented by the North Dakota Department of Corrections (NDDOC). He asserts he also completed a three hour on-line National Institute of Corrections (NIC) sponsored training with the same name. A description of the same is provided in the narrative for 115.234(b).

The auditor's review of NIC Certificates for two previous security coordinators reveals completion of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting course. A security technician also completed a similar course developed by the CCCS PC and another facility PCM. The auditor's review of the lesson plan and mock scenarios related to this seven hour course reveals substantial compliance with 115.234.

The PA is also a trained sexual abuse/harassment investigator as he completed an NDDOC course. The auditor did review a certificate relative to the same.

The auditor notes the current security coordinator had commenced employment with CCCS at NEXUS approximately one week prior to the on-site audit. Accordingly, he had not yet completed the specialty investigation of sexual abuse/harassment in a confinement setting training. The PA asserts he will complete the same in the near future however, the afore-mentioned security technician is fulfilling a temporary position until the same occurs.

NEXUS PREA Policy 7-6 entitled Training, pages 3 and 4, section II(I)(2) addresses 115.234(b).

The auditor's review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training points are as follows:

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.

The investigative staff interviewee asserts the training he/she completed included the following topics:

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.

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

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- 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.)
X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
X Yes No NA

115.235 (b)

- 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.)
 Yes No X NA

115.235 (c)

- 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.) X Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) X Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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 further self reports six medical and one mental health practitioner (100%) who work regularly at the facility completed the specialized training.

NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 4, section III(A)(1-4) addresses 115.235(a).

The medical staff interviewee asserts she has completed the PREA Resource Center specialty course regarding medical treatment of sexual abuse victims in a confinement setting as the nurse supervisor was unable to access the NIC website. Accordingly, the interviewee completed the modules and reviewed the Power Point Presentation. The mental health interviewee asserts he completed an NIC course regarding behavioral health care for sexual abuse victims.

Both specialty training courses included the following topics:

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.

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting, one NIC Certificate for the course entitled Behavioral Health Care for Sexual Assault Victims, one NIC Certificate for a nurse practitioner and one for a mental practitioner entitled PREA 201 for Medical/Mental Health Practitioners, and one Planned

Parenthood Certificate for SANE training apply to six staff. Additionally, a contract nurse practitioner has completed requisite specialty training as evidenced by her NIC Certificate.

There is also a contract dentist on board and the CCCS PC reports 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.

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

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations. The auditor validated the same pursuant to interviews with medical/mental health staff.

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

NEXUS PREA Policy 7-5 entitled Medical and Mental Health, page 4, 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).

As reflected in the narrative for 115.232, the contract physician has completed annual PREA training at NEXUS. Volunteer/Contractor Acknowledgment Forms dated May 17, 2019 and May 15, 2018 are evidence of annual completion of such training.

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 interviewee's training file reveals she completed Orientation PREA training on February 20, 2019. She is not yet due for Annual In-Service PREA training.

The auditor's review of PAQ information validates medical/mental health staff do complete annual In-Service PREA training.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? X Yes No
- 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? X Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
X Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
X Yes No

115.241 (d)

- 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? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? X Yes No
- 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? X Yes No
- 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?
X Yes No
- 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?
X Yes No
- 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? X Yes No
- 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)? X Yes No
- 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? X Yes No
- 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? X Yes No

115.241 (e)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.241 (f)

- 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? X Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? X Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? X Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? X Yes No
- 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? X Yes No

115.241 (h)

- 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? X Yes No

115.241 (i)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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 family members.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(a). This policy stipulates family members are screened by security technicians through the use of the NEXUS screening tool, within 24 hours of arrival at the facility, for potential vulnerabilities or tendencies of being sexually abused by other family members or being sexually abusive toward other family members. Security staff meets with the family member within twenty-four (24) hours and completes the medical and mental health screening instrument. Medical staff will screen the family member within seven (7) days. Housing and programming assignments are made accordingly on a case-by-case basis by the admission and intake supervisor, the security coordinator and case manager.

The two staff responsible for risk screening interviewees assert they do screen family members upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other family members.

All 13 random family member interviewees assert when they first came to the facility, they were asked the following questions:

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.

Twelve interviewees assert they were screened within 24 hours of arrival at the facility.

The auditor's review of random family member NEXUS Initial PREA Assessment/s/Reassessments reveals substantial compliance with 115.241(a). Findings are broken out statistically by year as follows:

2017- five of five compliant
2018- six of six compliant
2019- two of three compliant

Compliance is established by virtue of timeliness and degree of completion.

The auditor's on-site review of 11 random resident files, inclusive of the one interviewee who asserts he was not screened within 24 hours of arrival at the facility, reveals initial screening was timely in all 11 cases. In 10 of 11 of such reviews, reassessments pursuant to 115.241(f) were timely and comprehensive.

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports during the last 12 months, 107 family members 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 family members, within 72 hours of their entry into the facility. This equates to 100% of family members admitted to the facility during the last 12 months, for 72 hours or more.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(b). This policy stipulates family members are screened pursuant to the NEXUS screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members.

The auditor's findings with respect to PAQ document reviews are clearly articulated in the narrative for 115.241(a).

The staff responsible for risk screening interviewees assert they generally screen family members for risk of sexual victimization or risk of sexually abusing other family members at intake, always within 24 hours of arrival. Generally, according to interviewees, such assessments are conducted within 45 minutes to two hours of arrival at the facility.

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

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

Pursuant to a thorough review, the auditor finds the screening instrument is objective.

The auditor's review of the afore-mentioned Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues:

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

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 4 and 5, section II(B)(1)(a-j) addresses 115.241(d).

The staff responsible for risk screening interviewees assert the initial risk screening considers history of violence and predatory sexual behavior, personal feelings regarding sexual safety at the facility, institutionalization history, existence of a sexual crime or sexual victimization in confinement or the community, LGBTI self-identification or perception, physical size and stature, age, history of protective orders, and whether the family member has been confined in a correctional facility.

In terms of the process for conducting initial screening, the family member is escorted to and screened in an office or the cafeteria/empty area. No staff or family members are in the area during screening. Questions are read to the family member and they respond accordingly. Responses are documented on the screening tool and based on responses, a score is rendered.

Neither interviewee asserts they preview commitment documentation prior to facilitation of screening. The auditor highly recommends that if a commitment packet is available to them (containing Pre-Sentence Reports, NCIC, arrest reports, etc., institutional disciplinary record(s) and misconduct reports), 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 afore-mentioned 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 5, section II(B)(2) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports the policy requires the facility reassess each family member's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the family member'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, 104 family members 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 family members, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of family members who meet the above 30-day criteria and who arrived within the last 12 months.

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

One of the staff responsible for risk screening interviewees facilitates 30-day reassessments at NEXUS. He asserts family member risk assessments are facilitated around 30-days subsequent to arrival, generally at the 30-day (from arrival) mark. He accesses a spread sheet, created by the PCM, to ensure timely reassessments. All reassessments are facilitated in private, behind closed doors.

Nine of 13 random family member interviewees assert they were again screened within 30-days of arrival. Five interviewees assert a reassessment was conducted within 30 days of arrival at the facility.

The auditor's review of four of five files associated with interviewees who asserted they received untimely reassessments or did not receive a reassessment, reveals compliance with 115.241(f).

The PAQ documents reviewed by the auditor as described in the narrative for 115.241(a) also reflect comprehensiveness and timeliness pursuant to 115.241(f) requirements.

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

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(4) addresses 115.241(g).

One staff responsible for risk screening interviewee asserts he does reassess a family member's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Reassessment occurs every time a family member returns from jail. The PCM would direct the screener to reassess at that time.

The PCM asserts no incidents of this nature occurred during this audit period.

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

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

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(B)(6) addresses 115.241(h).

The auditor notes each family member is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.241(d). The document clearly delineates the family member will not be

disciplined for failure or refusal to respond to the questions. Both the family member and a staff witness sign and date this document.

Both staff responsible for risk screening interviewees assert family members 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 family member has a mental, physical, or developmental disability;
Whether or not the family member is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the family member has previously experienced sexual victimization; and
The family member's own perception of vulnerability.

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

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 6, section II(B)(7) addresses 115.241(i).

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

Auditor's Note: The auditor did validate storage practices as described by the PCM.

Both staff responsible for risk screening interviewees assert completed assessments are routed to the PCM. One interviewee asserts the same may be shared with the SC and case manager.

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

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? X Yes No

115.242 (c)

- 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)? X Yes No
- 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? X Yes No

115.242 (d)

- 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? X Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? X Yes No

115.242 (f)

- 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.) X Yes No NA
- 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.) X Yes No NA
- 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.)
X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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 family members at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

In response to how the facility uses information from risk screening during intake to keep family members from being sexually victimized or being sexually abusive, the PCM asserts PVs and KVs are geographically separated from PAs and KAs. Victims are not housed in the same room with Aggressors. They may be housed with family members designated as Unrestricted. Either Vs or As may be housed closer to staff work stations for additional supervision.

The staff responsible for risk screening interviewees assert 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.

The auditor's cursory review of housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each family member.

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

The auditor finds substantial compliance with 115.242(b) based on the evidence cited above in the narrative for 115.242(a).

Pursuant to the PAQ, the PA self reports the facility makes housing and program assignments for transgender or intersex family members in the facility on a case-by-case basis.

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

The PCM asserts there are no designated wings or housing units for transgender/intersex family members at NEXUS. Transgender/intersex family members are generally housed with family members bearing Unrestricted status. They may be housed closer to the staff desk if circumstances warrant the same.

Transgender/intersex family members would generally be dispersed throughout the facility. The family member's personal feelings regarding vulnerability are considered.

The PCM further asserts the family member's health and safety are primary considerations. Additionally, potential management and security concerns are also considered.

The PCM asserts there were no transgender/intersex family members 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 7, section II(C)(f) addresses 115.242(d).

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

The staff responsible for risk screening interviewees confirm the PCM's assertion with respect to the same subject-matter.

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

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

The auditor observed a shower and bathroom is located between every two rooms. The PCM relates every family member showers separately based on this configuration however, if a back-up is requested or absolutely necessary, there is an administrative locker room available for showering.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 7 and 8, section II(C)(j) addresses 115.242(f).

The 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) family members. LGBTI family members are not placed in a designated wing or housing area.

Housing is addressed in the narrative for 115.242(c).

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

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? X Yes No
- 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? X Yes No
- 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? X Yes No

115.251 (b)

- 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? X Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? X Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? X Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? X Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for family members to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other family members or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

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

The auditor's review of the NEXUS Handbook reveals significant information regarding reporting options. Pages 4 through 6 of this resource clearly provide necessary information for family members to be educated regarding reporting options as required pursuant to the totality of 115.251.

All 12 random staff interviewees were able to identify at least two methods in which family members can privately report pursuant to 115.251(a).

Methods of reporting include verbal report to staff, submission of an emergency grievance, third-party report, Hotline call, and write a letter.

Eleven of the 13 random family member interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.251 (a). The remaining interviewees identified one such method. Methods of reporting identified are third-party report, verbal report to staff, call the Hotline, write a kite, and submit an emergency grievance. All interviewees identified either/or the Hotline and third-party report from family or friends as methods to report sexual abuse/harassment to someone who doesn't work at the facility.

Pursuant to the PAQ, the PA self reports the agency provides at least one way for family members to report abuse or 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 MOUs with SAVES, Inc. and LPD clearly define the process for family member reporting to a public or private entity or office that is not part of the agency. A report to SAVES, Inc. results in referral to LPD and their staff notify the PA. Reporting to LPD results in report to the PA.

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

The PCM reports the facility provides family members 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 Hotline call to SAVES and subsequently LPD. LPD then contacts the PA. All such calls are toll-free and none are monitored. The Hotline telephone number is posted near family member telephones. This procedure does enable receipt and immediate transmission of family member reports of sexual abuse/harassment to agency officials.

All 13 random family member interviewees assert they can make a report without having to give their name. Additionally, they assert family members or friends can facilitate third-party reports, as well as, the Hotline is not manned by NEXUS staff.

During the facility tour, the auditor facilitated a test of the system to assess operational efficiency. The auditor notes the call could not be completed and as such, he finds NEXUS non-compliant with 115.251(b).

The auditor notes that during the report writing phase of this audit, the PCM contacted Crown Correctional Telephone, Inc. regarding the issue. Pursuant to a thread of e-mails, the auditor has determined the ability

to test the system and family member access to the system has been rectified. The PCM is testing the system on a monthly basis and the CCCS PC is monitoring the same.

In view of the above, the auditor now finds NEXUS substantially compliant with 115.251(b).

Pursuant to the PAQ, the PA self reports the agency has a policy mandating 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 completed before completion of the shift or before leaving the facility.

CCCS PREA Policy 1.3.5.12, page 14, section IV(115.51)(e) addresses 115.251(c).

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

All 12 random staff interviewees assert family members can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. They assert they document any verbal reports immediately following receipt.

All 13 random family member interviewees assert reports of sexual abuse/harassment can be made both verbally and in writing. Ten of the 13 interviewees assert such reports can be made by a friend or relative so the family member does not have to be named.

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of family members. Staff can make private reports orally, in writing, by phone, or through a third party. Staff can report to to any staff, director, volunteer, parole officer, attorney, mental health professional, or SAVES, Inc. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions.

NEXUS PREA Policy 7-4 entitled Reporting, pages 1 and 2, section II(A)(3 and 4 addresses 115.251(d).

Eleven of 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of family members. Methods of reporting cited were verbal report to supervisor, submission of a written report, submission of e-mail to supervisor, telephonic report to supervisor/PA/SC/PCM, report to Corporate, telephonic report to LPD, and third-party report.

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

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- 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 No

115.252 (b)

- 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.) X Yes No NA
- 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.) X Yes No NA

115.252 (c)

- 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.) X Yes No NA
- 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.) X Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) X Yes No NA
- 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 of time to respond 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.) X Yes No NA
- 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.) X Yes No NA

115.252 (e)

- 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.) X Yes No NA
- 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.) X Yes No NA

- 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.)
X Yes No NA

115.252 (f)

- 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.) X Yes No NA
- 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.)
X Yes No NA
- 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.) X Yes No NA
- 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.)
X Yes No NA
- 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.) X Yes No NA
- 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.) X Yes No NA
- 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.) X Yes No NA

115.252 (g)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with family member grievances regarding sexual abuse.

NEXUS PREA Policy 7-4, pages 3, 4, and 5, section II(A)(13)(i-vi) addresses 115.252(a).

Pursuant to the PAQ, the PA self reports agency policy or procedure allows a family member 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 further relates agency policy does not require a family member to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

NEXUS PREA Policy 7-4, page 3, section II(A)(13)(i-iv) addresses 115.252(b).

The PREA Handbook, pages 6 and 7, section entitled Grievance Procedure and Emergency Grievance, also addresses 115.252.

Pursuant to the PAQ, the PA self reports agency policy and procedure allows a family member to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a family member grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

NEXUS PREA Policy 7-4, pages 4 and 5, section II(A)(13)(v)(5) addresses 115.252(c).

PREA Handbook, page 6, section (b)(1) and (2) addresses 115.252(c).

Pursuant to the PAQ, the PA 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 further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA 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.

NEXUS PREA Policy 7-4, page 5, section II(A)(13)(vi)(1-4) addresses 115.252(d).

The PCM self reports there are no residents at NEXUS who reported a sexual abuse at the facility. Accordingly, an interview could not be conducted during the on-site audit. Additionally, as mentioned throughout the report narrative, no such incidents have occurred at NEXUS during the last 12 months, minimally.

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow family members, staff members, family members, attorneys, and outside advocates to assist family members in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of family members. The PA further self reports agency policy and procedure requires if the family member declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the family member's decision to decline. Zero grievances alleging sexual abuse were filed by family members in the past 12 months in which the family member declined third-party assistance, ensuring documentation of the family member's decision to decline.

NEXUS PREA Policy 7-4, page 8, section II(D)(2 and 3) addresses 115.252(e).

Family member PREA Handbook page 7, section d(1-3) addresses 115.252(e).

During the on-site audit, the auditor found no evidence of such filings as articulated in 115.252(e).

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a family member is subject to a substantial risk of imminent sexual abuse. The PA 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 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, page 4, section II(A)(13)(v)(1 and 2) addresses 115.252(f).

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a family member for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the family member filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were 0 instances of family member discipline for incidents of this nature.

NEXUS PREA Policy 7-4, page 4, section II(A)(13)(v)(3) addresses 115.252(g).

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

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- 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? X Yes No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X Yes No

115.253 (b)

- 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? X Yes No

115.253 (c)

- 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? X Yes No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility provides family members with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving family members mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;
Enabling reasonable communication between family members and these organizations in as confidential manner as possible.

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

The family member PREA Handbook, pages 4 and 5, section entitled Family Member Access to Outside Confidential Support Services, section (a) also supports 115.253(a).

The auditor's review of photographs of the notice posted near family member telephones advising of emotional support provider addresses and telephone numbers, reveals substantial compliance with 115.253(a). According to policy and the PREA Handbook, these notices are posted near the telephones.

Auditor's Note: During the facility tour, the auditor was able to validate the above. Clearly, this information is widely advertised throughout the housing units.

Eleven of 13 random family member interviewees assert services are available outside of the facility for dealing with sexual abuse, if they needed the same. Three interviewees identified SAVES and victim advocates as the advertised service. The auditor notes SAVES is a VA group, providing counseling. Nine interviewees assert the name, telephone number, and address for service(s) is posted on unit walls near the telephones. Ten interviewees assert the number(s) is/are free to call. Eleven interviewees assert they can talk to staff from the service(s) anytime.

Family member interviewees are clearly well informed regarding this information and if not aware from memory, they are resourceful and knowledgeable as to where the information can be found.

Pursuant to the PAQ, the PA self reports the facility informs family members, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA further self reports the facility informs family members, 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 victim advocates, 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)(b) addresses 115.253(a).

The family member PREA Handbook, page 8, 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.

Twelve random family member interviewees assert conversations with representatives from outside sources assisting in the sexual abuse healing process, remain private. However, nine random family member interviewees assert 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. One interviewee cited a reason for sharing the content of the conversation may be further injury to the victim (self injurious behavior or potential for

assault), four interviewees cited the information may be life threatening, and six interviewees cite the information is criminal, in nature.

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

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

The 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 NEXUS substantially compliant with 115.253.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of family member sexual abuse or sexual harassment. The PA further self reports a third party reporting form is available to all family members. Family members can access the same through staff and the same are available on each inhabited floor. Family members can mail forms to their visitors, etc. for use, when necessary.

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 the PCM at the facility. If the CCCS PC is contacted, he will immediately contact the PA. Emails are another source of receiving third party reports and they will be disseminated to the PA immediately.

According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party report forms are located in the front entry for use by visitors, etc.

NEXUS PREA Policy 7-4 entitled Reporting, page 8, section II(D)(1) addresses 115.254(a). This policy stipulates third party reports may be sent via mail or email to the NEXUS PREA Manager or CCCS PREA Coordinator. Third Party reporters may call or report to the CCCS PREA Coordinator or PREA Compliance Manager personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, family member, volunteer, contractor, program administrator or security chief.

Pages 5 and 6 of the NEXUS PREA Handbook also provide information regarding third-party reports of sexual abuse. The information is concisely presented, providing reporting options.

In view of the above, the auditor finds NEXUS substantially compliant with 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.261 (b)

- 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? X Yes No

115.261 (c)

- 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? X Yes No

- 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? X Yes No

115.261 (d)

- 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? X Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against family members or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(1) addresses 115.261(a).

Pursuant to the auditor's review of PAQ information, he finds there has not been any sexual abuse/harassment incidents perpetuated at NEXUS during the last three years.

All 12 random staff interviewees assert the agency requires all staff to report:

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;
Any retaliation against family members or staff who reported such an incident; and
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Minimally, 11 of 12 interviewees assert agency policy/procedure requires all staff to immediately report the above to their supervisor, shift supervisor, PA, security coordinator, treatment supervisor, or PCM.

Pursuant to the PAQ, the PA 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.

NEXUS PREA Policy 7-4 entitled Reporting, page 7, section II(C)(3) addresses 115.261(b).

NEXUS PREA Policy 7-4 entitled Reporting, page 8, section II(C)(5) addresses 115.261(c).

The medical and mental health staff interviewees assert at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. This practice is driven by HIPPA, policy, licensure, and Code of Ethics.

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, nurse supervisor, or State of Montana would follow.

Neither interviewee asserts he/she became aware of such incidents at NEXUS during the audit period. However, they would report the same immediately if they became aware of such an incident.

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

The PA asserts juveniles (under the age of 18) are not housed at NEXUS. MDOC would be alerted and briefed regarding any incident involving a family member.

The PCM corroborated the statement of the PA with respect to reporting an allegation of sexual abuse/harassment lodged by family member under the age of 18. The PCM further asserts the screening committee closely assesses mental health/physical health in an effort to ensure the family member can complete the program. Both must be acceptable for placement.

However, she asserts reports from vulnerable adult(s) would be referred to MDOC for further notification(s).

NEXUS PREA Policy 7-4 entitled Reporting, page 8, section II(C)(6) addresses 115.261(e).

The PA asserts he receives all family member reports of sexual abuse/harassment and he is also the primary sexual abuse/harassment investigator.

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

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports when the agency or facility learns a family member is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the family member (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the past 12 months, there were 0 times the facility determined a family member was subject to substantial risk of imminent sexual abuse.

NEXUS PREA Policy 7-4 entitled Reporting, page 2, section II(A)(7) addresses 115.262(a).

115.262(a) provisions are also addressed in slides 40 and 41 of the NEXUS Power Point Training Presentation, which is provided to staff.

According to the Agency Head interviewee, when it is learned a family member is subject to a substantial risk of imminent sexual abuse, the family member may be removed from the facility. Minimally, alert the PA and recommend the family member be moved to another wing.

When it is learned a family member is subject to risk of imminent sexual abuse, the PA 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 family member is interviewed to ascertain his knowledge of any threat of sexual abuse.

All 12 random staff interviewees corroborate the statements of the Agency Head and 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.

In view of the above, the auditor finds NEXUS substantially compliant with 115.262.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- 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? X Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? X Yes No

115.263 (c)

- Does the agency document that it has provided such notification? X Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a family member 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 further self reports in the past 12 months, the facility received 0 allegations that a family member was sexually abused while confined at another facility.

NEXUS PREA Policy 7-4 entitled Reporting, pages 8 and 9, section II(C)(10) addresses 115.263(a).

Pursuant to the PAQ, the PA 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, pages 8 and 9, section II(C)(10) addresses 115.263(b).

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

NEXUS PREA Policy 7-4 entitled Reporting, pages 8 and 9, section II(C)(10) addresses 115.263(c).

Pursuant to the PAQ, the PA self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the past 12 months, there were 0 allegations of sexual abuse received by the facility from other facilities.

NEXUS PREA Policy 7-4 entitled Reporting, pages 8 and 9, section II(C)(10) addresses 115.263(a).

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

The PA asserts if an allegation of sexual abuse (allegedly occurred at NEXUS) is received from another facility, a full scale investigation is initiated. The PA further asserts a little over one year ago, a case was investigated by MDOC and Bozeman Police Department (BPD) regarding an incident that allegedly originated at NEXUS. The NEXUS investigator assisted with the investigation however, no administrative investigation was facilitated.

The auditor's review of the allegation referenced in the preceding paragraph validates the PA's assertion as reflected above. The report was received by the PA in the form of the alleged victim's probation officer was tasked to facilitate the investigation and he had a specific question for the PA.

While it may have been ideal for the PA to conduct such an investigation as administrative, the auditor finds that what appeared to be a criminal investigation by the probation officer and police was conducted. Accordingly, the auditor is reasonably assured the matter was addressed. It is noted this allegation was sexual abuse, in nature. Typically, sexual abuse investigations are referred to police department investigators.

Going forward however, the auditor recommends an administrative investigation be initiated and completed, under such circumstances.

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

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.264 (b)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires, upon learning of an allegation that a family member was sexually abused, the first security staff member to respond to the report shall be required to:

- 1) Separate the alleged victim and abuser;
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 3) 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
- 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.

The PA self reports 0 alleged incidents of sexual abuse occurred at NEXUS during the last 12 months.

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

Both the security staff first responder and non-security staff first responder interviewees assert all first responder steps as scripted in 115.264(a).

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.

Pursuant to the PAQ, the PA self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:

- 1) Request that the alleged victim not take any actions that could destroy physical evidence; and
- 2) Notify security staff.

The PA further self reports that of the allegations of sexual abuse within the past 12 months, there were 0 times a first responder was a non-security staff member. Specifically, there were no sexual abuse incidents during the last 36 months.

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.

Nine 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 does not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

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

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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.

NEXUS PREA Policy 7-11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.265(a).

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.

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.

The PA 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.

The PA notes staff are trained regarding this policy during annual In-Service PREA training.

In view of the above, the auditor finds NEXUS substantially compliant with 115.265(a).

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- 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? X Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit.

While 115.266(a) is technically not applicable to NEXUS, the facility is substantially compliant as there are no deviations from standard.

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.

In view of the above, the auditor finds NEXUS substantially compliant with 115.266.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- 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 No

115.267 (c)

- 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 No

- 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? X Yes No

- 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? X Yes No

- 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? X Yes No

- 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 housing changes? X Yes No

- 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? X Yes No

- 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? X Yes No

- 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 reassignments of staff? X Yes No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
X Yes No

115.267 (e)

- 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?
X Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all family members and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other family members or staff. According to the PA, he and the security coordinator are in charge of monitoring retaliation at NEXUS and if neither is available, the PCM will assume the responsibility.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(1) addresses 115.267(a).

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(2) addresses 115.267(b).

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of family members and staff from retaliation for sexual abuse/harassment allegations, we allow staff and family members to move 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.

The PA asserts for allegations of sexual abuse/harassment, he monitors for a minimum of 90 days. He checks-in with the victim on a weekly basis. Reassignment of the family member victim to another housing unit is a common strategy to achieve the desired end. Of course, a family member perpetrator would be moved to jail. The victim would be referred for emotional support services, if deemed appropriate. Additionally, closer supervision checks and increased frequency of the same may be implemented.

Staff victim shifts or assignments may be changed. Staff perpetrators may be placed on administrative leave pending the outcome of an investigation.

As reflected above, the PA is designated as a staff member charged with retaliation monitoring. He asserts he initiates contact with family members who have reported sexual abuse.

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of family members or staff who report sexual abuse and of family members who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by family members or staff. The PA 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.

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

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(3)(a-c) addresses 115.267(c).

The PA asserts when he suspects retaliation, he investigates the same, imposing appropriate disciplinary sanctions, if appropriate. Essentially, the same strategies as articulated in the narrative for 115.267(b) are implemented.

The PA further asserts he looks for the following to detect possible retaliation against family member victims/potential victims:

Change in behavior;
Isolation;
Accrual of misconduct reports; and
Not engaging in groups and change(s) in work habits; and
Frequent 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 and the same is documented on the Retaliation Monitoring Form.

There is no maximum monitoring time. Continuation length is based on whatever it takes to ensure the threat is completely dissipated.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(3)(a) addresses 115.267(d).

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

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

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 afore-mentioned retaliation monitors effect the same.

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- 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).) X Yes No NA
- 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).) X Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? X Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? X Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes X No

115.271 (e)

- 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? X Yes No
- 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? X Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X Yes No

- 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? X Yes No

115.271 (g)

- 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? X Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? X Yes No

115.271 (i)

- 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? X Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? X Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- 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 administrative or criminal sexual abuse investigations. See 115.221(a).) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.

NEXUS PREA Policy 7.10 entitled Investigations, page 1, section I addresses 115.271(a).

The investigative staff interviewee asserts he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report. He generally reports to the facility for both sexual abuse/harassment matters.

With respect to third-party or anonymous reports of sexual abuse, they are investigated in the same manner as any other allegation.

Pursuant to the PAQ, zero administrative or criminal investigations were facilitated at NEXUS during the audit period.

NEXUS PREA Policy 7.10 entitled Investigations, page 1, section II(A) addresses 115.271(b).

Investigator certifications are addressed in the narrative for 115.234.

The investigative staff interviewee asserts he completed specialized training specific to conducting sexual abuse investigations in confinement settings. The basic training was a three-hour on-line course presented by NIC. The interviewee also completed a similar course presented by NDDOC.

NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).

The investigative staff interviewee asserts his investigation process includes the following chronological steps, inclusive of estimated time allotments for each step:

The security coordinator would review video footage and provide the investigator a synopsis of findings (this is pursuant to the current investigative arrangement) (15 minutes to four hours). Additionally, check telephone monitoring (15 minutes to four hours);
Check the crime scene, ensuring the same is secure (five to 10 minutes). Ensure the crime scene is photographed;
Review initial staff reports (30 to 45 minutes);
Interview victim (15 minutes-?);
Review files (15 minutes to one hour);
Interview witnesses (15 minutes to ?);
Re-interview victim and witnesses (15 minutes to ?);
Interview perpetrator (5 minutes to ?);
Report writing (two to four hours).

Direct evidence is generally handled by LPD investigators. The facility investigator would secure staff and family member files, staff reports, video and telephone monitoring, photographs, and witness statements.

NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(B) addresses 115.271(d).

The investigative staff interviewee asserts compelled interviews are not facilitated at NEXUS. LPD investigators handle the same.

The auditor finds 0 allegations were 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 investigative staff interviewee asserts victims, suspects, or witnesses are considered credible until proven otherwise. He would not, under any circumstances, require a family member who alleges sexual

abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

NEXUS PREA Policy 7.10 entitled Investigations, pages 1 and 2, section II(A)(1)(a and b) addresses 115.271(f).

The 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. The body of the report addresses the Who?, What?, When?, Where?, and Why? of the allegations and investigative findings. Interview findings, credibility assessments related to the victim/perpetrator/ and witnesses, evidence assessments, witness statements, any additional evidence, investigative conclusion(s), and a summary are also included in the report.

Pursuant to the auditor's PAQ review, 0 criminal investigations of sexual abuse have been facilitated during the last 36 months.

The investigative staff interviewee asserts criminal investigations are properly documented in a report. As previously reported, zero criminal sexual abuse investigations have been conducted at NEXUS during this reporting period. The format is actually similar to that identified for administrative reports.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, 0 sexual abuse investigative cases were referred for prosecution.

NEXUS PREA Policy 7.10 entitled Investigations, page 2, section II(B) addresses 115.271(h).

The investigative staff interviewee asserts LPD investigators are responsible for prosecution referrals.

Pursuant to the PAQ, the PA 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 3, section II(d) addresses 115.271(i).

NEXUS PREA Policy 7.10 entitled Investigations, page 1, section I addresses 115.271(j).

The investigative staff interviewee asserts he continues with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct 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 asserts he maintains weekly contact with the LPD investigator(s) in an effort to remain informed about the progress of the investigation. He also asserts he assists LPD investigators in any manner needed throughout the conduct of their investigation.

The PCM asserts the PA would make periodic contact with LPD investigators to remain informed about the status of the investigation.

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

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA 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.

NEXUS PREA Policy 7.10 entitled Investigations, page 3, section II(E) addresses 115.272(a).

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.

In view of the above, the auditor finds NEXUS substantially compliant with 115.272.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- 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 No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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.) X Yes No NA

115.273 (c)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.273 (d)

- 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? X Yes No
- 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? X Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? X Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

X **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any family member 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 self reports 0 criminal and/or administrative investigations of sexual abuse were conducted at NEXUS during the last 36 months.

NEXUS PREA Policy 7.10 entitled Investigations, page 3, section II(F)(1) addresses 115.273(a). This policy stipulates following an investigation into a family member's allegation of sexual abuse/sexual harassment in the facility, the PA informs the family member of the findings whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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.

The PA 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 investigative staff interviewee asserts agency procedure requires that a resident 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.

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the family member of the outcome of the investigation. The PA self reports 0 criminal and/or administrative investigations of sexual abuse were conducted at NEXUS during the last 12 months. Accordingly, 0 investigations were facilitated by an outside agency.

NEXUS PREA Policy 7.10 entitled Investigations, page 3, section II(F)(2) addresses 115.273(b).

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

The staff member is no longer posted within the family member'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 further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a family member in an agency facility in the past 12 months.

NEXUS PREA Policy 7.10 entitled Investigations, pages 3 and 4, section II(G)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the PA self reports following a family member's allegation he has been sexually abused by another family member 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 4, section II(H)(1 and 2) addresses 115.273(d).

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

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented. As reflected throughout the narrative for 115.273, 0 investigations for allegations of sexual abuse/ harassment were conducted during the audit period.

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 standard expectations with respect to 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- 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 No

115.276 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H) addresses 115.276(a).

Pursuant to memorandums dated July 31, 2017, July 30, 2018, and July 16, 2019 from the PA, there has been 0 incidents at NEXUS during the last 36 months, wherein staff-on-family member sexual abuse/harassment was alleged.

Pursuant to the PAQ, the PA self reports in the past 12 months, 0 facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(1) addresses 115.276(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months, for staff engaging in sexual abuse.

Pursuant to the PAQ, the PA 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 further self reports that in the past 12 months, 0 staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(2) addresses 115.276(c).

Pursuant to the PAQ, the PA 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 further self reports during the last 12 months, 0 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.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(3) addresses 115.276(d).

In view of the above, the auditor finds NEXUS substantially compliant with 115.276.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? X Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? X Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X Yes No

115.277 (b)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with family members. According to the PA, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(1) addresses 115.277(a).

Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with family members in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(2) addresses 115.277(b).

The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, family member contact with the contractor or volunteer and contractor/volunteer access to the facility would be denied pending completion of an investigation. There are no examples of such conduct during this audit period.

In view of the above, the auditor finds NEXUS substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- 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? X Yes No

115.278 (b)

- 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? X Yes No

115.278 (c)

- 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? X Yes No

115.278 (d)

- 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? X Yes No

115.278 (e)

- 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? X Yes No

115.278 (f)

- 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? X Yes No

115.278 (g)

- If the agency prohibits all sexual activity between 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the family member engaged in family member-on-family member sexual abuse. The PA also self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for family member-on-family member sexual abuse. The PA asserts, in the past 12 months, there were no administrative or criminal findings of family member-on-family member sexual abuse that occurred at the facility.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(a).

Page 10 of the NEXUS PREA Handbook reflects Prohibited Acts of which offenders may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).

The PA asserts Class 2 administrative facility hearings are facilitated by MDOC staff. Generally, program revocation, imposition of additional charges, and transfer to MDOC custody are potential sanctions.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, section II(D)(1) addresses 115.278(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. In view of the above, facility staff consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

NEXUS PREA Policy 7-9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, 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 family members.

The interviewee further elaborated when such services are provided, an offender's participation is not required as a condition of access to programming or other benefits. However, the interviewee asserts offending family members would be removed from the program and consequently, such services would be irrelevant to them at NEXUS.

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

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

The PA asserts (separate memorandums dated 2017, 2018, and 2019) that during the last 36 months, there were no incidents of family member-on-staff sexual contact wherein the staff member did not consent to the same.

Pursuant to the PAQ, the PA 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 3, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between family members. The PA 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 3, section II(F) addresses 115.278(g).

In view of the above, the auditor finds NEXUS substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- 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 No

115.282 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- 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 No

115.282 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports family member victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA 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.

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

The medical staff interviewee asserts family member 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.

The medical staff interviewee asserts 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. Additionally, vitals are checked. The interviewee works to calm the victim. Subsequently, the victim may be transported for forensic examination and treatment.

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.

A synopsis of security staff and non-security staff first responder interviewees regarding responsibilities is captured in the narratives for 115.221(a) and 115.264(a). Additionally, the same is captured for all random staff interviewees.

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 within this document.

Pursuant to the PAQ, the PA self reports family member 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 asserts no family members requested medical/mental health services as the result of sexual abuse/harassment allegation(s) during the last 24 months.

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

The medical staff interviewee asserts 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).

Pursuant to the PAQ, the PA 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, page 3, section II(C)(c) addresses 115.282(d).

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

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- 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? X Yes No

115.283 (b)

- 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? X Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No X NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No X NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X Yes No

115.283 (g)

- 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?
X Yes No

115.283 (h)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all family members who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

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

As previously mentioned, the auditor finds there were no allegations of sexual abuse at NEXUS during this audit period. In addition to the above, the PCM self reports during this reporting period, that 0 family members have reported prior victimization in a prison, jail, lockup, or juvenile facility.

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

The medical staff interviewee asserts 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. Additionally, vitals are checked. The interviewee works to calm the victim. Subsequently, the victim may be transported for forensic examination and treatment.

The mental health staff interviewee asserts he generally first attempts to determine what happened pursuant to threshold questioning. Accordingly, general assessment occurs and he then educates the victim regarding services, calming the victim and reassuring.

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

The medical/mental health staff interviewees assert 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 self reports there are no female family members house 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 self reports family member 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 3, section II(C)(c) and (d) addresses 115.283(f).

Pursuant to the PAQ, the PA 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 3, section II(C)(c) addresses 115.283(g).

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known family member-on-family member 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 4, section II(C)(e) addresses 115.283(h).

The mental health staff interviewee asserts he reviews the Pre-Sentence Report (PSR) and source MDOC documents regarding family member-on-family member sexual abuse. He may not necessarily be alerted of such conduct by the screener. If determined to have occurred, an evaluation would be conducted.

The interviewee asserts he is not aware of any such incidents involving family members 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.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- 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? X Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X Yes No

115.286 (d)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- 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? X Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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, 0 administrative/ criminal sexual abuse investigations were facilitated at NEXUS.

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.

The auditor notes while zero incidents of sexual abuse/harassment occurred at NEXUS during the audit period, a mock SART review was conducted on August 6, 2019. The substantiated mock sexual abuse incident occurred on August 5, 2019 and the investigation was completed on August 6, 2019. The SART review was completed in accordance with the totality of 115.286.

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

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 past 12 months, 0 criminal/ administrative sexual abuse investigations were facilitated at NEXUS.

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

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.

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 training, observation techniques, need for additional cameras, etc. as proactive strategies to deter future incidents of sexual abuse/ harassment.

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 PCM asserts she 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 PCM asserts she 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'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).

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

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- 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? X Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
X Yes No

115.287 (c)

- 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 No

115.287 (d)

- 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 No

115.287 (e)

- 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.) Yes No NA

115.287 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

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).

The auditor finds the data collection system to be commensurate with 115.287(a/c).

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-k) addresses 115.287(b).

The auditor's review of aggregated data from 2017, 2018, and 2019 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.

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.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 3, section II(A)(3)addresses 115.287(d).

The auditor learned neither CCCS nor NEXUS contracts with other facilities for the confinement of family members designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) is not applicable to NEXUS.

Pursuant to the PAQ, the PA self reports the Department of Justice has not requested data from the previous calendar year. Accordingly, the auditor finds 115.287(f) not applicable to NEXUS.

In view of the above, the auditor finds NEXUS substantially compliant with 115.287.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.288 (b)

- 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 X Yes No

115.288 (c)

- 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? X Yes No

115.288 (d)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The auditor's review of the 2017 and 2018 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).

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.

The 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. She would electronically forward 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, she would maintain hard copies, inclusive of facility population data and SSV data in a safe in her locked office.

The 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 a facility annual report and forwards the same to the CCCS PC.

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.

The auditor's review of the previously mentioned Annual Reports reveals there are no year-to-year demographic comparisons. Each individual yearly demographics are captured in the respective report, however. The reports do reflect strategies employed to enhance the PREA program at NEXUS.

Going forward, the auditor recommends previous year demographics, as well as current year demographics, be articulated in each report. Should sexual abuse/harassment demographics increase, a narrative addressing corrective action strategies must be articulated in the report.

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 2017 and 2018 Annual Reports are available for public consumption on the same. The reports are signed by the NEXUS PA, the 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 PCM asserts family member/ staff names and other identifying information and/or security information would be redacted. The agency does indicate the nature of the material redacted.

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

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
X Yes No

115.289 (b)

- 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? X Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes No

115.289 (d)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.

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.

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 PCM's locked office.

The PCM asserts there are no PREA investigations, SART reviews, Retaliation Monitoring documents for this audit period and accordingly, such documents are not maintained in a locked safe in her locked office. Specifics regarding secure retention of 115.287 information are addressed in the narrative for 115.288(a).

Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, are made readily available to the public, at least annually, through its website.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2) addresses 115.289(b).

Pursuant to the auditor's review of the NEXUS website, all relevant statistics captured within the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(3) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA self reports 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.

NEXUS Policy 7-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(4) addresses 115.289(d).

Auditor's Note: This is the first triennial audit at NEXUS.

In view of the above, the auditor finds NEXUS substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) Yes 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 No NA
- 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.) X Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The auditor was provided all Pre, On-Site, and Post Audit information and courtesies. Family members and staff were well aware of the PREA audit dates, etc. Accommodations were adequate for the audit and the facility tour/interviews were conducted in an exceptionally organized fashion.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

None.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K. E. Arnold

October 30, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.