

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility:		Guadalupe County Correctional Facility (GCCF)	
Physical address:		South Highway 54 County Road 3B Santa Rosa NM 88435	
Date report submitted:		May 28, 2014	
Auditor Information		Katherine Brown	
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Telephone number:	727-470-4123		
Date of facility visit:		April 28-30, 2014	
Facility Information			
Facility mailing address:		P.O. Box 520 Santa Rosa NM 88435	
Telephone number:		575-472-1001	
GCCF is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager:		Amy Campos	Title: Compliance Manager
Email address: acampos@geogroup.com		Telephone number:	575-472-1001
Agency Information			
Name of agency:		GEO Group Inc.	
Governing authority or parent agency:			
Physical address:		One Park Place, Suite 700 621 NW 53 rd St Boca Raton, Florida 33487	
Mailing address:		Same as above	
Telephone number:			
Agency Chief Executive Officer			
Name: George Zoley		Title:	Chairman of the Board, CEO and Founder
Email address: gzoley@geogroup.com		Telephone number:	561-893-0101
Agency-Wide PREA Coordinator			
Name: Phebia Moreland		Title:	Director, Contract Compliance, PREA Coordinator
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AUDIT FINDINGS

NARRATIVE:

The audit of Guadalupe County Correctional Facility was conducted on April 28-30, 2014 by Katherine Brown, Certified PREA auditor. The areas toured were a total of two general population housing units. Housing Unit One has one control center, five pods, containing 120 double bunked cells split on two levels, and 33 single cells for the segregation living. Housing Unit Two has five pods containing 153 double bunked cells split on two levels. Housing Unit three houses segregation inmates and consists of 11 double bunked cells on one level for a maximum of 22 beds, a 22 bed Honor Unit and one 22 bed county inmate pod. Plus the kitchen, laundry, programs area, work areas and industries.

An entrance meeting was held with facility staff. The following people were in attendance: Warden Erasmo Bravo; Deputy Warden Robert Ulibarri; New Mexico State PREA Coordinator Shannon McReynolds; Captain Phil Aragon; AW Operations Johnny Johnson; Dominica Ganand AW Facility; Dawn Zobel ADO WRO; Major Brian Reshetnik; Corporate PREA Manager Jennifer Shaw; Corporate PREA Coordinator Phebia Moreland; NMCD Contract Monitor Gibria Chavez; ACA/PREA Compliance Manager Amy Campos; and PREA Compliance Manager Berna Velasquez. Marion Morgan Senior Program Specialist with National Council on Crime and Delinquency was an observer of the PREA process.

Following the entrance meeting I toured Guadalupe County Correctional Facility from 0830-1130 am. On the tour with me was, Warden Erasmo Bravo; Deputy Warden Robert Ulibarri; New Mexico State PREA Coordinator Shannon McReynolds; Captain Phil Aragon; Dawn Zobel ADO WRO; Major Brian Reshetnik; Corporate PREA Manager Jennifer Shaw; Corporate PREA Coordinator Phebia Moreland; NMCD Contract Monitor Gibria Chavez; ACA/PREA Compliance Manager Amy Campos; and PREA Compliance Manager Berna Velasquez.

The night before the audit I asked for an alpha listing of all inmates housed at GCCF and randomly selected 10 inmates, one from each housing unit as well as 9 inmates who were limited English speaking to be interviewed. There were no hearing/vision impaired inmates there, I interviewed 6 inmates identified as LGBTI. I also asked for a shift roster and randomly selected 11 staff to interview. I interviewed one inmate who had reported a sexual harassment complaint that I had received a letter from. I also reviewed 5 Human Resource personnel files; 1 Contractor file and 1 volunteer file.

There were 18 sexual assault/harassment allegation cases, all relatively recent (within the past year) in 2013 there was 1 substantiated; 6 unsubstantiated and 1 unfounded. In 2014 there was 2 substantiated; 5 unsubstantiated and 1 unfounded, 2 are pending.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Guadalupe County Correctional Facility (GCCF) is located just off of South Highway 54, two miles southwest of Santa Rosa, New Mexico. Santa Rosa lies approximately 120 miles east of Albuquerque, New Mexico and 160 miles west of Amarillo, Texas. Santa Rosa is the county seat of Guadalupe County and has a population of approximately 2,700. The city is located on Historic Route 66.

Guadalupe County Correctional Facility is operated by GEO Group Inc., a private, for profit, corporation headquartered in Boca Raton, Florida. The GEO Group Inc. operates over 100 correctional, detention and treatment facilities worldwide. GCCF is under contract with the State of New Mexico to house up to 601 State inmates with a security classification of Level III (medium custody). Under a separate contract GCCF houses up to 20 Guadalupe County detainees. The detainees are housed separately and kept out of sight and sound of the State population.

GCCF sits on 440 acres of land with 27 acres within the secure perimeter. Construction of GCCF began in 1997 and GCCF received its first inmates in January of 1999. The physical plant consist three buildings totaling 191,400 square feet. GCCF's design is very efficient in that inmate housing and nearly all support functions are located in one "main" building. The main building is situated in a north/south with a corridor running the length of the building. Inmate housing units and support functions are located on wings off of the main corridor. Remotely operated grills/gates in corridors provide for compartmentalization in the event of emergency situations.

Staff and visitors enter GCCF through a remotely controlled front gate. Immediately upon entering staff and visitors are required to undergo a search of their packages/bags and must clear a walk through metal detector. Upon clearing the metal detector and providing a photo identification, at the front control point, staff may enter the administration area. The administration area includes the Warden's office, personnel, mail, business office, records, and contract manager offices. After passing a second control point, staff has access to medical, segregation, supply/warehouse, laundry, food service, warehouse, visitation, medical, programs and housing units.

There are two general population housing units. Housing Unit One has one control center, five dayrooms, 120 double bunked cells split on two levels for a total of 240 beds, and 33 single cells for the segregation living area for a total of 273 beds. Housing Unit Two has one control center, five dayrooms, and 153 double bunked cells split on two levels for a total of 306 beds. Housing Unit three houses segregation inmates and consists of 11 double bunked cells on one level for a maximum of 22 beds. Housing units are connected to the two service buildings by an activity unit. GCCF contains one gym, one commissary, two mental health offices, one therapeutic community activity room, one education resource center, eight case worker offices, one computer lab, and six standard classrooms.

GCCF has a large gymnasium. Outdoor recreation areas include a softball field, two basketball courts and four handball courts; there are ten cover individual recreation modules for segregation inmates.

The mission of GCCF is "to maintain a level of security such that the safety of the public is maintained as well as the safety of GCCF's employees and inmates. A system of order shall be initiated and perpetuated in such a manner as to produce an atmosphere conducive to efficient work, programming activities and services for all, and in an environment that provides for the rehabilitation of all inmates."

SUMMARY OF AUDIT FINDINGS:

On April 28-30, 2014, three site visits were completed at Guadalupe Count Correctional Facility in Santa Rosa, New Mexico. The results indicate:

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

Standard number here	115.11 Zero Tolerance
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting, and responding to such conduct. 5.1.2 III B New Mexico Corrections Dept. policy CD 150100 A.

The agency employs an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Based on interviews with PREA Coordinator and PREA compliance manager and random staff. Review of Organizational chart and Job Description of PREA compliance Manager.

Standard number here	115.12 Contracting with other agencies for confinement of inmates
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

All contracts include in entity's obligation to adopt and comply with the PREA standards. Reviewed contracts with Otero County NM dated December 2012 signed January 10, 2013.

5.1.2. A. III A-5a Based on interview with agency's contract compliance manager as well as

Standard number here 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

The agency has developed, documented, and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring, to protect inmates against sexual abuse.

In circumstances where the staffing plan was not complied with, GCCF documented and justified all deviations from the plan.

The Agency completes an annual review, in consultation with the PREA coordinator required by § 115.11, to assess, determine, and document whether adjustments are needed.

5.1.2. A. III C 1 Based on interview with Warden: PREA Compliance Manager and PREA Coordinator. Reviewed staff schedule. Reviewed annual report, duty officer checklist, unannounced rounds questionnaire 3/11/14. Post Order GCCF PO. 001 8/5/13 Memo dated 4/11/13 installation of cameras and Memo dates 8-28-13 regarding video needs. In March of 2014 another camera was placed in Medical after being identified. While GCCF meets this standard the auditor did recommend they review cameras located in the industries building especially a camera showing the door to the dark room and the doors in the kitchen area by the dry storage as well as camera in the maintenance area. This would provide accountability of who was entering those rooms and how long they are staying.

Standard number here 115.14 Youthful inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Youthful offenders are not housed at this facility, they are housed at Community Confinement facilities.

Standard number here	115.15 Limits to cross gender viewing and searches
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

GCCF does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. In the event a cross gender search is done GCCF documents all cross-gender strip searches and cross-gender visual body cavity searches.

GCCF has policies and procedures that enable inmates 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. Policy 5.1.2. A.III I and GCCF 08.008 & 08.034. The showers are clearly visible from the vestibule and the control room. The remedy for this is already in progress by building up the cinder block wall and adding a shower curtain.

During the Corrective Action period the showers were partially enclosed and shower curtains were added as of 5/22/14.

GCCF does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, 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.

The agency trains security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Based on interviews with random officers. Inmate statement of Preference Form and Lesson Plan dated 2/4/14. Each female staff that enters the unit announces their presence in the unit each time they enter.

Standard number here	115.16 inmates with disabilities and limited English speaking
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- Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2.A.III. E. 1 (c) and NMCD 150100. Based on random inmate and staff interviews. Based on the interviews conduct with the Limited English speaking inmates it was discovered that the ones who speak no English did not know what PREA was and could not answer any of the questions on the interview questionnaire.

The agency takes appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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.

During Corrective Action Period the PREA video was redone and they did a voice over in Spanish to meet the standard.

The agency takes 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 inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The agency does not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under § 115.64, or the investigation of the inmate’s allegations

Standard number here

115.17 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III C & H. And interviews with the Human Resource Director, as well as review of personnel files.

The agency does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who—has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to

engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.

The agency considers 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 inmates.

The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The agency conducts criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. I reviewed criminal records being performed and five year background checks being redone. Reviewed candidate resume questionnaire; background release form; Disclosure & Consent. Reviewed Annual performance evaluation authorization form.

Standard number here 115.18 Upgrades to facilities and technology
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 5.1.2. A. III C.; when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency considers how such technology may enhance the agency's ability to protect inmates from sexual abuse. There have been no substantial modifications or substantial expansion.

Review of Camera upgraded meeting minutes 8/28/13. Based on interview of agency head and warden. Memo dated 4/11/13 installation of cameras and Memo dates 8-28-13 regarding video needs. In March of 2014 a memo was submitted requesting a camera in the vestibule by the Barber classroom; Corrections Industry building and inside the Maintenance building. Three weeks ago a camera was placed in Medical after being identified

Standard number here 115.21 evidence protocol and forensic medical exams

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. A. and NMCD 150102. To the extent the agency is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions

The agency offers all victims of sexual abuse access to forensic medical examinations, at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Memo of agreement dated 7-22-13 with Rape Crisis Center of Central NM. Based on review of evidence protocol & forensic medical exams, reviewed PREA guidelines for sexual assault, Memo of sexual assault dated 6/18/13 & 11/16/12; Discharge papers reviewed of SANE exams performed.

The agency makes available to the victim a victim advocate from a rape crisis center. The Rape Crisis Center of Central NM conducts the SANE/SAFE exam.

As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

The agency requests that the investigating agency follow the requirements listed above.

Based on interview with PREA compliance manager.

Standard number here	115.22 referrals of allegations for investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The agency has a policy that ensures 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. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency documents all such referrals. Based on policy 5.1.2. E. III A 1 a and A. 2.a. NMCD 150102 A 4.

Based on interview with agency head and investigative staff as well as check of NM DOC website. Reviewed PREA log and reviewed report of investigations. Viewed policy on website.

**Standard
number here**

115.31 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

The agency trains all employees who have contact with inmates 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) Inmates' right to be free from sexual abuse and sexual harassment;
- (4) The right of inmates 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 inmates;
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Reviewed lesson plans, PowerPoint and PREA acknowledgement sheets. The training is tailored to the gender of the inmates at the employee's facility. The employee receives additional training if the employee is reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa.

The agency documents, through employee signature or electronic verification, that employees understand the training they have received. Review of lesson plan and PREA training acknowledgement signature sheets.

Based on 51.2. A III F. 1 (a-d) Based on interview with random staff;

**Standard
number here**

115.32 Volunteer and contractors training

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. G & H Based on interview with volunteer and contractors. Reviewed lesson plan 4/14/13; PREA acknowledgement signed sheet; Training attendance roster; random files. The agency ensures all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

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 inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The agency has documentation confirming that volunteers and contractors understand the training they have received.

Standard number here	115.33 Inmate education
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III E. Based on interview with random inmates and intake staff and review of signed orientation sheets. Orientation to PREA started in June 2013 all new arrivals receive orientation with 24 hours of arrival. Reviewed video script, reviewed Inmate Handbook.

During the intake process, inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within 30 days of intake, the agency provides a comprehensive education to inmates either in person or through video regarding 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 agency provides inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. There is documentation of inmate participation in these education sessions. Based on the interviews conducted with the Limited English speaking inmates it was discovered that the ones who speak no English did not know what PREA was and could not answer any of the questions on the interview questionnaire.

During Corrective Action Period the PREA video was redone and they did a voice over in Spanish to meet the standard. The video is played during the comprehensive education which

takes place about a week after intake. The videos are played depending on the audience's needs.

Standard number here 115.34 Specialized training: Investigators
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. F. 3. (a-b) Based on GEO lesson plans and on interview with investigative staff.

In addition to the general training provided to all employees the agency ensures that the in-house investigators have received training in conducting such investigations in confinement settings.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. During the course of the interviews it was discovered that the investigator I interviewed and the Captain over investigators did not know what the difference was between Miranda and Garrity, as well as preponderance of the evidence, they did not know the procedures in place to conduct a proper investigation. During the Corrective Action period all investigators went through additional training and auditor was provided the test; test results; and certificates covering all items in standard.

Standard number here 115.35 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2.A. III. F. 2. (a-d) and lesson plan The agency ensures that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
- (2) How to preserve physical evidence of sexual abuse;
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency maintains documentation that medical and mental health practitioners have received the training.

Medical and mental health care practitioners also receive the training mandated for employees under 115.31 or for contractors and volunteers under § 115.32.

**Standard
number here**

115.41 Screening for risk of victimization and abusiveness

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. C. 1 (e) & D. 1. (a-b) Based on interview with random inmates and Classification staff responsible for screening; All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

Intake screening shall ordinarily take place within 72 hours of arrival at GCCF.

Such assessments shall be conducted using an objective screening instrument.

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization, whether the inmate has a mental, physical, or developmental disability; the age of the inmate; the physical build of the inmate; whether: the inmate has previously been incarcerated; the inmate's criminal history is exclusively nonviolent; the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability

The New Mexico Department of Corrections Sexual Risk Indicator Screening form does not include whether the inmate is perceived to be gay, lesbian, bisexual, transgender, and intersex or gender nonconforming. During the Corrective Action period New Mexico Department of Corrections changed their Sexual Risk Indicator Screening form and now asks "whether the inmate is perceived to be gay, lesbian, bisexual, transgender, and intersex or gender nonconforming," as of May 22, 2014.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Within 30 days from the inmate's arrival at GCCF, GCCF reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by GCCF since the intake screening.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Inmates are not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked.

The agency implements appropriate controls on the dissemination within GCCF of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Only limited staff have access to the risk screening form only Medical, Mental Health and Warden as well as PREA Manager.

Reviewed screening tool and reassessment questionnaire; the screening tool is NMDC form and uses a point base system to determine levels Low, Medium or High. Multi-Disciplinary Team meeting (MDTM) and MDTM confidentiality statement acknowledgement.

Standard number here 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. D. 3. (a & c) and GCCF 08.034. Based on interview with PREA compliance manager and staff responsible for risk screening. Facility would not house any transgender inmate they would be assigned to another level 3 facility per the warden. The agency uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The agency makes individualized determinations about how to ensure the safety of each inmate.

Standard number here 115.43 Protective custody

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III J. 1 (a- f) and NMCD 150100. Based on interview with warden, staff who supervise segregated inmates. No inmates have been placed in involuntary segregation. Inmates at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

GCCF has a policy to provide for inmates placed in segregated housing for this purpose will have access to programs, privileges, education, and work opportunities to the extent possible. If GCCF restricts access to programs, privileges, education, or work opportunities, GCCF documents: the opportunities that have been limited; the duration of the limitation; and the reasons for such limitations.

GCCF assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

If an involuntary segregated housing assignment is made GCCF shall clearly documents the basis for GCCF's concern for the inmate's safety; and the reason why no alternative means of separation can be arranged.

Every 30 days, GCCF affords each such inmate a review to determine whether there is a continuing need for separation from the general population.

Standard number here	115.51 Inmate reporting
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Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. K. 1, 4. Based on interviews with random staff and inmates Reviewed Inmate Handbook; Orientation manual; and Employee Handbook as well as reviewed Memo with Rape Crisis Center of Central NM.

The agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The inmates have a Crime Tip Hotline as well as a direct line to the New Mexico Department of Corrections office of Investigations

The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

Staff accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

The agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates.

Standard number here 115.52 exhaustion of administrative remedies
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on Policy 5.1.2. A. III. K. 2. a (1)(2) (5). Reviewed Inmate Handbook, grievances. The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

The agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

The agency ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

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.

Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. There have been no 3rd party reports or emergency grievances.

The agency has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards 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 is taken and provides an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial

risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

Standard number here 115.53 Inmate access to outside confidential support services

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. L 8 (a-b); 512 III. K. 2. (c) (d) Based on interview with random inmates and inmates who reported sexual assault. Reviewed Orientation Manual; memo to inmates; viewed website.

GCCF provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

GCCF enables reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible. Reviewed email from Rape Crisis Center of Central NM confirming service. Phone calls to the hotline are not recorded

GCCF informs inmates, 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.

The agency maintains a memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse.

Standard number here 115.54 Third party reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A III. K. 3. Posted on website. The agency has a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

Standard number here	115.61 Staff and agency reporting duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. K. 4. Based on interviews with random staff; warden and medical/mental health staff and review of Employee Handbook and signed Inmate Acknowledgement of Mental Health Orientation. The agency requires 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, staff shall not reveal 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.

If the alleged victim is a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

GCCF reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to GCCF's designated investigators.

Standard number here	115.62 Agency protection duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. L 1 (a). Based on interviews with random staff, and warden. Reviewed PREA incident 1-02-17-14-021 ad 1-06-18-13. When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.

Standard number here	115.63 Reporting to other confinement facilities
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. L. 5 (a-c). Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of GCCF that received the allegation shall notify the head of GCCF or appropriate office of the agency where the alleged abuse occurred.

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

The agency documents that it has provided such notification.

GCCF head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Based on interview with agency head and warden there have not been any allegations of abuse at another facility.

Standard number here	115.64 Staff first responder duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. D.1 (a-k) D. 3 & 4 and 5.1.2. A. III. L. 2. (a-f) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and if the abuse occurred within a time period that still allows for the collection of physical evidence, 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 first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Based on interview with security staff who are first responders, random staff, and inmates who reported sexual abuse. Reviewed PREA Sexual Assault/Abuse 1st Responder procedure.

Standard number here	115.65 Coordinated response
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- X. Exceeds Standard (substantially exceeds requirement of standard)
 - Meets Standard (substantial compliance; complies in all material ways with the standard or the relevant review period)
 - Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. A. 4. & L. 3. Based on interview with warden and review of PREA Sexual Assault/Abuse 1st Responder procedure. PREA guidelines for Sexual Assault checklist for each person/level involved in investigation. GCCF has 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.

Standard number here	115.66 Preservation of ability to protect inmates from contact with abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A & E III. A. Based on interview with agency head. Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf entered into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard number here	115.67 Agency protection against retaliation
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- Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. M 2. (a-f) Based on interview with agency head, warden, designated staff member who monitor retaliation; Review of Orientation manual; Protection from retaliation log. The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation.

The agency has multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

In the case of inmates, such monitoring includes periodic status checks.

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Standard number here 115.68 Post allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. L. Based on interview with warden. Reviewed Inmate Protective Custody Packet. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of 115.43

Standard number here 115.71 Criminal and administrative agency investigation

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. B. 1 d & 2 NMDC 150101. Based on interview with investigative staff and review of investigative reports, referral to state police and Investigation Reports Retention schedule. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (a) I reviewed 18 investigations and of those 18 most of them were not thoroughly done as confirmed by your own admission. There are missing crime scene logs; lack of proper evidence handling, no Chain of Custody receipt provided.

Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations pursuant to 115.34. During the course of the interviews it was discovered that the investigator I interviewed and the Captain over investigators did not know what the difference was between Miranda and Garrity, as well as preponderance of the evidence, they did not know the procedures that are in place in how to conduct a proper investigation.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. During the audit I discovered the Chain of Custody was not really being done. Crime scene logs are not in the files and should be part of the file, suggest when you create the crime scene log place it in the file. One investigation I reviewed 1-03-03-14-031 did not reflect the interview the investigator conducted. On the summary of the interview it is the victim's sworn statement only, word for word. Under Other Investigative Data, Investigator states "during the course of the interview with the victim it was difficult to keep him on track. He continually strayed from the subject and was focused on unrealistic topics as well as conspiracy theories" The investigator Unfounded the case based on the inconsistency. However in his investigation he did not include his actual investigation. When I questioned him on this he said he get confused between these investigations and the OPR investigations where they want them short and to the point. The other issue is they are ruling on Substantiated, Unsubstantiated or Unfounded before the State Police and the DA have made a ruling on whether they are going to file Criminal Charges. This is being done because DOC has a policy to close the investigation within 23 days.

During the Corrective Action period all investigators went through additional training and auditor was provided with the lesson plan; examples of the test; test results; and certificates covering all items in standard and all items found during the audit and listed in the Corrective Action Plan.

When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The departure of the alleged abuser or victim from the employment or control of GCCF or agency shall not provide a basis for terminating an investigation.

Standard number here 115.72 Evidentiary standard for administrative investigation
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. B. 2.d. Based on interview with investigative staff and review of Investigative reports. The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard number here 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. F.(a-c) Based on interview with warden; investigative staff; Reviewed Notification of Outcome of allegation. Excellent documentation. Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

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

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at GCCF;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within GCCF; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within GCCF.

Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within GCCF; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within GCCF.

All such notifications or attempted notifications are documented.

An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

Standard number here	115.76 Disciplinary sanctions for staff
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Exceeds Standard (substantially exceeds requirement of standard)

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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. G. 1. (a-c) Reviewed Employee Handbook and Inmate Staff Relations Acknowledgement form. There have been no terminations. Staff shall

be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard number here 115.77 Corrective action for contractors and volunteers

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. G. 3 (a-b) and 5.1.2. E. III. G-3 (a-b). Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

GCCF takes appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Based on interview with warden and review of investigative file on Contract Doctor resulting in termination. Cases are still being investigated.

Standard number here 115.78 Disciplinary sanctions for inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. E. III. G. 2.(a-f) Based on interview with medical/mental health staff and review of Category A Offense Sanctions. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

The agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency prohibits all sexual activity between inmates and may discipline inmates for such activity.

**Standard
number here**

115.81 Medical and Mental health screening; history of sexual abuse

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

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. D. 2 (a-b). Based on interview with staff responsible for risk screening and medical/mental health staff. Review of Sexual Victimization Packet and Perpetrated Sexual Abuse Packet. There have been no cases reported. If the screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

If the screening indicates that a prison inmate has previously perpetrated sexual abuse/prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other

staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

Standard number here	115.82 Access to emergency medical and mental health services
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III L.7 (a-d). Based on interview with medical and mental health staff and inmates who reported sexual abuse. Inmate Treatment Packet (a-d). Inmate 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.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders takes preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners.

Inmate 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.

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.

Standard number here	115.83 ongoing medical and mental health care for sexual abuse victims
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. M 1 (a-d). Based on interview with medical/mental health staff and inmates who reported sexual assault. Reviewed Inmate Treatment Packet.

GCCF offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility.

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.

GCCF provides such victims with medical and mental health services consistent with the community level of care.

Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

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.

**Standard
number here**

115.86 Sexual abuse incident reviews

X. Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. M. 3(a-c) Based on interview with warden, PREA compliance manager; incident review team and reviewed After Action Report. GCCF conducts 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. This review ordinarily occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Excellent PREA after action review form that addresses all elements of the standard. GCCF conducts an IRT for all cases Substantiated, Unsubstantial and Unfounded cases. It was suggested to include other staff on an ad hoc basis if the incident occurred in other areas such as kitchen, maintenance, programs etc.

The review team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at GCCF; And they examine the area in GCCF where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

**Standard
number here**

115.87 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. N. 1. (a-d) Reviewed annual report for 2012 & 2013 on the NMDOC website, also reviewed monthly PREA incident tracking log form. 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 agency aggregate the incident-based sexual abuse data at least annually.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

**Standard
number here**

115.88 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- 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)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. N 2.d The agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report includes a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

The agency's report is 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. Reviewed annual report 2012 & 2013 also viewed report on the NMDOC website <http://corrections.state.nm.us/oig.html>

The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Based on interview with PREA coordinator

Standard number here 115.89 Data storage, publication and destruction
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Based on policy 5.1.2. A. III. N. The agency ensures that data collected pursuant to § 115.87 are securely retained.

The agency makes 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. Viewed report on the NMDOC website. <http://corrections.state.nm.us/oig.html>

Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

The agency maintains sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

____Katherine Brown_____

____May 28, 2014_____

Auditor Signature

Date