

# PREA Facility Audit Report: Final

**Name of Facility:** Central New Mexico Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon Ray Shaver	<b>Date of Signature:</b> 04/17/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	02/27/2023
<b>End Date of On-Site Audit:</b>	03/01/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Central New Mexico Correctional Facility
<b>Facility physical address:</b>	1525 Morris Road, Los Lunas, New Mexico - 87031
<b>Facility mailing address:</b>	1525 Morris Road, Los Lunas, New Mexico - 87031

<b>Primary Contact</b>	
<b>Name:</b>	Angel Lucero
<b>Email Address:</b>	angelm.salazar@cd.nm.gov
<b>Telephone Number:</b>	15053833365

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Robert Nilius
<b>Email Address:</b>	Robert.Nilius@cd.nm.gov
<b>Telephone Number:</b>	505-383-3586

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Angel Lucero
<b>Email Address:</b>	angelm.salazar@cd.nm.gov
<b>Telephone Number:</b>	O: (505) 383-3365

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	933
<b>Current population of facility:</b>	515
<b>Average daily population for the past 12 months:</b>	713
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-85 years
<b>Facility security levels/inmate custody levels:</b>	I, II, III, IV
<b>Does the facility hold youthful inmates?</b>	Yes
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	332
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	152
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	9

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	New Mexico Corrections Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4337 NM 13, Santa Fe, New Mexico - 87508
<b>Mailing Address:</b>	P.O. Box 277116, Santa Fe, New Mexico - 87502-0116
<b>Telephone number:</b>	5058278767

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Alisha Tafoya Lucero
<b>Email Address:</b>	Alisha.tafoyalucero@state.nm.us
<b>Telephone Number:</b>	575-827-8884

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Rachel Muniz	<b>Email Address:</b>	rachel.muniz@cd.nm.gov

## SUMMARY OF AUDIT FINDINGS

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

### Number of standards exceeded:

14

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.12 - Contracting with other entities for the confinement of inmates
- 115.13 - Supervision and monitoring
- 115.21 - Evidence protocol and forensic medical examinations
- 115.31 - Employee training
- 115.34 - Specialized training: Investigations
- 115.41 - Screening for risk of victimization and abusiveness
- 115.42 - Use of screening information
- 115.71 - Criminal and administrative agency investigations
- 115.72 - Evidentiary standard for administrative investigations
- 115.81 - Medical and mental health screenings; history of sexual abuse
- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection
- 115.403 - Audit contents and findings

<b>Number of standards met:</b>	
31	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

# GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-02-27
2. End date of the onsite portion of the audit:	2023-03-01

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Valencia Shelter Services

# AUDITED FACILITY INFORMATION

14. Designated facility capacity:	933
15. Average daily population for the past 12 months:	713
16. Number of inmate/resident/detainee housing units:	18
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

# **Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

## **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	635
<b>37. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	12



<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>3</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>8</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The average length of stay for inmates is 2-6 months for Level III/IV and 2-5 years for Level II/Geriatrics. Age range of inmates in Level III/IV is 18-85 and Level II/Geriatrics is 19-85. This is a designated male facility.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>332</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>9</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>152</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>CNMCF staffing consists of 332 full-time positions (243 security and 89 administrative/support/programs). The Mental Health and Addictions Services staff is appropriated out o a separate budget with 44 full-time additional support positions. Psychiatry and Psychiatric nursing are provided by the Medical vendor. Education is appropriated out of a separate budget with 21 positions assigned to the facility. Medical and Food Service are contracted with outside vendors. All custody staff is deployed to the two units through the Roster Management Department. There are two custody shifts: Day Shift 6:00 a.m. to 6:00 p.m. and Evening Shift 6:00 p.m. to 6:00 a.m.; Admin Shift is 8:00 a.m. to 4:00. a union agreement has been in place since September 2005 between the State of New Mexico and the American Federation of State, County, and Municipal Employees, New Mexico Council 18. A new CBA was recently signed in July 2022.</p>
<h2><b>INTERVIEWS</b></h2>	
<h3><b>Inmate/Resident/Detainee Interviews</b></h3>	
<h4><b>Random Inmate/Resident/Detainee Interviews</b></h4>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>20</p>

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected were categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, programming, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditors' interviews with inmates were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. All interviews were conducted privately to ensure the individuals felt comfortable expressing concerns without prison staff being present. Interviews were conducted on all days of the site visit. The auditors met no barriers to completing interviews or ensuring representation of the population.</p>

## Targeted Inmate/Resident/Detainee Interviews

<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	<p>15</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/detainees).</b>	<p>The auditor reviewed the inmate roster and found no youthful offenders on the list. The CNMCF is the designated facility to house youthful offenders when sentenced to the NMDC, however, the last youthful offender aged out before the audit and was transferred to another facility.</p>
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>2</p>

<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility indicated there were no inmates who met this targeted category criteria, which was also confirmed during interviews with key staff. In addition, the auditors spent time at the facility observing individuals during recreation, and meals and observed nothing that would indicate otherwise.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility indicated there were no inmates who met this targeted category criteria, which was also confirmed during interviews with key staff. In addition, the auditors spent time at the facility observing individuals during recreation, and meals and observed nothing that would indicate otherwise.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility does not track the sexual orientation of inmates.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>

<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The facility indicated there were no inmates who met this targeted category criteria, which was also confirmed during interviews with key staff. In addition, the auditors reviewed the list of allegations and investigative files and found no one who was on the current roster.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>6</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility staff consistently reported that inmates are not placed in segregated housing for risk of sexual victimization. During interviews one inmate indicated having been in segregation for risk of sexual abuse then explained that it was voluntary and very short until staff made a reassignment to the inmate's housing unit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditors oversampled from the list of inmates who reported prior sexual abuse to compensate for there being no inmates who reported sexual abuse at the facility; oversampled LEP for having no juveniles to interview; and oversampled transgender for having no lesbian/gay/bisexual inmates to interview. Neither auditor experienced barriers to completing interviews and all participated willingly.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>15</p>



<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditors encountered no barriers to ensuring representation of staff.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>30</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff  <input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	The auditors also interviewed mailroom staff, chaplain, training coordinator, volunteer coordinator, physical plant manager, disciplinary hearing officer, industries supervisor, and grievance coordinator.
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming  <input type="checkbox"/> Medical/dental  <input type="checkbox"/> Mental health/counseling  <input checked="" type="checkbox"/> Religious  <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
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<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Several staff interviewed for multiple disciplines based on the nature of their specific responsibilities at the facility. There were 30 specialized staff interviewed and 36 different questionnaires were administered. Eight of the 30 staff interviewed are not specifically identified by a specialized questionnaire but were interviewed to allow the auditors more insight into the overall operations of the facility.</p>
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# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

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

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>

**89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

CNMCF is comprised of two units: Level II/ Geriatrics, and the Main Facility. The Warden manages the units through the two Deputy Wardens, Chief of Security, and four Unit Managers. This is the only facility in the state with the distinction of housing levels I through IV and PBMP. CNMCF Level II/Geriatrics is located adjacent to the Main compound. The Main unit is designed to house a maximum of 678 Level III/IV inmates in single and multiple occupancy cells/dorms. The design includes 10 single housing units each accommodating 48 inmates housing Reception and Diagnostic Center inmates, technical Parole Violator inmates, Diagnostic and Evaluation inmates, and Administrative Segregation inmates for a total of 480; 108 Mental Health Treatment Center (MHTC) single cell housing units; and 39 Long Term Care Unit (LTCU) beds. The Level II/Geriatrics Unit accommodates 288 inmates and is located on the compound of the Level II Main Unit. The design includes 6 dormitory units, each accommodating 48. The LTCU is designed to provide more intensive care and provides 24-hour nursing service and houses patients that are pre- and post-surgical patients, patients who are non-ambulatory, special needs patients, patients waiting for specialized consultations or appointment to maintain continuity of care. This unit also has 3 certified negative pressure rooms used for infectious diseases. The 104-bed MHTC provides inpatient mental health services, psychiatric care, mental health, nursing care, and housing for severely, acutely and chronically mentally ill inmates. The Restrictive Housing Unit (RHU), located within the Main compound, provides housing, mental health services, psychiatric care, medical care, and nursing care for inmates who have a Level III/IV custody designation and meet specific mental health criteria. Mental Health care is provided by the NMCD who employs counselors, social workers, psychologists. Psychiatry and Psychiatric nursing is provided by a contract vendor. The facility is also home to an

Industries Operation.

## Documentation Sampling

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

Yes

No



**91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

All requests for documentation were responded to promptly and comprehensively. Additional correspondence occurred between the auditor, the PCM and the PREA Coordinator, up to the onsite portion of the audit and then after until the issuance of the final report. Interviews with the PREA Coordinator and the Agency Head confirmed no consent decrees or oversight exists. The auditor reviewed relevant documents provided by the facility and on the agency website, in addition to the Pre-Audit Questionnaire (PAQ) and supporting documents. Using the PREA Compliance Audit Instrument and the Checklist of Documents during the review of the PAQ, a list was prepared for review during the onsite portion of the audit. Other documents reviewed for compliance determination are referenced in the narrative sections under each individual standard discussion. Throughout the audit, an extensive document review was conducted, and various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining agency and facility compliance with the PREA standards. Included below is the list of governing New Mexico Corrections Department (NMCD) policies that were provided for compliance determination and will be referenced throughout the audit report, annotated throughout the report using only the policy number. This list is not intended to be exhaustive but outlines the core policy documents used in the evaluation process. Information obtained from these policies combined with the information provided with the PAQ and the observations, facility documentation, and general information collected from the site visit was carefully evaluated and assessed against each of the elements of the standards. Additionally, the NMCD publishes its agency policies on its public website.

CD-030200 Recruitment, Selection, and Hire of Correctional Officers, Correctional Officer Specialists and Probation and Parole Officers  
CD-031800 Office of Professional Standards (OPS) Personnel Investigations and Staff Misconduct Reporting  
CD-031801 Office of Professional Standards (OPS) Personnel Investigations and Staff Misconduct Reporting (Procedures)  
CD-031802 Polygraph Testing  
CD-032200 Code of Ethics  
CD-037400 Recruitment  
CD-037800 Disciplinary Action for Classified Employees  
CD-060200 Citizen Involvement and Volunteers  
CD-080100 Institutional Classification, Inmate Risk Assessment and Central Office Classification  
CD-090100 Inmate Discipline  
CD-100200 Inmate Visitation  
CD-141100 Protective Custody  
CD-141500 Restrictive Housing  
CD-150100 Offender Protection Against Abuse; Sexual Misconduct; Reporting Procedures; PREA  
CD-150101 Offender Protection Against Abuse; Sexual Misconduct, Reporting Procedures; PREA  
CD-150102 Offender Protection Against Abuse; Sexual Misconduct, Reporting Procedures, PREA  
CD-150500 Inmate Grievances  
CD-150800 Transgender, Intersex, and/or Gender Non-Conforming  
CD-180200 Behavioral Health Reception and Diagnosis Center (RDC)  
CD-180201 Behavioral Health Reception and Diagnosis Center (RDC) (Procedure)  
CD-190000 Establishment of the New Mexico Corrections Training Academy Division

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	7	3	7	3
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	9	0	9	3

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	7	0	7	0
<b>Staff-on-inmate sexual harassment</b>	4	0	4	0
<b>Total</b>	11	0	11	0

## **Sexual Abuse and Sexual Harassment Investigation Outcomes**

### **Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	5	1
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	1	2	5	1

**Sexual Harassment Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	9	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	4	0	0	0	0
<b>Total</b>	13	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	1	7	1
<b>Staff-on-inmate sexual harassment</b>	0	1	3	0
<b>Total</b>	0	2	10	1

## **Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

### **Sexual Abuse Investigation Files Selected for Review**

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

6

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

<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>4</p>
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<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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### **Staff-on-inmate sexual abuse investigation files**

<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
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<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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**Sexual Harassment Investigation Files Selected for Review**

<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
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<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>6</p>
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<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	No text provided.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

<b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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## Non-certified Support Staff

**116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

**Identify the name of the third-party auditing entity**

American Correctional Association

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; NMCD Organizational Chart; CNMCF Organizational Chart; Announcement of Agency's PREA Coordinator Appointment; Memorandum of PREA Compliance Manager (PCM) Appointment; PCM Resume; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.11(a): The New Mexico Corrections Department (NMCD) has a written policy, CD-150100, Offender Protection Against Abuse; Sexual Misconduct; Reporting Procedures; PREA that mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, sanctions for those found to have participated in prohibited behaviors, and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders.</p> <p>115.11(b): A review of the NMCD Organizational Chart positions the PREA Coordinator as a direct report to the Inspector General who reports to the Deputy Secretary. The incumbent PREA Coordinator was appointed as the interim ACA/PREA Compliance Bureau Chief on November 16, 2022, according to an agency-wide announcement sent electronically from the Director of Adult Prisons Division. Based on an interview with the agency's PREA Coordinator she explained that she has enough time to manage her PREA related responsibilities due in part to the fact that the agency has designated PCMs at each of the 10 facilities. She interacts with each of them individually and collectively on a regular basis concerning training, allegations, and audits. If she identifies an issue with a facility complying with a PREA standard, she will research best practices from other agencies and then issues an executive summary report to the Director of Adult Prisons and to the Warden at that facility. She then imposes a twelve-week corrective action period for the facility to show compliance. Each PCM is required to audit PREA every month at their facility and submit the audit to the agency's PREA Coordinator where it is reviewed. This internal audit process and frequency is above and beyond the requirement of this standard.</p> <p>115.11(c): The incumbent PCM was appointed to this position on December 21, 2021, according to a Memorandum issued by the facility Warden. A review of the CNMCF Organization Chart positions the PCM as a direct report to the Warden. An interview with the facility PCM determined that she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. Her responsibilities include regular monitoring and auditing of the intake process, tracking all allegations, ensuring that proper signage is available, and becoming familiar with all potential victims, predators and members of the LGBTQI community housed at the facility. She is also responsible to both assist and be part of the advocate process for</p>

victims or potential victims. These responsibilities go above and beyond the compliance requirements of this standard and are found to exceed. Additionally, the PCM completed the National PREA Resource Center PREA 101 which is a voluntary training offered for agency PREA Coordinators, which speaks to the PCM's dedication to her duties and exceeds the requirements of this standard.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance and exceeded the provisions of this standard

<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Lea County New Mexico Contract; Otero County Prison Facility Contract; Website Review; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.12(a): The agency has entered into or renewed (2) contracts for the confinement of inmates (Lea County New Mexico and Otero County Prison Facility) since the last PREA audit. A review of the contracts verified that the entities are obligated to adopt and comply with the PREA standards.</p> <p>115.12(b): The NMCD employs full-time contract monitors that are assigned to and work onsite at the contract facilities. These contract monitors are required to complete weekly and monthly PREA audits; the facilities are also required to be audited every three years by a certified PREA auditor, in accordance with 115.401. The auditor reviewed samples of the most recent completed PREA Audit Tool for Otero County Prison Facility and prior PREA final audit reports during a web search. Full-time contract monitors assigned to each facility is above and beyond the requirements of this standard.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. The agency is found to exceed the requirements of this standard by employing onsite full-time contract monitors.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: Policy CD-150100; Staffing Plan; Staffing Plan Reviews; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.13(a): The agency policy CD-150100 requires each facility to develop, document, and make best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. In calculating adequate staffing levels and determining a need for video monitoring, facilities must take into consideration generally accepted detention and correctional practices; any judicial findings of inadequacy; any finding of inadequacy from Federal Investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facility’s physical plant (including blind spots); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or Local laws, regulations or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and, any other relevant factors. The staffing plan was predicated on 778 inmates which is also the average daily population since the last PREA Audit. A review of the 2023 staffing plan determined that the facility meets all criteria required for this provision. The auditors observed the number of staff present during multiple shifts over the course of the audit in all units, programming and education, and work areas and found them to be well-staffed with both security and non-security. Line of sight views were assessed throughout the facility by both auditors and identified that there were no blind spots that were not sufficiently covered by staff presence, CCTV, or mirrors. Areas that were off-limits to offenders were clearly marked and secured and entry to these areas were covered by camera views or were in areas where staff are routinely present. Rounds are required every thirty minutes by security staff as a general policy, and 15 minutes or more frequently for specialized areas. Staff interviews confirmed that they sometimes work overtime to cover for staff shortages, but that the required staffing levels are maintained on priority posts. The Warden explained during his interview that staffing levels are a priority and are reviewed weekly, sometimes daily, based on the current situations of the day. This frequency of staffing plan reviews is above and beyond the requirements of this standard.</p> <p>115.13(b): In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. Based on interviews with the PCM each deviation is documented on incident reports. The Auditor reviewed (4) incident reports provided with the PAQ documenting deviations and (10) randomly selected incident reports verifying that deviations are well documented and justified. Additionally, the auditor randomly selected Administrative Shift Reports for review which also provides documented post closures. The reason for all deviations were staff shortages and hospital transports. Anytime adjustments are made to staffing, notifications are made to the Major, Duty Officer, Deputy Warden and Warden.</p>

Staffing levels are also monitored by the assigned Duty Officer weekly during their rounds.

115.13(c): Policy CD-150100 requires that at least one time per year, the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing plan, the facility's deployments of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. At the conclusion of the meeting, documentation of the review is forwarded to the agency PREA Coordinator for review. The most recent staffing plan review was conducted January 3, 2023, and included an extensive explanation of the facility's recruitment and retention efforts resulting in positive gains.

115.13(d): Policy CD-150100 establishes that inmates shall be protected from sexual misconduct, personal abuse, corporal or unusual punishment, humiliation, mental abuse, personal injury, disease, property damage, harassment or punitive interference with the daily functions of living, such as eating and sleeping. Shift supervisors make unannounced rounds in housing units to deter staff sexual abuse and sexual harassment. Staff members are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A memo from the PCM dated August 2022 and an interview with the PCM indicated that supervisory staff conduct unannounced rounds throughout the facility on every shift. The rounds are documented in the pass downs or in the control logbooks. The facility provided several samples of unit logs, as well as multiple duty officer reports that specifically address unannounced rounds with the PAQ. Additionally, the auditors reviewed the onsite logs during the site visit for more recent documenting of these rounds and found them well documented. The auditor requested four randomly selected dates for Duty Officer Reports for review and found detailed and comprehensive information of the rounds conducted by higher level staff during their tour of duty. The auditor requested additional documentation of shift reports, and staff visit logs to assess consistency of these rounds. The facility's documentation of unannounced rounds indicates they are made frequently, regularly, and consistently. Based on the thorough and multiple methods of documenting these unannounced PREA rounds, the facility exceeds this provision.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, based on the thorough documentation verifying that unannounced PREA rounds are routinely conducted, the facility exceeds provision (d) of this standard.



<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.14(a)(b)(c): Policy CD-150100 establishes that inmates under the age of eighteen years old will not be assigned to housing in the same housing unit as adult inmates but will be housed in the Youthful Inmates Management Unit at Central New Mexico Facility. Inmates under the age of eighteen (18) will have direct sight/sound contact with staff in areas outside of the housing unit. The PCM provided a listing of inmates by age confirming there were no youthful inmates at the facility on the first day of the audit. However, in the past 12 months there was (1) inmate housed at the facility under the age of eighteen. He aged out before the audit and was transferred to another facility. Interviews with staff confirmed that this is the only incidence of a youthful inmate being assigned to the facility in several years, that it is not a common occurrence. However, the facility is the agency's designated location for housing youthful inmates and has the space and ability to maintain sight and sound separation from adult inmates. Interviews and documentation provided by the facility verified that the youthful offender was housed in a separate unit and attended programming and an assigned work detail alone. The facility provided the auditor with a memo from the MHTC Unit Manager, dated December 15, 2022 and Supervisory Review documentation confirming the youthful inmate was enrolled in an educational class held in the recreation room off his unit, and had access to his own recreational yard. For precaution, the facility placed him in the "red area" which is a location where he, nor other offenders are allowed to cross. The auditor confirmed these procedures during an interview with the MHTC Unit Manager, PCM, and Warden during the site visit.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-150800; Strip Search Logs; Staff Training Records; Searches Training Curriculum/Lesson Plan/PowerPoint; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.15(a): CD-150100 establishes that staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches. In the event that these types of searches should occur, an SIR shall be generated documenting the need for the search. The auditor reviewed (9) samples of strip-search logs provided with the PAQ and (3) additional logs selected by the auditor that confirmed strip searches are documented and only conducted by same gender staff. The auditors completed a tour of the complete facility and observed areas used to conduct strip searches, including camera views. All areas were sufficiently blocked to mitigate opposite gender viewing. If cameras were present in the area, the facility had placed marks on the floor indicating where the inmate was to stand to be out of camera view.</p> <p>115.15(b)(c): This facility houses male inmates; therefore, the facility is exempt from provisions (b) and (c) of this standard.</p> <p>115.15(d): CD-150100 states that inmates shall be afforded the opportunity 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. Staff members of the opposite sex of the inmate population in their facility must announce their presence when entering an inmate housing unit. These announcements must be logged into the housing unit daily log for that unit. The auditors completed a tour of the complete facility and observed areas where inmates may be in a state of undress, such as shower, using the toilet, and changing their clothes. The auditors found no areas that allowed for opposite gender viewing beyond viewing incidental to cell checks. All areas provided sufficient privacy to mitigate opposite gender viewing. If cameras were present in the area, the facility had pixilated or blacked out where no viewing via camera could occur. In cells where inmates are placed on constant observation monitoring, same-gender staff are assigned to these duties.</p> <p>115.15(e): CD-150100 and CD-150800 establish that transgender and intersex inmates shall not be searched or examined by non-medical staff for the sole purpose of determining the inmate’s genital status. Genital status shall be determined by interviews or medical records reviews. A transgender or intersex inmate’s own view with respect to his or her own safety shall be given serious consideration. If the inmate’s genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that</p>

information as part of a broader medical examination conducted in private by a medical practitioner. The facility indicates that no searches of this nature were conducted within the last 12 months. The auditor interviewed random staff, security supervisors, and medical staff and confirmed that these types of searches have not occurred during the audit period. Three transgender inmates were interviewed who further confirmed searches to determine an individual's genital status has occurred.

115.15(f): CD-150100 states that the agency shall train 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. The facility indicates that 100% of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. The Auditor reviewed the searching training curricula and found it to be appropriate for the transgender population. Four training records were provided by the facility with the PAQ, and the auditor additionally reviewed (15) randomly selected employee training files onsite that all contained signed training acknowledgments., indicating their understanding of the training they received.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; Form (CD-150102.3); Corporate Translation Services LLC, Language Link Contract; Propio Language Services Pamphlet for Wexford Health; English and Spanish Inmate Handbook; English and Spanish PREA Educational Pamphlet; List of Spanish Speaking Staff; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.16(a): CD-150100 establishes that inmates with disabilities and inmates who are limited English proficient (LEP) shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Form CD-150102.3 Sexual Abuse or Assault Incident Review Team ensures that any of the alleged victims or perpetrators with a disability (including a mental illness) or is LEP, has access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. The facility has (2) phones to facilitate communication with deaf persons, which are located in the Central Control and the MHTC Unit Manager's office. The facility provided a list of 219 inmates that have a mental, physical and/or developmental disability. The list was cumulative and did not separate by disability category; however, the auditor communicated with the HSA to select the inmates for interviews. The Auditor interviewed (4) disabled inmates (2-cognitive and 2-physical disabilities). There were no deaf or blind inmates at the facility during the on-site audit. The disabled inmates interviewed indicated that they have access to all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.</p> <p>115.16(b): 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 LEP, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The facility has a contract with Language Line Services for LEP offenders. The facility provided a purchase order for Corporate Translation Services LLC Language Link and the auditor found that the facility utilizes this translation service to accommodate LEP offenders. The facility also provided an instruction pamphlet for Propio Language Services that Wexford Health uses for language interpretation services. The facility also provided examples of the inmate handbook in both English and Spanish, as well as the PREA educational pamphlet in English and Spanish. Form CD-150102.3 Sexual Abuse or Assault Incident Review Team ensures that any of the alleged victims or perpetrators with a disability (including a mental illness) or is LEP, has access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. The facility provided a list of (12) LEP inmates currently housed at the facility. The Auditor interviewed (4) LEP inmates using the Language Link services. The LEP inmates interviewed indicated that they have access to all aspects of the agency's efforts to prevent, detect and respond to</p>

sexual abuse and sexual harassment. The facility also provided a list of (11) Spanish speaking employees and their assigned shifts for access by supervisors when/if needed for immediate LEP communication.

115.16(c): CD-150100 states that the agency shall not use inmate interpreters to assist disabled or LEP inmates in participating in efforts to prevent, detect, and respond to sexual abuse and sexual harassment, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responders, or investigation of the inmate's allegations, is prohibited. The facility indicates that there were no instances where an inmate interpreter was used. The auditor's review of the investigative files indicated that either staff interpreters or the Language Link were used when the party being interviewed was LEP.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="256 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 264 557 300"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1417 456">Evidence Reviewed: CD-150100; CD-037400; CD-030200; CD-032200; Personnel Files; PREA Acknowledgments; Self-Declaration/PREA Misconduct Questionnaire; Information Obtained from Interviews; Observations During Site Visit.</p> <p data-bbox="256 497 1477 1030">115.17(a)(b)(f): CD-037400 states that applicants and contractor applicants who have 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); or have 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; have been civilly or administratively adjudicated to have engaged in the activity described above, shall not be hired or promoted. Incidents of sexual harassment shall be considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The auditor reviewed (15) employee files that contained a signed PREA Questionnaire (11 new hires/4 promotions). Additionally, the facility provided a spreadsheet of (219) employees, contractors and volunteers that indicated a date in which the questionnaire was signed.</p> <p data-bbox="256 1070 1477 1899">115.17(c)(e): Before hiring new employees who may have contact with inmates, the agency performs a criminal background records check, and 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. 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. An interview with the HR Director indicates that all employees are current on their 5-year background checks and that she keeps a Master Tracking Log to track when an updated check is due. The facility provided the auditor with the Master Tracking Log that reflected (232) employees and (19) contractors tracked locally had a current criminal background check conducted. The interview with the HR Director also confirmed that employers are contacted to discover information on substantiated allegations of sexual abuse or departures during an investigation for applicants who worked in an institutional setting prior. The auditor was provided (3) examples of the completed form used to obtain this information from prior institutional employers for review. The facility indicated that a total of (41) background checks were conducted for (21) new hires and (20) promotions in the last 12 months. The Auditor reviewed (15) personnel files and found evidence of background checks (11 new hires/4 promotions).</p> <p data-bbox="256 1939 1477 2056">115.17(d): CD-030200 states All selection, retention and promotion shall be based on merit and specified qualifications including all personnel covered by merit systems, civil service regulations, or union contracts. In accordance with state and federal</p>

statutes, a criminal record check shall be conducted on all new employees, contract personnel, interns, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance or delivery of services. If this record check returns the comprehensive identifier information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task Force (JTTF) or another similar agency. The facility indicated that (126) contractors received a background check prior to enlistment of services. The Auditor selected (2) contractors randomly for review and found the required background checks were conducted and the PREA Questionnaire was completed prior to beginning work.

115.17(g): CD-037400 states that the agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in section J of this policy in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The policy also states that employees have a continuing affirmative duty to disclose any such misconduct. Additionally, a review of the self-declaration/PREA misconduct questionnaire found it includes a statement attestation for the continuing affirmative duty to disclose any facts that would change the results of the misconduct questions. The Auditor random selected and reviewed (15) employee, contractor and volunteer files and found that the questionnaire was completed and signed by the participant.

115.17(h): The agency/facility provides 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. An interview with the HR Director confirmed that this information will be provided upon receiving a request from the prospective employer if accompanied by signed consent of the employee.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.18 (a): CD-150100 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect the inmates from sexual abuse. The facility/agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA Audit.</p> <p>115.18 (b): CD-150100 states that when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse. The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. The facility provided the auditor with (38) floor plans describing their surveillance camera upgrades facility wide. Interviews with the Warden, PCM, PREA Coordinator and the Plant Operations Supervisor the auditor determined that the facility and agency considered how this technology may enhance the agency’s ability to protect inmates from sexual abuse when making equipment selection and placement decisions.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>



<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="256 188 1018 221"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="256 264 560 297"><b>Auditor Discussion</b></p> <p data-bbox="256 340 1465 584">Evidence Reviewed: CD-150100; CD-170100; NM Department of Public Safety Policy OPR:39 Criminal Investigations; NM Department of Public Safety Policy OPR:40 Crime Scenes; NM Department of Public Safety Sexual Abuse investigations training curricula; MOU with New Mexico Coalition of Sexual Assault Programs, Inc/Valencia Shelter Services; Medical Incident Reports; Information Obtained from Interviews; Observations During Site Visit.</p> <p data-bbox="256 622 1474 1865">115.21(a): Based on an interview with the facility's trained investigator and policy review, the agency is responsible for conducting administrative investigations for both sexual harassment and sexual abuse claims. At such time that the facts indicate that a criminal act may have occurred, the Office of Professional Standards (OPS) will be notified and the criminal investigation will be coordinated with the New Mexico Department of Public Safety State Police. The OPS observes the investigative protocols found in the DPS OPR 39, Criminal Investigations and OPR 40, Crime Scenes. Both of these policies were provided to the auditor for review and were found to outline direction that follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The auditor also reviewed a memorandum from the DPS, New Mexico Law Enforcement Academy Director outlining the training received by all New Mexico State Police officers which indicate their specialized qualification for conducting criminal investigations of sexual abuse. Because the DPS State Police is considered an outside law enforcement entity, the facility and agency are found to exceed the provisions of this standard through evidence of close collaboration with the outside entity, providing their investigative protocol policies, and officers' training information. CD-150102 establishes local protocols that covers the handling of evidence and is consistent with the requirements of the DPS OPR 39 and 40. A facility health care professional will take a history and conduct an examination to document the extent of physical injury and to determine if there are injuries that merit transfer to another medical facility. The purpose of the examination is to determine the patient's stability for transfer to a site that provides forensic examinations. The facility indicated on the PAQ there were (3) examinations conducted by trained medical professionals. The facility examiner is to be mindful of the need to preserve any objective forensic evidence during the examination. The auditor clarified during interviews with the investigator and healthcare staff that these were not forensic medical examinations (FME), only medical examinations conducted to assess the patient's injuries and need to be transported outside for further examination. There were (0) FME performed within the audit period.</p> <p data-bbox="256 1906 1458 2067">115.21(b): Review of DPS OPR 39 and 40 confirmed that the investigative protocol is developmentally appropriate for youth where applicable, and as appropriate, and is 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</p>

Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011.

115.21(c)(d)(e): CD-150100 establishes that the Warden or designee will ensure that victims of sexual assault are promptly transferred under appropriate security provisions by Emergency Medical Services or NMCD personnel as is medically appropriate to a community health care facility for treatment and gathering of evidence at no charge to the inmate. The facility does not conduct FMEs but will transfer the inmate to Valencia Shelter Services for FME/SANE services. The Auditor reviewed the MOU with the New Mexico Coalition of Sexual Assault Programs, Inc., Valencia Shelter Services and contacted the center by phone to confirm they will provide SANE procedures for sexual assault victims from CNMCF. The MOU further provides for victim advocate services from the center, as requested by the victim; the victim advocate from Valencia Shelter Services will accompany and provide support through the FME process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

115.21(f)(g): Based on review of the memorandum from NM DPS, who is responsible for investigating criminal allegations of sexual abuse, the investigating agency follows the requirements of paragraphs (a) through (e) of this section.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard and exceeds provision (a).

<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-150101; CD-150102; CD-031800; CD-031801; CD-031802; Website; Case Files; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.22(a)(b)(c): CD-150100/150101 establishes that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. CD-150102 establishes procedure that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior; and that all such referrals will be documented. CD-031800/031801 establishes specific procedures that govern personnel investigations of staff misconduct. An interview with the facility investigator confirmed that the entity with the legal authority to conduct criminal investigations is the New Mexico (NM) Department of Public Safety (DPS) State Police. She further explained when the facility receives an allegation of sexual abuse or sexual harassment, (whether staff-on-inmate or inmate-on-inmate), a trained facility investigator will begin the investigation with support from the Office of Professional Standards. If and when the evidence appears to be criminal, the administrative investigation will be put on hold and the DPS State police will be contacted for a criminal investigation. The agency's investigative protocols are published on its public website at <a href="https://www.cd.nm.gov/policies/">https://www.cd.nm.gov/policies/</a> and agency policy. In the past 12 months, there were (23) allegations of sexual abuse or sexual harassment that were received. The facility indicates that all (23) were referred for administrative investigation and (4) were referred for criminal investigation. The auditor reviewed the (4) case files referred for criminal investigation and found notifications to the NM State Police.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-190000; NMCD PREA Lesson Plan; CNMCF Training Department Schedule; NMCD Staff and Contractor Acknowledgement Form; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.31(a)(c)(d): Policy CD-150100 establishes the NMCD has a “zero tolerance” policy regarding all forms of sexual abuse, sexual misconduct and sexual harassment. The affirmation of the zero-tolerance policy is also contained in the NMCD PREA Lesson Plan. The agency trains all employees who may have contact with incarcerated individuals on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained on how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. The agency requires staff to be trained on PREA every year during in-service training which is above and beyond the requirement of this standard. A review of the 2023 agenda shows that PREA is covered on day two of in-service. The auditor reviewed (19) randomly selected personnel records and found that all received initial and annual PREA refresher training, and all had signed forms acknowledging their understanding of the training. Interviews with randomly selected staff confirmed their knowledge of the topics covered in the agency's PREA training. An interview with the training coordinator confirmed that she tracks training completions on a regular basis and initiates contact with the managements staff for people who have not completed their required training timely.</p> <p>During an interview with the Institutional Probation/Parole Officer (IPPO) it was discovered that she had not received PREA training since graduating the academy. Once this was brought to the attention of the PREA Coordinator, the agency responded immediately to implement a cross departmental corrective action plan. This included an immediate schedule for all IPPOs across the state to be trained and the requirement for these staff to attend annual in-service at their assigned facility. During the Post-Audit Period the auditor received evidence of training for the (3) IPPOs who regularly work at CNMC had been completed. The facility/agency has completed the required CAP for this facility.</p> <p>115.31(b): The PREA training modules NMCD PREA Lesson Plan contain individual sections regarding the dynamics of both male and female offenders, as well as a section on juvenile dynamics. An interview with the agency PREA Coordinator confirmed that all staff is trained on both male and female gender-specific information regardless of the gender of the facility that they are assigned to. An interview with PCM confirmed that employees who transfer in from another type of facility receive a facility-specific orientation which includes a gender refresher.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard and exceeded by</p>

	requiring training annually.
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; NMCD PREA Lesson Plan (Contractor/Volunteer); CNMCF Training Department Schedule; NMCD Staff and Contractor Acknowledgement Form; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): 150100 establishes that prior to contact with any inmate, any employee, volunteer and/or contractor will have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Policies 300.040 and 300.045 provides further guidance about the levels of training required based on the services being provided and the level of contact the individual has with incarcerated individuals. The auditor reviewed the PowerPoint for PREA Volunteer/Contractor/ training and found PREA is covered and includes the zero-tolerance policy, their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Additionally, they are required to read and sign an acknowledgment of their understanding of policy CD-150100 and the training received. The facility reports 127 individuals approved for admittance to the facility who qualify as volunteers and contractors. The auditor reviewed randomly selected training records of (1) volunteer and (9) contractors. Each file had a signed acknowledgement form in place. Additionally, the auditor interviewed (1) volunteer and (2) contractors. These records and subsequent interviews confirmed that the contractors and volunteers had been trained on their responsibilities under the agency's policies and procedures, had been notified of the agency's zero-tolerance policies regarding sexual abuse and sexual harassment, and trained on how to report these incidents.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; NMCF PREA Pamphlet; Inmate PREA Acknowledgement; PREA Posters (English/Spanish); CNMCF Inmate Handbook; NM PREA Resource Guide for Inmates; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.33(a): CD-150100 establishes the agency will provide comprehensive education to inmates either in person 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. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. This information shall be communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at a facility. Information will be made available to inmates, as needed to include those who are Limited English Proficient, deaf, visually impaired, otherwise disabled and limited in reading skills. Within the first few hours of their arrival, new intakes are told about the zero-tolerance for sexual abuse and sexual harassment, receive the PREA brochure, and individuals signed a roster being advised of the zero-tolerance policy and receipt of the brochure. The auditor observed intake staff while they conducted the intake process to experience what happens what new arrivals go through during intake. The auditor observed the PREA posters in English and Spanish throughout the facility, including the intake area. Interviews with the intake staff and medical staff confirmed that incoming new arrivals are generally processed within a few hours but always within 24. The facility reported the number of inmates admitted during past 12 months who were given this information at intake is 1819. The Auditor reviewed (22) files of inmates who arrived within the prior 12 months and found signed documentation that all received information about the zero-tolerance and how to make a report at intake within 24 hours.</p> <p>115.33(b)(c): CD-150100 establishes that facility staff must provide information to inmates about sexual abuse, sexual harassment and sexual assault including: Prevention/intervention; Rights to be free from sexual abuse, sexual harassment and retaliation for reporting such; Self-protection; How to report; Zero-Tolerance; Reporting sexual abuse/assault; and Treatment/Counseling. The agency completed a base-line rollout of comprehensive training in 2014 so all inmates incarcerated at that time were educated. The facility reported that 1634 individuals were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. An interview with the PCM confirmed that the PREA education is delivered to new arrivals during the reception process. Interviews with the incarcerated individuals confirmed that they had the PREA information within the first couple of weeks of their arrival, as</p>

well as every time that they have moved to a new facility. Each individual interviewed indicated they were aware of the PREA and who the PREA Compliance Manager is at the facility. The file reviews contained documented evidence that the inmates received the Inmate Handbook, PREA brochure, and PREA training.

115.33(d): CD-150100 further directs that staff assist individuals as needed in understanding orientation and PREA materials. This includes translations or alternative formats for individuals identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. This information shall be communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at a facility. Information will be made available to inmates, as needed to include those who are Limited English Proficient, deaf, visually impaired, otherwise disabled and limited in reading skills. Participants who cannot speak/understand English will be provided the information using an interpreter through the Language Line. The agency publishes the PREA hotline poster, Zero-Tolerance poster, and PREA brochure in Spanish, and English; the auditor observed these posters on bulletin boards and walls of housing and in common areas throughout the facility. When speaking with individuals who are LEP, they informed the auditor that their inability to speak English fluently had not affected their ability to participate in any facility-based services, including the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor reviewed files for LEP individuals, and the documentation indicated they had received the PREA education material in a language they understood. The auditor interviewed an inmate classified as disabled who reported his disability had not affected his ability to participate in any facility-based services, including the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The auditor reviewed the disabled inmate's file, it contained documentation indicating he had received the PREA education material.

115.33(e): Written records of completion of orientation and PREA education signed by the individual utilizing the Inmate PREA Acknowledgement form are maintained in the inmate's folder. The facility provided evidence for (4) inmates who received comprehensive training within 30 days with the PAQ. Additionally, the auditor selected (31) individuals to review their training records and of these, (22) had arrived within the prior 12 months. Of these (22), all contained signed documentation that they had received the comprehensive education within 30 days of arrival.

115.33(f): The auditor reviewed the CNMCF Inmate Handbook, which contains pertinent information regarding the individual's rights to be free from sexual abuse and how and to whom to make a report. During the site visit, the auditor observed posters in all of the housing unit and in other common areas throughout the facility. Inmates mentioned the abundance of PREA posters in the facility during the interviews. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks, or other written formats. Interviews with random inmates confirmed the PREA information is available to them at all times.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.



<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-031801 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting; NMCD PREA Lesson Plan Investigating Sexual Assaults in a Correctional Setting; NIC Online Training; Investigator Training Certificates; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.34(a)(b)(c): Policy CD-031801 requires that Investigators with specialized training in sexual abuse investigations in confinement settings must conduct sexual assault investigations. All sexual abuse allegations are reported to the OPS. The Policy also requires that the trained OSI Investigator will complete sexual abuse allegations. The PCM is the designated facility Investigator and she provided certificates for OPS Investigator Training; NIC Online Training, PREA: Investigating Sexual Abuse in a Confinement Setting; NIC Online Training, PREA: Investigating Sexual Abuse in a Confinement Setting Training Advanced Investigations; NMCSAP PREA Specialized Training - Investigating Sexual Abuse and Sexual Harassment in Correctional Settings; and National PREA Resource Center PREA 101. The OPS Investigator Training is a 40-hour comprehensive class certifying to conduct administrative investigations on behalf of the MNCD. The auditor reviewed the curriculum for the training and found that the training met and exceeded all criteria required in provision. Additionally, the agency has (56) investigators statewide that have completed the specialized training for investigations.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Due to the extensive training received by the PCM/Investigator above the basic requirements, the facility exceeds this standard.</p>

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; Lesson Plan Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff; Power Point Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.35(a)(c): Policy CD-150100 requires that nursing staff, and full and part-time medical and mental health practitioners in health services, receive specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and harassment, and how and to whom to report allegations or suspicions of sexual abuse and harassment. The facility reported there are (14) medical and mental health care practitioners who work regularly at CNMCF, and they have all completed the Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff. The auditor reviewed (14) medical and mental health staff files and found that they all received the specialized training for medical and mental health staff.</p> <p>115.35(b): The facility medical department does not conduct forensic medical examinations; the facility has an MOU with Valencia Shelter Services for these services.</p> <p>115.35(d): Medical and mental health practitioners are required to receive the same basic PREA training as all employees as discussed in the auditor’s narrative in 115.31; contracted providers comply with requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees. Training records confirmed both specialized and basic PREA training was completed by all staff.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; SRNS Assessment Tool; Completed SRNS Assessment Tools; Completed 30-day Review Examples; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.41(a)(b): The NMCD has a written policy, CD-150100, that mandates Inmates be screened with an objective screening tool, SRNS Assessment Tool, within 48 hours of arrival at the facility and reassessed 25 days after arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The auditor reviewed (24) IP files and determined that initial risk screenings were conducted within 48 hours, which exceeds the 72-hour requirement for this standard. The auditor observed the intake risk screening process during the site visit. An interview with the PCM found that all SRNS assessments are completed using a computer system. There is a comment section for each question and all information regarding the assessment such as the inmate information, screener information, dates, etc. are on the top of each assessment. The scoring tool is automatic, and each question is given a numerical value based on the response input into the system. The PCM maintains an Intake Tracking list of all new arrivals that includes their data of arrival, date of initial risk screening, and the date of their 25-day screening. The auditor reviewed the current year's entries and found all within compliance. This tracking by the PCM ensures that screenings are completed timely and is above and beyond the requirements of this standard.</p> <p>115.41(c)(d)(e) The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included as part of the risk screening form. NMCD does not detain individuals solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse in an effort to assess an individual's risk of being sexually abusive. Assessments are evaluated through direct conversation with the individual and a review of the individual's prior criminal history and institutional record.</p> <p>115.41(f)(g) CD-150100 requires that, inmates be reassessed 25 days after the inmate's arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates are also reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information that bears upon an inmate's risk of sexual victimization or abusiveness. The auditor selected (31) individuals for a file review and of these, (29) were reassessed within 25 days after arrival and the other (2) were reassessed at 27 and 28 days respectively. The auditor interviewed case managers and confirmed that they are notified through CMIS when a reassessment is coming due which allows them to</p>

complete it within the 25 days according to policy. The PCM explained that after a PREA incident, a reassessment will be conducted on both the victim and perpetrator. Samples for (12) of these reassessments were provided for the auditor's review.

115.41(h): CD-150100 establishes inmates shall not be disciplined for refusing to participate in the screening process. None of the inmates interviewed, reported being disciplined for refusing to participate in the screening process.

115.41(i): Auditor interviews with the PREA Coordinator and PCM confirmed the agency has outlined who should have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation, only the PCM, case managers, intake officers, and unit managers have access.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, the facility conducts the initial risk screening within 48 hours of arrival which exceeds the 72-hour requirement for this standard.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-080100; CD-150800; NMCD Organizational Chart; SRNS Assessment Tool; Completed SRNS Assessment Tool; Completed 30-day Review Examples; CMIS Screen Shots of High Risk; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.42(a)(b): CD-150100 establishes that housing and program assignments will be made using information obtained during the risk screening. The PCM, case managers, and medical staff explained that the facility uses information obtained in the risk screening for housing, bed, work, education, and program assignments with the goal of keeping separate individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. This is also established through CD150800. Interviews confirmed that there is open communication among the Unit Managers, security, and case management staff, who talks regularly to discuss current issues that are going on in their respective areas of supervision. The PCM provided screenshots from the CMIS for (3) inmates who scored high on their screening instrument which automatically creates a "Caution" flag that will be reviewed by necessary staff when making housing, work, and programming assignments.</p> <p>115.42(c)(g): During an interview with the agency PREA Coordinator she explained that NMCD has implemented a Transgender Policy that establishes in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Transgender Advisory Group shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. CD-150100 prohibits the placement of lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in dedicated facilities, units, or wings solely on the basis of such identification or status. The Warden and PCM confirmed CNMCF does not place lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in units, or wings solely on the basis of such identification or status. A review of the housing roster compared to the list of inmates identifying as LGBTI showed no pattern to indicate this is occurring. Additionally, interviews with inmates from this targeted category also confirmed they had never been housed in dedicated facilities, units, or wings solely on the basis of such identification or status.</p> <p>115.42(d)(e): CD-150800 directs that placement and programming assignments for each transgender and inmates must be screened every six months. Additionally, a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. The auditor interviewed the three transgender inmates at the facility during the site visit. Of these only one had been in the facility long enough to have participated in a six-month rescreening. The auditor reviewed the rescreening documentation determining it demonstrated compliance with the</p>

provisions of this standard.

115.42(f): CD-150800 establishes that transgender inmates who wish to shower separately in facilities with dorm style showers must request to do so in writing to the Warden. The Warden will designate, by a memo, two shower times (one morning and one evening) whereas the individual making the request can shower privately during count time. CNMCF has individual shower where all inmates may shower privately. Interviews with inmates, security supervisors, security line staff, and the PCM confirmed that transgender inmates are allowed to shower separately from other individuals upon request.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, the facility and agency exceeds by having a clearly documented method of demonstrating the use of the screening information to keep inmates separated by the CMIS system automatically flagging high risk inmates within the system based on information obtained from the screening instrument, thereby decreasing the potential for inmates who should not be comingled to be assigned together.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-141500; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.43(a)(b)(c)(d)(e): CD-150100 establishes the placement of inmates determined to be at high risk of sexual victimization into Special Management shall be cited the basis for the facility's concern for the inmate's safety and the reason why no alternative placements are appropriate consistent with NMCD Special Management policies. CD-141500 establishes that inmates in Extended Restrictive Housing have access to programs and services that include but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs. Further, CD-141500 provides Inmates in Restrictive Housing will have a status review completed by the classification committee or other authorized staff every 7 days for the first 60 days and at least every 30 days thereafter. The facility indicates that no individuals at high risk of sexual victimization were placed in involuntary segregated housing within the audit period, which was confirmed through interviews with the Warden, PCM/Investigator, and staff who work the segregated housing unit.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 262 558 293"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1452 499">Evidence: CD-150100; CD-150101; MOU with Valencia Shelter Services; NMCD PREA Poster English/Spanish; Intergovernmental Agreement PREA, Colorado Corrections Department (3rd Party Reporting); NMCD PREA Report Sexual Abuse Poster English/ Spanish; Observations During Facility Tour; Information Obtained from Interviews.</p> <p data-bbox="256 539 1476 1406">115.51(a): CNMCF offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape Crisis Center of Central New Mexico Hotline from any inmate phone at *9999 or (505) 266-7711; calling the NMCD PREA Reporting line from any inmate phone at *8888 or (505) 827-8524; writing directly to the Warden; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance or sick call slip; reporting to the PREA Coordinator or PCM; have a family member or friend report it to the facility or email PREAReporting@statenm.us. Incarcerated individuals are also informed that they may make a report on behalf of someone else. The auditor confirmed during interviews with the incarcerated individuals that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made and understood clearly that the facility has a zero-tolerance for any type of sexual activity, abuse, harassment, or retaliation. Most of the individuals stated that they would feel comfortable reporting directly to a staff member. Calls were successfully placed to Rape Crisis Center of Central New Mexico Hotline and the NMCD PREA Reporting line. The auditor noted a typo in the NMCD PREA pamphlet. The number to the NMCD PREA Reporting Line listed as, (575) 827-8524, does not work and should be (505) 827-8524. Once the PCM was notified she pulled the current pamphlets and verified that the posters on display and handbook included the correct numbers. The PREA Coordinator was also notified of this error and she immediately initiated action to correct the misprinting.</p> <p data-bbox="256 1447 1476 1899">115.51(b): CD-150101 establishes that incarcerated individuals may also report an allegation of sexual abuse or harassment to the Colorado Corrections Department, an office that is not part of the NMCD, by writing to PREA, Colorado Corrections Department. The PREA, Colorado Corrections Department will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to the Agency PREA Coordinator for review and investigation. An incarcerated individual may request that the PREA Colorado Corrections Department allow them to remain anonymous, and the PREA Colorado Corrections Department will not include their name in the report. This method is further confirmed by the Intergovernmental Agreement for PREA Reporting from July 21, 2021 to June 30, 2026, dated December 6, 2022, provided for the auditor's review.</p> <p data-bbox="256 1939 1460 2056">115.51(c): CD-150101 requires staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Any verbal reports are to be promptly documented and</p>



forwarded for investigation. This information is also covered in the Prison Rape Elimination Act training that is mandated for all staff prior to assuming any duties for the NMCD. The auditor reviewed (13) case files, and of all that were reported directly to a staff member, either in writing or verbally, staff immediately notified the Shift Commander who immediately made required notifications which included the facility Investigator. An incident report was completed for all reports, verbal and written.

115.51(d): CD-150101 establishes employees are encouraged to report misconduct to a higher authority if their direct supervisor may be involved or if the report has not been given the appropriate attention at the reported level. Multiple channels will be made available for reporting including, but not limited to, other disciplinary authorities such as the Warden, Regional Managers or OPS. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-150101; CD-150500; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.52(a): CD-150500 states that inmates filing grievances for Department personnel sexual misconduct must mark the grievance form as “Emergency”. All grievances for Department personnel sexual misconduct will be completed in an expedited manner with fairness and consistency. The Grievance Officer will notify the Warden or his or her designee within one (1) working day of the verifiable emergency grievance. The Warden shall complete a referral for an OPS investigation on all PREA related grievances. The grievance officer will immediately respond to the inmate with “this grievance has been referred for investigation to Office of Professional Standards. The investigation will be handled by an investigator that has completed special training for sexual assault cases. Therefore, the facility is exempt from this standard, since the process is to refer all allegations through the investigations process.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard, through non-applicability.</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-15100; CD-150102; MOU with Valencia Shelter Services; NMCD PREA Pamphlet; CNMCF PREA Posters English/Spanish: Inmate Handbook English/Spanish; Agreement with San Juan County Alternative Sentencing Division; NMCD PREA Resource Guide for Inmates; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.53(a): CD-150100 requires that offenders are educated on how to obtain counseling services and/or medical assistance if victimized. Sexual abuse advocacy or other professional services are available or made available to alleged victims of sexual abuse. If requested by the victim, the Shift Commander will call a Victim Advocate. The facility provided a copy of the Resident PREA Intake Form (English and Spanish) that advises residents of their rights to have access to sexual abuse advocate services. NMCD PREA Resource Guide for Inmates, and the PREA Brochure also contains advocate information. The facility also displays the advocate's contact information in the living units and other common areas. The agency's victim advocate can be reached at Valencia Shelter Services. Based on the auditor's interview with the agency's designated victim advocate, once she receives a referral for services or a request from an individual, she will make contact, usually within 24 hours, to assess the need. Additionally, the Victim Services Coordinator for Valencia Shelter Services, reported an advocate would respond to a hospital for a SAFE/SANE examination, and would attend questioning with an investigator. The Coordinator stated Valencia staff have not received calls from facility staff to respond to a hospital during the audit period.</p> <p>115.53(b): The facility PREA poster and Inmate Handbook advises individuals that if you would like advocacy or to talk to someone from your local Rape Crisis Center, you may dial *9999 from any inmate phone. This call is free, unmonitored and unrecorded and will not require you to enter your PIN number. Further, NMCD Inmate Orientation Brochure states, "You can confidentially speak to a victim advocate by dialing *9999 from any inmate phone. All calls to *9999 are unmonitored and unrecorded. One thing to remember, all conversations with the victim advocate is confidential, however a victim advocate is required by law to report to authorities if you are going to hurt yourself or someone else."</p> <p>115.53(c): The agency has entered into an MOU with Valencia Shelter Services, a community service provider able to provide individuals with confidential emotional support services related to sexual abuse. The auditor reviewed the MOU, which became effective on January 1, 2022.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: MOU with Valencia Shelter Services; NMCD PREA Pamphlet; CNMCF PREA Posters English/Spanish; Inmate Handbook English/Spanish; Agreement with San Juan County Alternative Sentencing Division; NMCD PREA Resource Guide for Inmates; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.54(a): The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline at 505-266-7711, and callers may remain anonymous. Additionally, third parties can e-mail PREAReporting@state.nm.us, or contact an outside agency by writing to Colorado Department of Corrections, 1250 Academy Park Loop Colorado Springs, CO 80910. Posters containing this information are posted throughout the facility in areas where incarcerated individuals and visitors have access and are published in both English and Spanish. This number is also available for staff to privately report sexual abuse and is posted on staff bulletin boards. Information on third party reporting is made public on the department website by accessing the following drop-down menus: Division\Administrative Support\Office of Inspector General\Prison Rape Elimination Act. Interviews with residents confirmed they are aware they can have a family member or friend make a report of sexual abuse, sexual harassment, or retaliation on their behalf through third-party reporting.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; CD-150101; CD-180200; CD-180201; Form 180201-1, Rights to Confidentiality and Availability of Services; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.61(a): CD-150101 establishes all employees are required to report immediately 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. All reports shall be forwarded to applicable disciplinary authority such as the Warden, Region Manager, Bureau Chief, or Division Director and the Office of Professional Standards (OPS). The auditor’s interviews with staff confirmed a clear knowledge of their duty to immediately report such incidents.</p> <p>115.61(b): CD-150101 Includes the requirement for all staff to maintain the confidentiality information related to reports of sexual abuse and requires that apart from reporting to designated supervisors or officials, staff shall not reveal 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. Staff interviews confirmed a thorough knowledge of confidentiality and that release of this information outside of official need is a violation of the employee standards of conduct and agency policy.</p> <p>115.61(c): Medical and mental health staff interviewed by the auditor confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. Medical and mental health staff are mandatory reporters. During the interview process with individuals, medical and mental health staff inform all incarcerated individuals of the limitations of confidentiality prior to delivery of services. This information is conveyed through form 180201-1.</p> <p>115.61(d): If the alleged victim is under the age of 18, the facility must notify the New Mexico Children, Youth, and Facilities Department. If the alleged victim is a vulnerable adult, the New Mexico Adult Protection Services. There have been no sexual abuse or harassment allegations involving a juvenile or vulnerable adult within the audit period.</p> <p>116.61(e): CD-150101 mandates the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. Interviews with staff confirmed that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are required to be reported to the shift supervisor immediately, who will then report to</p>

the facility's designated investigators. Interviews with shift supervisors, the PCM confirmed that these protocols are followed.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.62(a): CD-150100 requires all staff, vendors, contractors and volunteers to immediately report the following: any knowledge, suspicion or information regarding an incident of sexual abuse of 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 staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. These must immediately be reported to one or more of the following persons: Secretary of Corrections, Office of Professional Standards Case Assignments Officer, Inspector General, PREA Coordinator, Warden, Shift Supervisor, Institutional Investigator, District Supervisor or any other employee of NMCD. When staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse or sexual harassment, it shall take immediate action to protect the inmate. When completing the PAQ, in an effort to be forthcoming with the requirements of this section staff reported there were (72) times in the past 12 months, the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse; however, this was the number of inmates who scored at-risk during the screening process. An interview with the PCM confirmed that the correct number of times an inmate was subject to a substantial risk of imminent sexual abuse was (0). Random and formal interviews with all levels of staff confirmed that if they become aware of an inmate who is at a substantial risk for sexual abuse it will be immediately reported to the Shift Commander and measures will be taken to ensure the safety of the individual.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150100; Verification E-Mails; Behavioral Health Referrals, Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.63(a)(b)(c): CD-150100 states if an inmate reports or staff become aware of any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in another facility, the Warden of the facility that received the information must immediately (no later than 72 hours) report it to the Warden of the facility where it is alleged to have occurred. If the incident is alleged to have occurred at an agency other than NMCD, that report should be forwarded to the Agency PREA Coordinator, who will immediately (no later than 72 hours) notify the outside agency. The facility must maintain documentation of all notifications to other facilities; the PREA Coordinator will maintain documentation of all external notifications. The facility reported receiving 19 reports that an inmate was abused while confined at another facility. The auditor reviewed documentation supporting compliance with notification requirements.</p> <p>115.63(d): CD-150100 requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The facility reports there has been no allegation of sexual abuse alleged to have occurred at CNMCF received from another facility within the audit period.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>



<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150102; Form CD-150102.1 Facility Response to Sexual Assault Checklist; Case File Reviews; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.64(a)(b): CD-150102 identifies a step-by-step process for first responder protocols for an incident of sexual abuse. These steps include to place the affected unit on a lock-down and suspension of program services for an appropriate time; upon identification of the victim and assailant(s), the facility or program administrator will assure the separation of the victim from his or her assailant(s). The victim will be asked not to shower, wash their clothes, brush their teeth, or relieve him or herself in order to preserve evidence. The facility reported there were (7) allegations that an inmate was sexually abused in the last 12 months. Of these allegations of sexual abuse, the first security staff member to respond to the report separated the alleged victim and abuser in all cases. The Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training on first responder duties. Various staff interviewed had the PREA First Responder Pocket Card issued by the facility, which provides step-by-step instructions for a First Responder. All security and non-security staff interviewed were knowledgeable of their first responder duties. The auditor conducted interviews with random security and non-security staff and found all to be very knowledgeable about their first responder duties. Training records confirmed that staff received this training during their initial and annual in-service.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150102; Form CD-150102.1; Form CD-070701.5; Coordinated Response Plan; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.65 (a): CD-150102 directs the facility develop 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. The CNMCF coordinated response plan describes expectations regarding a sexual abuse coordinated response plan which includes instructions on separating the alleged victim and abuser, protecting the crime scene for a collection of evidence, advising both the alleged victim and alleged aggressor not to take any actions that could destroy physical evidence. The incident report and supporting documentation must be completed before leaving the institution for the day and is completed in accordance with Policy. Upon becoming aware of an incident, the shift supervisor shall make an immediate verbal report to the Warden, and the Warden shall in turn make an immediate report to the PREA Coordinator, the Director of Adult Prisons and the Director of Health Services. The Warden will also complete the Referral for Investigation form to Office of Professional Standards (OPS) as a Level I investigation. The shift supervisor will use the Serious Incident Checklist (CD-070701.5) form to ensure that all pertinent documentation of a major incident is completed. The shift supervisor will contact the designated victim advocate. The shift supervisor completes section I of the Facility Response to Sexual Assault Checklist form (CD-150102.1) and submits to the Warden's office. The CD-150102.1 form includes action steps for the Shift Supervisor, PCM, Medical Staff, Behavioral/Mental Health Staff and Warden, and has an attached supplement that includes the Advocacy Group contact information and contact names and numbers for key staff. The Warden completes sections II and III of the checklist and submits it to the Director of Adult Prisons or designee within seven (7) calendar days after the incident.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: Agreement Between AFSCME and State of NM 8/5/2022-12/31/2025; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.66(a): Based on interviews with the Warden, PREA Coordinator, and Investigator, and a review of the labor agreement in place with the agency, the Appointing Authority may place an employee who is the subject of a disciplinary investigation on investigatory leave with pay provided a reasonable basis exists to warrant such leave. A review of the completed case files indicated there were (3) allegations against a staff member that warranted removal from contact with incarcerated individuals pending the outcome of the investigation within the prior 12 months.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-150102; Inmate Victim Retaliation Monitoring Form; Staff Retaliation Monitoring form CD-150102.2; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.67(a)(b)(c)(d)(e): CD-031800 establishes that there is a zero-tolerance policy prohibiting any retaliatory acts against anyone who has reported allegations of staff misconduct or criminal acts. Any employee who engages in substantiated retaliatory behavior is subject to dismissal. CD-150102 establishes that the facility PCM must immediately begin victim retaliation monitoring to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff. Staff monitoring will be completed utilizing the Staff Retaliation Monitoring form (CD-150102.2) and once completed at the end of 90 days (or longer when necessary) be sent to the Agency PREA Coordinator. Inmate monitoring will include periodic status checks. This contact may increase if needed. Anyone who cooperates with an investigation is protected from retaliation. If the allegation is determined to be unfounded, the obligation to follow up ends. The Inmate Victim Retaliation Monitoring Form will be completed for each offender monitored. This form includes incident information and requires a review of the individual's conduct and treatment, possible retaliation from others, any recent housing changes, program changes, negative performance reviews, or disciplinary actions. There is space for the monitor to record observations and any actions taken during the monitoring period. Instructions require monitoring for up to 90 days or extended if deemed necessary. The facility reported (1) allegation of retaliation occurring in the past 12 months which was deemed unsubstantiated. The auditor reviewed the retaliation monitoring documentation submitted for this allegation and determined that the facility's monitoring met the requirements of the standard. The PCM explained her process for monitoring both staff and inmates and the auditor found her processes to be thorough and consistent with the requirements of this standard. Based on interviews with the Agency Head Designee, Warden, PCM, and agency PREA Coordinator, the agency enforces a zero-tolerance culture for retaliation against inmates and staff who report or participate in a sexual abuse investigation. There were no inmates at the facility who had reported sexual abuse during the audit period at the facility.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence: CD-141100 Protective Custody Policy; Form CD-141500.3, 7/30 Day Review; CD-150100; Observations During Facility Tour; Information Obtained from Interviews.</p> <p>115.68(a): As noted in 115.43, the agency has written policy to govern the management of individuals placed in segregated housing, which is compliant with the requirements of this standard. CD-150100 states the placement of inmates determined to be at high risk of sexual victimization into Special Management shall cite the basis for the facility’s concern for the inmate’s safety and the reason why no alternative placements are appropriate consistent with NMCD Special Management policies. CD-141500 establishes that inmates in Extended Restrictive Housing have access to programs and services that include but are not limited to the following: educational services, commissary services, library services, social services, behavioral health and treatment services, religious guidance, and recreational programs. Further, this policy provides inmates in Restrictive Housing will have a status review completed by the classification committee or other authorized staff every 7 days for the first 60 days and at least every 30 days thereafter. The facility indicates that no individuals at high risk of sexual victimization were placed in involuntary segregated housing within the audit period, which was further confirmed during interviews with the Warden, PCM, and staff working the segregated housing unit.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150101; CD-031801; Form CD-150100.1; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.71(a)(f)(g): CD-15010 establishes that the Agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and CD-031801 governs the investigative procedures. A prompt, thorough and objective investigation of an incident involving sexual misconduct shall be completed by an assigned investigator. the assigned investigator is required to gather and examine all physical and documentary evidence including reports, records, photographs, equipment, or any other pertinent information. The assigned investigator will contact all witnesses and schedule an interview with them. The interviews shall be conducted in a thorough, predetermined, and systematic manner regarding all of the allegations. Investigations involving represented employees will be conducted in accordance with applicable provisions of the Collective Bargaining Agreement (CBA). All allegations of criminal conduct including criminal sexual penetration of an inmate by a staff member must be reported to the appropriate law enforcement authorities by the investigations officer. The investigations officer will serve as the liaison between the New Mexico Corrections Department (NMCD) and the appropriate law enforcement agency during the course of any continuing investigation. Once evidence collection and witness interviews are complete, the Warden must prepare a step-down plan and submit it to the Director of Adult Prisons for approval. This plan will include time that provides a gradual release such as visits for non-affected areas, pod restrictions, phone calls, etc. This plan will include the date and time frames as well as any extra security staff required. The assigned investigator will complete the investigation report, form (CD-031801.2) within 23 calendar days. Based on an interview with the PCM/Investigator, cases at the local level will be completed within 23 calendar days unless it requires longer to complete a thorough investigation. Additionally, the PCM/Investigator explained that all allegations, regardless of how they are received, will be investigated thoroughly, objectively, and promptly, including third-party and anonymous reports. There were no inmates at the facility during the site visit who had reported sexual abuse or sexual harassment to interview.</p> <p>115.71(b): CD-150101 states that Investigative Staff must take the training class for their respective specialized areas concerning PREA. There are 56 agency investigators statewide that have completed the NIC Specialized Investigation Training. The facility provided training records for the designated facility investigator indicating she has completed the required training. The auditor's review of (13) randomly selected case files confirmed that investigations were completed by the specially trained investigator.</p> <p>115.71(c): CD-150101 states that Investigators are able to obtain usable evidence to</p>

substantiate allegations and hold perpetrators accountable. The PCM/Investigator explained during her interview that during the course of an investigation she gathers and examines all physical and documentary evidence including reports, records, photographs, equipment, or any other pertinent information. Additionally, she contacts all witnesses and schedules an interview with them. The interviews are conducted in a thorough, predetermined, and systematic manner regarding all of the allegations. The auditor's review of (13) randomly selected case files confirmed clear documentation of all evidence collected and considered in the case, lists and responses by witnesses, victims, and perpetrators (where applicable), and copies of documents considered. The auditor observed during the review of the (13) case files that the PCM/Investigator investigated and documented all cases with the thoroughness and comprehensiveness of a case that would be referred for criminal prosecution; therefore, exceeds the requirements of this provision.

115.71(d)(h): In accordance with CD-031801, upon a belief that probable cause for criminal prosecution exists, the Bureau Chief of OPS shall conduct a review to determine the admissibility of compelled statements. If, upon completion of review the investigator believes a referral can be made for prosecution, the Bureau Chief of OPS shall consult with the NMCD General Counsel. The facility indicated no substantiated allegations of conduct occurred, therefore none were referred for prosecution. Interviews with the Warden and Investigative staff confirmed that substantiated allegations of conduct that appears to be criminal will be referred for prosecution following policy CD-031801; however, the facility had no substantiated abuse allegations of a criminal nature during the audit period to review.

115.71(e): CD-150101 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. NMCD will not 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. Interviews with the Warden and PCM/Investigator confirmed that credibility of all persons is evaluated on a case-by-case basis and is not biased toward staff. The auditor's review of (13) randomly selected case files confirmed that credibility of the victim, suspect, and witnesses were clearly documented and supported unbiased decisions. None of the cases reviewed involved the use of a polygraph examination.

115.71(i): CD-150101 states that all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment are to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years, at a minimum. The policy further states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The auditor observed the physical storage areas of case files and other documentation collected and maintained by the facility. Inmate files are located in the main file room which is secured with limited access files folders are stored in locked filing cabinets. Medical and mental health maintains their own records which are also filed in secured filing cabinets behind a secured office door. The PCM maintains all investigative files, both hard copy and electronic. These are stored in her office in a locked cabinet as well

and only she and the Warden have access. Sensitive electronic information is controlled through user access, and only staff who need to have access to PREA related information is granted access.

115.71(j): CD-031800 establishes that employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law enforcement for consideration for prosecution. These referrals shall be made even if the employee resigns or retires during or prior to the NMCD's investigation. In the event there is an investigation regarding allegations of misconduct, which if proven true would constitute a crime, the employee will not be allowed to resign in lieu of administrative action or referral for criminal prosecution unless approved by the Deputy Secretary of Operations or Deputy Secretary of Administration, as applicable.

115.71(l): The PCM/Investigator and Warden both confirmed that if a case is investigated by the NM State Police, the facility will cooperate fully and will maintain regular contact with the assigned Investigator to stay current with the progress of the case. Based on the auditor's review of the (13) case files, referrals to the NM State Police are documented in the file. None of the referrals were accepted by the outside agency for investigation during the audit period.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. The quality of investigations and subsequent documentation based on the files reviewed warrants an exceed.



<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-031800; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.72(a): CD-031800 defines preponderance of evidence that is of greater weight or more convincing of the evidence that is offered in opposition to it and that evidence as a whole shows that the fact sought to be proved is more probable than not. A written directive and interview with the PCM/Investigator confirmed that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed (13) case files which clearly supported the investigator used preponderance of evidence as the burden of proof to determine the disposition.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Based on the investigator's ability to clearly articulate and document a preponderance of the evidence to determine the outcome of each case warrants an exceeds.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-031801; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.73(a)(c)(d)(e): Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The auditor reviewed (13) closed case files and found documented evidence that the alleged victim was notified of the disposition. CD-150100 establishes that at the conclusion of an investigation into an inmate's allegations against a staff member, the inmate will be informed in writing (unless the investigation determines that the allegation is unfounded) whenever the staff member is no longer posted in the inmate's unit; the staff member is no longer employed at the facility; the staff member has been indicted on a charge related to sexual abuse within the facility; the staff member has been convicted on a charge related to sexual abuse within the facility. At the conclusion of an investigation into an inmate's allegation against another inmate, the alleged victim will be informed in writing when whether the alleged abuser has been indicted on a charge related to the sexual abuse in the facility; and, upon the agency learning that the abuser has been convicted on a charge related to sexual abuse within the facility.</p> <p>115.73 (b): CD-031801 states that all allegations of criminal conduct including criminal sexual penetration of an inmate by a staff member must be reported to the appropriate law enforcement authorities by the investigations officer. The investigations officer will serve as the liaison between the New Mexico Corrections Department (NMCD) and the appropriate law enforcement agency during the course of any continuing investigation. The agency investigations officer will obtain relevant information from the investigative agency in order to inform the inmate. No allegations were investigated by an outside entity during the audit period.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-031800; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.76(a)(b)(c)(d): CD-150100 establishes that sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. For matters of sexual abuse, termination should be the presumptive disciplinary sanction for staff who engaged in sexual abuse. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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 facility indicated no substantiated cases of staff-to-inmate sexual abuse; therefore, no disciplinary actions were taken. The auditor interviewed the Warden and HR Director and confirmed there have been no staff disciplinaries for violation of the sexual abuse policies.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-031800; CD-060200; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.76(a)(b)(c)(d): CD-150100 establishes that sexual conduct between volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body. CD-060200 establishes that the Warden may discontinue services of any volunteer for cause. The facility indicated no substantiated cases of contractor or volunteer sexual abuse; therefore, no disciplinary actions were taken. Interviews with the Warden, Assistant Warden, HR Director, and PCM confirmed there have been no incidents involving a contractor or volunteer within the audit period. The Warden confirmed during his interview that he has the authority to terminate a contractor or volunteer from entry to the facility during an investigation. He further explained that anyone violating the sexual abuse policies would be removed from the approved list pending the results of the investigation.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150101; CD-150600; CD-090100; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.78(a)(b): CD-150101 establishes that inmates shall be 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 sexual harassment or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions shall be 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 facility indicates that there were (3) inmates who received disciplinary action based on (2) substantiated administrative investigations. There were no criminal findings of guilt in the past 12 months. Based on an interview with the Warden and the disciplinary hearing officer, inmates receiving disciplinary actions receive sanctions only after due process as outlined in CD-090100. Inmates are advised of the disciplinary process during orientation at the facility.</p> <p>115.78(c)(d): CD-090-100 requires that the Misconduct Mental Health Review form be completed when any inmate is charged with Sexual Misconduct/Sexual Activity; Rape; Sexual Harassment; and making false PREA allegations. A copy of the Inmate Misconduct Mental Health Review form and a copy of the disciplinary report is submitted to the Behavioral Health Supervisor who will determine whether an inmate's mental disability contributed to his behavior when determining what type of sanction should be imposed. Additionally, Behavioral Health providers will make a determination to correct underlying reasons or motivations for the abuse and will consider whether to require the offending inmate to participate in interventions as a condition of access to programming or other benefits. Interview with the Behavioral Health Supervisor confirmed that behavioral health staff reviews disciplinary actions taken on inmates related to sexual abuse and sexual harassment to assist in determining if their mental health condition at the time of the incident may have contributed to the actions or behavior.</p> <p>115.78(e): The facility will discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The facility provided a disciplinary report for an inmate that admitted to sexually harassing a staff member and was found guilty of sexual harassment.</p> <p>115.78(f): CD-150100 states that any employee, inmate or other person who in good faith reports abuse or sexual misconduct will not be subject to retaliation by staff or inmates. Information will be kept confidential. Wardens or their designees will monitor those who report sexual abuse or cooperate with investigations for ninety (90) days and take appropriate steps to protect individuals from retaliation, including periodic status checks on inmates. However, CD-150100 and CD-150600 state that failure to</p>

report or knowingly submitting a false report may result in disciplinary action.

115.78(g): Consensual sexual activity between inmates is prohibited and actions of this nature subject to disciplinary action.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-150100.1; CD-180200; CD-180201; CD-180201.1; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.81(a)(b): CD-150102 establishes that an inmate identified as high risk for sexually assaultive behavior or who has a history of sexually assaultive behavior will be assessed by a mental health or other qualified professional. Inmates identified as at risk for sexual victimization shall be assessed by a mental health or other qualified professional within 14 days of learning of such abuse history and offered treatment when deemed appropriate by mental health practitioners. CD-180200 establishes that all intersystem and intra-system transfer inmates will receive an initial mental health screening at the time of admission to the facility by mental health trained or qualified mental health care professional. Additionally, all intersystem inmate transfers will undergo a mental health appraisal by a qualified mental health person within 14 days of admission to a facility. The facility indicated that 100% of the inmates who disclosed prior sexual victimization during intake were offered a follow-up meeting within 14 days of the intake screening. Interview with the PCM confirmed that notifications are made by email so they will be documented. She explained that once an inmate is identified as having high potential for sexual victimization or as an aggressor, or if the inmate has been convicted of perpetrating sexual abuse or experienced prior sexual victimization a form is completed to make a referral to Behavioral Health. This form allows the inmate to indicate by signature if they wish to participate in a follow-up meeting or if they wish to decline. Additionally, the inmate is advised that if they decline and then decide later they want to participate, they are to advise the PCM. The PCM provided documentation, for (15) inmates who were offered a referral as a result of the risk screening, which occurs the same day the risk screening is conducted. The facility provided a spreadsheet where inmates are tracked and as evidence to show that inmates that reported prior sexual abuse are offered follow-up counseling. The PCM also records these referrals on a tracking spreadsheet and documents the date the inmate is seen by behavioral health for the follow-up which is above and beyond the requirements of this standard. Interviews with the Behavioral Health Supervisor and other mental health professionals confirmed that any inmates referred for a follow-up as a result of the risk screening will be seen at least within 14 days, although it is generally much sooner. Behavioral health staff maintain documentation in their records when the follow-up is conducted and whether or not services are recommended.</p> <p>115.81(d)(e): CD180200/201 establish that 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. CD-180201.1, Rights to Confidentiality and Availability of Services</p>

form ensures that medical and mental health practitioners advise the inmate of the limitations of confidentiality prior to services being provided. This form additionally advises the inmate that informed consent of the inmate is required before information about prior sexual victimization that did not occur in an institutional setting is reported. The facility provided three examples of signed forms.

Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. The facility exceeds provision (a) by the PCM tracking inmates who flag for a referral and that the referrals are completed.



<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-170100; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.82(a)(b)(c)(d): CD-150100 ensures that victims receive all necessary immediate and ongoing medical, mental health, and support services. CD-150102 establishes that the Warden or designee will ensure that victims of sexual assault are promptly transferred under appropriate security provisions by Emergency Medical Services or NMCD personnel as is medically appropriate to a community health care facility for treatment and gathering of evidence at no charge to the inmate. The consent of the victim is required for any routine emergency examination and treatment offered at the community health care facility, which is not otherwise required by law. The examiner will prepare consent forms for the examination, establish the medical forensic history, photograph medical evidence, perform the examination and collect medical evidence will gather toxicology samples for drug testing, perform a sexually transmitted infection evaluation and provide for treatment, perform a pregnancy risk evaluation and schedule follow-up care, and provide follow up instructions and release the victim for discharge. For after action and follow-up care, the Warden will develop a victim safety action plan. The facility medical director will initiate the 48-hour medical treatment review of the victim. A facility mental health professional will perform an evaluation to assess the need for crisis intervention and long-term follow-up, The facility medical director and mental health supervisor will develop a treatment plan for follow-up services. The assigned investigator shall perform a follow-up interview with the victim. The assigned mental health provider will provide access to counseling and advocacy services. The auditor reviewed (10) case files and all contained evidence that the victim was offered unimpeded access to emergency medical treatment and crisis intervention services. The facility has 24/7 medical care. Interviews with security staff confirmed that medical is notified immediately any time there is a sexual abuse allegation, and the alleged victim and perpetrator (if known) is escorted to medical for an assessment. Interviews with medical staff confirmed that they are notified in PREA incidents and provide the necessary services based on the needs of the individual circumstance. Behavioral health services are not available 24/7, but practitioners are on-call to provide services in emergencies. No FMEs were conducted within the audit period. The HSA confirmed that services provided are at no cost to the inmate.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150102; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.83 (a)(b)(c)(f)(g): CD-150102 establishes that the Warden or designee will develop a victim safety action plan after an incident of sexual abuse at the facility. The facility medical director will initiate the 48-hour medical treatment review of the victim. A facility mental health professional will perform an evaluation to assess the need for crisis intervention and long-term follow-up, The facility medical director and mental health supervisor will develop a treatment plan for follow-up services. The assigned investigator shall perform a follow-up interview with the victim. The assigned mental health provider will provide access to counseling and advocacy services. Victims receive all necessary immediate and ongoing medical, mental health, and support services. Interviews with the HSA and Behavioral Health Supervisor confirmed that these services are available to all victims of sexual abuse, even if the incident did not occur at this facility.</p> <p>115.83(d)(e): CD-150100 states that the examiner will perform a pregnancy risk evaluation and schedule follow-up care for inmate victims of sexually abusive vaginal penetration while incarcerated. Victims shall be given timely information and access to all lawful pregnancy related services. CNMCF houses male offenders, therefore, exempt from these provisions.</p> <p>115.83(h): CD-150100 states that a mental health evaluation of all known inmate-on-inmate abusers shall be conducted within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Interview with the Behavioral Health Supervisor confirmed that all known abusers are referred to behavioral health for services, although acceptance of treatment is option to the inmate unless mandated by the courts.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-115102; CD-150102.3 Sexual Abuse or Assault Incident Review Team form; CD-150102.4 PREA Sexual Abuse Response Team Committee Confidentiality Agreement form; CD-150102.5 Monthly PREA Incident Tracking Log form; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.86(a)(b)(c)(d)(e): CD115102 establishes that the Warden and PCM shall complete the sexual abuse incident team review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. A completed report will be submitted to the PREA Coordinator and the Director of Adult Prisons, or designee using the Sexual Abuse or Assault Incident Review Team form (CD-150102.3). The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical/ mental health practitioners. The review team shall consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, sexual orientation, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The team will examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in the area during the different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings on the Sexual Abuse or Assault Incident Review Team form (CD-150102.3). All staff present during the review will sign a PREA Sexual Abuse Response Team Committee Confidentiality Agreement form (CD-150102.4). The facility PCM shall compile and document all PREA incidents on the Monthly PREA Incident Tracking Log form (CD-150102.5). The Confidentiality Agreement form ensures team members understand that the information discussed during the review is not shared with other parties. There were (23) sexual abuse/sexual harassment allegations during the audit period (2-Substantiated, 16-Unsubstantiated, 1-Ongoing and 4-Unfounded). The facility provided a spreadsheet indicating incident review dates for the (18) applicable investigations, excluding the unfounded and ongoing investigation. The auditor also reviewed (13) case files which included the appropriate incident review packets where required.</p> <p>Based on analysis and evaluation of the evidence, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, the agency provides a template for the facility to document the incident review, requires a monthly PREA Incident Tracking Log, and all members must sign the Committee Confidentiality Agreement forms. Also, incident reviews are conducted on both abuse and harassment cases. These procedures are above and beyond the requirements; therefore, the facility exceeds the requirements of this standard.</p>

<b>115.87</b>	<p data-bbox="240 91 1503 1762"><b>Data collection</b></p> <p data-bbox="240 174 1503 241"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 248 1503 315"><b>Auditor Discussion</b></p> <p data-bbox="240 322 1503 501">Evidence Reviewed: CD-150100; 2021 Annual Agency PREA Report; CD-150100.1 Internal PREA Compliance Assessment Tool form; CD-150100.2 Screening for Risk of Sexual Victimization &amp; Abusiveness form; Information Obtained from Interviews; Observations During Site Visit.</p> <p data-bbox="240 517 1503 786">115.87(a)(b): 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 and aggregates the incident-based sexual abuse data at least annually. The PCM collects and compiles monthly data for all incidents reported at their respective facility. The PCM provided the auditor with a copy of the spreadsheet used to track allegations and investigations at the facility.</p> <p data-bbox="240 801 1503 1025">115.87(c): A review of the 2021 Annual Agency PREA Report shows that incident-based data collected includes, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. An interview with the PCM confirmed that the facility submitted a request for an extension to file the 2022 data with DOJ.</p> <p data-bbox="240 1041 1503 1467">115.87(d)(e): A review of the 2021 Annual Agency PREA Report shows that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Additionally, bi-annually in March and September, the Facility PREA Compliance Manager will complete the Internal PREA Compliance Assessment Tool, form CD-150100.1 and return the form to the Agency PREA Coordinator. Also monthly, the Facility Compliance Officer (at Public Facilities) and the Contract Monitor (at Private Facilities), will complete the Screening for Risk of Sexual Victimization &amp; Abusiveness, form CD-150100.2 and return the form to the Agency PREA Coordinator. This data collection is above and beyond the requirements of this standard.</p> <p data-bbox="240 1482 1503 1762">Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. Additionally, based on the requirements for facilities to complete bi-annual PREA Compliance Assessment Tool, as well as a monthly completion of the facility's Screening for Risk of Sexual Victimization &amp; Abusiveness form, the facility exceeds provision (d) of this standard.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150101; 2021 Agency Annual PREA Report; NM DOC Website; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.88(a)(b): A review of the 2021 Agency Annual PREA Report shows that the agency reviews data collected and aggregated pursuant to §115.87 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; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The 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. An interview with the agency PREA Coordinator confirmed that PREA allegations, investigations, and evidence collection are compiled into a module on our CMIS system. Access to PREA Incident Management module is very limited. Only facility PCMs and the agency PREA Coordinator have access to this module.</p> <p>115.88(c): The agency’s 2021 report was approved by the PREA Compliance Bureau Chief was reviewed by the auditor posted to the agency's public website: <a href="https://www.cd.nm.gov/divisions/administrative-support/office-of-inspector-general/prison-rape-elimination-act/">https://www.cd.nm.gov/divisions/administrative-support/office-of-inspector-general/prison-rape-elimination-act/</a>. All prior year reports are found on the public website dating back to 2013.</p> <p>115.88(d): Based on an interview with the agency PREA Coordinator, there are no redactions made to the report as names of victims and perpetrators are omitted before the report is published. A review of the 2021 report shows that no personal identifiers are included in the public report.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: CD-150100; CD-150101; 2021 Agency Annual PREA Report; Information Obtained from Interviews; Observations During Site Visit.</p> <p>115.89(a): CD-150101 establishes that all case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, inmate information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in a confidential manner and are retained for ten years. An interview with the agency PREA Coordinator verified that PREA allegations, investigations, and evidence collection are compiled into a module on the CMIS system. Access to PREA Incident Management module is very limited. Only facility PCMs and the agency PREA Coordinator have access to this module.</p> <p>115.89(b)(c): The agency's 2021 report is readily available to the public through its website: <a href="https://www.cd.nm.gov/divisions/administrative-support/office-of-inspector-general/prison-rape-elimination-act/">https://www.cd.nm.gov/divisions/administrative-support/office-of-inspector-general/prison-rape-elimination-act/</a>. An interview with the agency PREA Coordinator confirmed there is no information redacted from the aggregated data reports as the victim and perpetrator names are omitted during preparation of the reports. The auditor's review of these reports confirmed they contain no personal identifiers.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 456">Evidence Reviewed: 2021 PREA Audit Report; DJJ Website Search; Current and Projected Audit Schedule; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="280 497 1481 1155">115.401(a)(b): The agency has consistently ensured that its facilities are audited since inception of the PREA and beginning in 2014. The agency's public website contains audit reports for each facility audit conducted since this time. During the third cycle the agency's auditing schedule was interrupted in large part due to the COVID-19 Pandemic. As a result, three of the facilities that were originally scheduled for an audit during the third year of the cycle were pushed back as the previous two years were delayed. CNMCF was one of the three that did not have an audit within the third cycle. An interview with the PREA Coordinator confirmed that the COVID-19 Pandemic created exigent circumstances and the agency is back on track to have one-third of each facility type operated by the agency or by a private organization on behalf of the agency will be audited at least once during the new cycle. The PREA Coordinator also provided a projected schedule of audits for the next three years of the fourth cycle for the auditor's review. Based on the projected schedule and interview with the PREA Coordinator, each facility will be audited at a rate of one-third per year, during the current audit cycle. The last PREA Audit for this facility was conducted on August 5-6, 2020, with a final report date of August 31, 2020.</p> <p data-bbox="280 1196 1434 1312">115.401(h): The auditors were provided a complete tour of the facility and surrounding grounds and allowed access to all areas during the initial tour and as requested for follow-up visits to specialized areas.</p> <p data-bbox="280 1352 1442 1469">115.401(m): The auditors were provided private space to conduct inmate interviews; staff interviews were conducted in the administrative area in a private office.</p> <p data-bbox="280 1509 1481 2083">115.401(n): The Audit Notices, in both English and Spanish, were provided to the facility more than six weeks before the on-site audit. These notices were posted on December 2, 2022, and 20 photos of the postings were provided to the auditor by email for verification of posting. Additionally, the auditor's observed these notices affixed to the walls or bulletin boards in housing units and other common areas used by both inmates and staff. The audit notice contained contact information for the auditor and notification that the residents were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor further verified that the inmates and staff interviewed were aware that the Audit Notices were posted timely and that they were able to correspond with the Auditor confidentially. During an interview with the mailroom officer and PCM, the Auditor confirmed that the youth can correspond with the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received (2) letters from IPs: (1) letter was</p>

requesting legal representation and did not contain any PREA-related information; (1) was from an IP addressing ADA issues. The letters were shared with the facility staff to address the individuals' concerns.

Based on the review and analysis of the evidence, the facility and agency have demonstrated compliance with all provisions of this standard.



<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Agency's Website Search; Information Obtained from Interviews.</p> <p>115.403(a) The agency posted Final Audit Reports for all of its facilities that were conducted between 2014-present. The PREA Coordinator confirmed having the reports posted to the website falls within her responsibility and she ensures they are posted within 90 days after issued. In addition to the reports being available on the website, the agency includes Standard 115.401, Frequency and scope of audits, for user reference during a search which is above and beyond the requirements of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates 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 inmates.)	yes

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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 inmates.)	yes

115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need	yes

	for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	yes
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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

<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables 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?	yes
	Does the facility have procedures that enables 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?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status 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?	yes

<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes



<b>115.16 (a)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance 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?	yes

<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes

<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct 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?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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 inmates 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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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 inmates 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

<b>115.21 (b) Evidence protocol and forensic medical examinations</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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c) Evidence protocol and forensic medical examinations</b>		
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d) Evidence protocol and forensic medical examinations</b>		
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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 criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes



<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that 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?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a) Inmate education</b>		
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b) Inmate education</b>		
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c) Inmate education</b>		
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
<b>115.33 (d) Inmate education</b>		
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, 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 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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 inmate's detriment by staff or other inmates?	yes

<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes



<b>115.42 (d) Use of screening information</b>		
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e) Use of screening information</b>		
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f) Use of screening information</b>		
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g) Use of screening information</b>		
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates 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 inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

<b>115.43 (a) Protective Custody</b>		
	Does the facility always refrain from placing inmates at high risk for sexual victimization 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?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	no
<b>115.43 (b) Protective Custody</b>		
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes

<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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

<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate 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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure 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? (N/A if agency is exempt from this standard.)	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.)	na
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na

<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide 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?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform 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?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into 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?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes



<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</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?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established 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?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ 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?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes



<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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 inmates?	yes

<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions 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?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do 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?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate 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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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?	yes

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate 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 inmates 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
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(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 inmates 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
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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



<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</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?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain 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 otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	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.)	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	<p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p>	yes