

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report Click or tap here to enter text.

Auditor Information

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Company Name: Colorado Department of Corrections	
Mailing Address: 1250 Academy Park Loop	City, State, Zip: Colorado Springs, CO 80910
Telephone: 719-269-4416	Date of Facility Visit: February 6-8, 2019

Agency Information

Name of Agency: New Mexico Department of Corrections		Governing Authority or Parent Agency (If Applicable): New Mexico Department of Corrections	
Physical Address: 4337 NM 14		City, State, Zip: Santa Fe, NM, 87508	
Mailing Address: P.O. Box 27116		-City, State, Zip: Santa Fe, NM, 87502-0116	
Telephone: 505-827-8645		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: "We commit to the safety and well-being of the people of New Mexico by doing the right thing, always"			
Agency Website with PREA Information: https://cd.nm.gov/prea/prea.html			

Agency Chief Executive Officer

Name: Daivd Jablonski	Title: Secretary of Corrections
Email: david.jablonski@state.nm.us	Telephone: 505-827-8884

Agency-Wide PREA Coordinator

Name: Robin Bruck	Title: PREA Coordinator
Email: Robin.Bruck@state.nm.us	Telephone: 575-523-3303
PREA Coordinator Reports to: Secretary of Corrections	Number of Compliance Managers who report to the PREA Coordinator 6

Facility Information

Name of Facility: Central New Mexico Correctional Facility			
Physical Address: 1525 Morris Road Los Lunas, NM 87031			
Mailing Address (if different than above):			
Telephone Number: 505-865-1622			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: None			
Facility Website with PREA Information: https://cd.nm.gov/prea/prea.html			
Warden/Superintendent			
Name: Kenneth Smith		Title: Warden	
Email: kenneth.smith@state.nm.		Telephone: 505-865-1622	
Facility PREA Compliance Manager			
Name: Jose Santiago		Title: Captain	
Email: jose.santiago@state.nm.us		Telephone: 505-865-1622	
Facility Health Service Administrator			
Name: Laurie St. Jacques		Title: Health Services Administrator	
Email: lstjacques@centurionnm.com		Telephone: 505-383-3544	
Facility Characteristics			
Designated Facility Capacity: 1210		Current Population of Facility: 840	
Number of inmates admitted to facility during the past 12 months			6007
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			2853
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			4868
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			91
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-85 years old	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			5 years
Facility security level/inmate custody levels:			Level II, Level III, Level IV, and Level VI
Number of staff currently employed by the facility who may have contact with inmates:			329

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	information not provided
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	2
Physical Plant	
Number of Buildings: 63	Number of Single Cell Housing Units:10
Number of Multiple Occupancy Cell Housing Units:	10
Number of Open Bay/Dorm Housing Units:	8
Number of Segregation Cells (Administrative and Disciplinary):	80
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
Medical	
Type of Medical Facility: Long Term Care Unit	Medical department 24hr care, 28 staff members medical, dental, and vision
Forensic sexual assault medical exams are conducted at:	Miner's Colfax Medical Center SANE unit Raton, New Mexico
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	Avg. of 142+
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	15

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act (PREA) audit was conducted at the Central New Mexico Correctional Facility (CNMCF) 02//06/2019 through 02/09/2019. The facility is a New Mexico Department of Corrections (NMDC) state prison located at 1525 Morris Road, Los Lunas, New Mexico, 97061. The audit was conducted by the United States Department of Justice certified PREA auditor Amber Neff (lead auditor) and assisted by team members: Ronald Ortiz (Colorado Department of Corrections PREA Coordinator) and Jerri Worm (CDOC staff/inmate Victim Rights Coordinator, PREA Unit). The auditor was contracted to conduct the audit through the western state consortium and a contractual agreement with the Colorado Department of Corrections and the New Mexico Corrections Department was entered and signed on 01/24/2019. The contract was delayed in signing due to recent appointments of agency heads during the pre onsite phase of the audit. This was the second national PREA audit conducted at CNMCF. The first PREA audit final report was 05/20/2016.

The audit in brief was at hours on 2/6/2019. Introductions of the audit team and the facility management team were conducted. 22 CNMCF staff, Agency PREA Coordinator and 2 other PREA Compliance managers from other facilities were present for the in brief. The lead auditor briefly spoke on the methodology and the three phases of the audit: pre onsite, onsite review, post onsite. The facility staff was receptive and understood full access to the facility inmates, staff, and documentation review would be a necessity. The lead auditor explained the corrective action period if the need would arise. The Site Review areas were discussed with the need to point out areas for interviews for both staff and offenders. The agenda for the audit and selections were made from the requested lists for inmate files, staff files, grievances, investigation files, and selection of staff and inmate interviews were made. The lead auditor again disclosed the probationary status of the auditor and the time frames for interim and final reports to the management team. The facility provided scribes for each of the members of the audit team for the duration of the tour.

Pre-Onsite Audit Phase

1. Audit Planning and Logistics

The auditor, NMCD agency PREA coordinator and the facility PREA compliance manager and the facility Warden participated in an initial kickoff meeting in which a schedule for continued communication throughout the audit process was established. The auditor was able to establish goals and expectations of assessing the compliance of every provision of every Standard and upholding the spirit and intent of the PREA Standards. The agency and facility was aware of the all stages of the audit and did not need the process map of the audit stages sent to them. The agency and facility had successfully completed multiple PREA audits in the past and was in understanding of each stage of the PREA audit to include a corrective action is not intended to be "gotcha" process. The meeting was successful in building and establishing a positive working relationship with the agency and facility alike. The audit was viewed by all involved as a positive opportunity for change and a process that is valued by the agency and facility. The facility and agency understood that the audit would include three phases pre-onsite, onsite review and the post onsite review. During the phases of audit the auditor would not solely rely on reviewing agency and facility policies but a rigorous, practice-based methodology to include direct observation of practices, in person confidential interviews, request for additional documentation. Interviews were explained by the auditor to be confidential and voluntary for inmates and staff alike.

Establishment of future communication was established as the agency PREA coordinator and the facility PREA compliance manager were designated as the primary points of contact for the auditor moving forward. Logistics of the onsite audit phase was discussed and confirmed during this initial

meeting to include but not limited to transportation to and from the facility, meals, daily schedule for the audit, meeting space, work space with internet access and adequate outlets, permissible technology (e.g., laptop, cell phones, digital camera) and other necessary audit materials (e.g., binders, notebooks, writing utensils), dress code, and security procedures. In addition, the auditor and the facility should determine where and how interviews will be conducted with inmates and staff, and the staff coverage needed to most efficiently and effectively use facility resources while onsite.

2. Posting Notice of the Audit

The auditor sent the notice of the audit to the facility for posting on 12/20/2018. The audit postings were sent in English and Spanish to the agency PREA coordinator and facility PREA compliance manager via email. On 12/23/2018 the facility sent the auditor time stamped photos of posting notice of the audit as recommended by the *PREA Auditor Handbook* - just over six weeks prior to the onsite review throughout the facility where they would be visible for inmates and staff. The posting of notice of the audit were on colored paper (8 ½" x 11") with large print and found in all areas of the facility with staff and inmates confirming they were aware of the audit prior to the arrival of the audit team. The audit team did receive 3 correspondences from inmates at Central New Mexico Correctional Facility.

3. Reviewing Facility Policies, Procedures, and Supporting Documentation

December 3, 2018 initial contact was made with verification of final audit logistics and contracts with PAQ requested by the auditor at least 6 weeks prior to the on-site portion of the audit phase. The facility PREA compliance manager emailed that the Pre Audit Questionnaire and documentation was mailed to the lead auditor on 12/26/2018 on a secured a jump drive. The auditor received the jump drive with the required documentation by 01/02/2019. The audit team reviewed facility policies, procedures and supporting documentation submitted by the facility PREA coordinator. The auditor team identified gaps and missing information on an "issue log" for the facility PREA compliance manager and agency PREA coordinator to provide additional information and documentation. On 01/23/2019 the "issue log" and additional information was requested through email correspondence to the agency PREA coordinator and the facility PREA compliance manager from the audit team. Additional information requested included: Complete inmate roster

- Youthful inmates
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening

Complete staff roster

- Specialized staff (see interview protocols for full list)
- Contractors who have contact with inmates
- All volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- All hotline calls made during the 12 months preceding the audit

The agency PREA coordinator and facility PREA compliance manager forwarded through email response to request of additional information and gaps of information on 1/31/2019. The email response included the rosters for all inmates and staff that was requested along with all documentation of grievances (0 -zero), incident reports, allegations of sexual abuse (4 - 2 were staff on inmate, 2 were inmate on inmate) and sexual harassment (9) and hotline calls (0 - zero), in the 12 months preceding the audits. The number of allegations of sexual abuse and sexual harassment reported in the 12

months preceding was 13 resulting in administrative investigations and 0 of which were referred for criminal investigations and actively under investigations at the time of the onsite review. Four of the administrative investigations were chosen by random by the lead auditor for review.

4. Conducting Outreach to Advocacy Organizations

This auditor reviewed the mandatory reporting laws for the state of New Mexico. The New Mexico Department of Corrections had only one other national PREA audit of NMCF in May of 2016. Previous ACA and PREA reports were also reviewed. Just Detention International was contacted via phone by the lead auditor to see if there were any reports, complaints or issues in the past 12 months for Central New Mexico Correctional Facility of which zero were reported. The SANE/SAFE coordinator for the state of New Mexico was contacted by the auditor stating that if an exam was needed the inmate would be transported to Santa Fe or where a SANE nurse and an advocate would respond. The decision on where to transport would be made in conjunction with the New Mexico state police, the PREA Compliance Manager/PREA Coordinator and the statewide SANE program. The SANE Coordinator was unaware of any reports or exams needed by CNMCF. An internet search was conducted on Central New Mexico Correctional Facility without PREA issues. A review of the state laws for reporting was conducted and found that 27-7-30 (West 2013); Duty to report was found.

Staff Interviews

The PREA Auditor Handbook requires at least 12 random interviews with staff. The audit team conducted 13 onsite random interviews with staff. The audit team randomly selected staff from the prepared lists received while on site. The staff were representation from all shifts, areas and departments creating a diverse cross section as referred in the random staff interview protocol. All staff selected participated in the interviews.

The audit team conducted 21 specialized interviews of staff as required in the PREA Auditor Handbook. Additional interviews to assist with further understanding the facility’s operations and to conduct a comprehensive audit included: training, grievance officer, chaplain, and classification staff. Numbers and the breakdown of staff interviews are explained below. Total number of targeted staff interviews differ as one staff was contacted and was applicable in two areas. Agency leadership interviews are not included in the total number of targeted interviews of staff.

The auditor conducted interviews with the following agency leadership (not included in the totals below):

- Mr. German Franco, Agency Head (Deputy Director highest ranking official at the time of onsite)
- Ms. Marianna Vigil, Warden
- Ms. Robin Bruck, PREA Coordinator
- PREA Compliance Manager, Jose Santiago

Private interviews with staff were conducted in the administration area, work areas and housing units. The audit team conducted the following number of specialized staff interviews during the onsite phase of the audit:

Category of Staff[1]	Number of Interviews Conducted
Random Staff (Total)	13

Specialized Staff* (Total):	21
Total Staff Interviewed	34
Breakdown of Specialized Staff Interviews:[2]	
§ Agency contract administrator	1
§ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	3
§ Line staff who supervise youthful inmates, if any	0
§ Education staff who work with youthful inmates, if any	0
§ Program staff who work with youthful inmates, if any	0
§ Medical staff	2
§ Mental health staff	1
§ Non-Medical staff involved in cross-gender strip or visual searches	0
§ Administrative (human resources) staff	1
§ SAFE and/or SANE staff	1
§ Volunteers who have contact with inmates	1
§ Contractors who have contact with inmates	2
§ Investigative staff – agency level	1
§ Investigative staff – facility level	1
§ Staff who perform screening for risk of victimization and abusiveness	1
§ Staff who supervise inmates in segregated housing	2

§ Staff on the sexual abuse incident review team	1
§ Designated staff member charged with monitoring retaliation	1
§ First responders, security staff	1
§ First responders, non-security staff	1
§ Intake staff	1
Total Specialized Staff Interviews*	22

[1] This illustration uses the terminology for Adult Prisons and Jails (i.e., inmates).

[2] Additional staff interviewed by the auditor should be added to the table as appropriate (e.g., IT Staff, Mail Room Staff, etc.).

Inmate Interviews

The inmate count on the first day of the audit was 787, with a capacity of 1302, the *PREA Auditor Handbook* requires at least 15 random sample of inmates. The auditor team conducted 35 random samples of inmate interviews. The system the auditor used for selection of those inmates was to highlight names off the provided an up to date housing unit lists provided ensuring to select inmates from each of the 21 occupied housing units from the main facility and the level I and level II areas which included offenders of various races and ages. The inmates interviewed were assigned numerous vocational and programming areas to include: food service, laundry, recreation, long term health care unit, garage, mental health treatment center, warehouse and the forestry program.

The *PREA Auditor Handbook* requires auditors to interview at least 15 targeted inmates. The auditor team conducted 8 targeted interviews. The facility staff reported they did not have the following targeted offender categories housed at their facility during the onsite review. As a result, these categories of inmates were not interviewed. This information was corroborated based on information obtained in the facility Pre Audit Questionnaire, interviews with the staff that conduct assessments, medical and mental health staff and the facility PREA coordinator. Inmate interviews also corroborated such information. Additional random inmate interviews were conducted and 3 interviews were conducted with inmates requesting to speak with the audit team by writing letters to the auditor in the pre-onsite phase of the audit

- Youthful offenders
- Disability

All of the inmate interviews were conducted with the guidance of the *National PREA Resource Center PREA Compliance Audit Instruments- Interview Guide*. The Interview Preparation Sheet and the inmate rosters received when arriving onsite assisted the auditor with the selection process for the random and targeted inmates. Private interviews with inmates were conducted in each housing unit. The detailed list and quantity of inmates interviewed are:

Category of Inmates[1]	Number of Interviews Conducted
Random Inmates (Total)	35
Targeted Inmates* (Total):	8
Total Inmates Interviewed	43
Breakdown of Targeted Inmate Interviews:[2]	
Youthful Inmates	0
Inmates with a Physical Disability	0
Inmates who are Blind, Deaf, or Hard of Hearing	1
Inmates who are LEP	1
Inmates with a Cognitive Disability	0
Inmates who Identify as Lesbian, Gay, or Bisexual	1
Inmates who Identify as Transgender or Intersex	1
Inmates in Segregated Housing for High Risk of Sexual Victimization	0
Inmates Who Reported Sexual Abuse	1
Inmates Who Reported Sexual Victimization During Risk Screening	3
Total Targeted Inmate Interviews*	8

***Note:** None of the targeted inmates interviewed fell within multiple targeted populations; therefore, the number of targeted inmate interviews presented in the table above exceeds the total number of inmates interviewed.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Onsite Review

Central New Mexico Correctional Facility is located at 1525 Morris Road, Los Lunas, New Mexico 87031. Central New Mexico Correctional Facility was originally built in 1980 as a 480 bed medium custody facility. During this audit CNMCF is a complex of Level I, Level II and Main Facility. The rated capacity of the facility is 1302 the actual population on the date of February 6, 2019 was 787. The average length of stay at CNMCF is 5 years for the adult male inmate population. The security and custody level of inmates housed at CNMCF is Levels I, II, III and VI with an age range of inmates from 18 years old to 85 years old. The most common language spoken by inmates is Spanish than English. The audit team toured 63 buildings on the main compound. CNMCF has become a complex of Level I, Level II and the Main units.

The Main Unit, also known as the Level III, provides the vast majority of support, auxiliary and specialized services for the two sister units. The main unit is currently designed to house 678 level III, IV, V and VI inmates in single and multi-occupancy cell/dorms. The main unit includes ten single cell housing units, with three pods each unit with 16 cells per pod or forty-eight (48) inmates per unit for a total of 480 single cells. The main unit is broken down into one primary and four secondary missions. The primary mission is to serve as the Reception and Diagnostic Center for the Department (RDC), Mental Health Treatment Center (MHTC), Long Term Care Unit (LTCU) beds and dormitory-style housing for geriatric inmates and the Diagnostic and Evaluation (D&E) Unit. There are a total of 63 buildings in the main unit which include prison industry buildings, training, hospitality center, traffic control, and garage.

The Level II unit was originally designed to house 204 minimum custody inmates who have statutory restrictions that prevent them from being housed in less secure minimum custody facilities. In 2008 the design was reconstructed to accommodate 288 Level II inmates. The Level II is located on the same compound as the Main Unit but has a separate perimeter. The unit, over time, began to hold medical and mental health and other inmates that did not qualify by statute to be housed in other minimum custody units. The design of the facility includes six dormitories each housing 48 inmates.

The Level I unit was originally built in 1939 and was commonly referred to as "The Farm". The unit is considered a historical site. At one time the unit was self-sufficient; inmates worked the land, grew vegetables and raised livestock. The level I houses a total of 336 unrestricted minimum custody inmates in the fifty-six (56) six-man units. Inmates assigned to the Level I serve the New Mexico Highway Department, and other governmental agencies. A Forestry Crew consisting of four firefighting crews of 12 inmates each responding to fires in New Mexico. The facility also has a small work release program.

Intake was observed at the main unit by the lead auditor. The auditor did observe an inmate intake from beginning to end to include the risk assessment interview. The auditor was able to observe the privacy in which the face to face interview was conducted. The screening considered prior victimization and perpetration, gender identity, sexual orientation, safety, size, and physical build. The assessment included providing inmate education on how to report sexual abuse and harassment in several formats (phone, write a note, speak to any staff, grievances, and third party reporting). The information was available to the inmates in English and Spanish and the assessor was able to show the auditor the

language line for other options for inmates that did not speak English or Spanish. The inmate did participate in the assessment without issue.

The audit team utilized the PREA Compliance Instrument - Instructions for PREA Audit tour document when conducting the onsite review. Areas visited included all housing units, administration, cafeteria, warehouse, chapel, hearings, visiting, training programs, laundry, intake, gymnasium, garage, long term health care unit, mental health care unit. Throughout the site review multiple PREA audit notices were found (on colored paper and with large print, both Spanish and English notices were posted), supervision of offenders, cameras, offender reporting information, emotional support information were painted on the walls in every area, opposite gender announcements were made, grievance processes and placement of boxes in each housing unit were observed secured with a padlock for privacy.

The audit team asked questions of both staff and offenders throughout the tour in the efforts to determine their views on sexual safety, offender reporting options, unannounced rounds, training, and general practices and procedures surrounding PREA compliance.

Random phones were tested throughout the site review with successful contact made with the reporting line and emotional support services in all units and areas of the complex. Informal interviews were conducted while in the housing units, long term care unit, restrictive housing, and mental health units confirming that the inmates are aware of multiple ways to report sexual abuse and harassment and the use of the emotional support lines with confidence. 92 calls in the last 12 months successfully went through to the hotline provided for inmates to report sexual abuse and sexual harassment. The staff was able to direct inmates to the phones and postings if questions arose. Staff was well aware of the language line that would assist if interpreter services were needed outside of the staff interpretations that are approved while assisting inmates.

In all areas of the complex unannounced rounds were observed by logs within the units and areas. This practice was confirmed in interviews that the shift commander enters all areas of the facility at least once per shift and does so at random intervals. Multiple upper management and mid-level management rounds were found in all areas of the complex being logged at a minimum of weekly basis at each level unit. Unannounced rounds were observed in LTCU, MHTC, RH, Classification, Intake, and Education.

Cameras were observed in all areas of the facility with extraordinary coverage and clarity. 134 cameras were found on provided facility cameras plans. The agency and CNMCF recently updated the camera system with high quality and coverage allowing for observation in such manner that enhanced sexual safety of the offenders without impeding the privacy of offenders showering or utilizing the restroom. In any area that blind spots were identified security rounds were to monitor randomly throughout each shift.

The onsite documentation review included 13 administrative investigations. Nine of the investigations were sexual harassment and 4 were sexual abuse. Zero of the administrative cases were found to be substantiated, 4 were found unsubstantiated and 9 cases were determined unfounded. All 13 of the cases were closed cases with zero were pending. None of the cases were determined to be criminal therefore no cases were: referred to the prosecutor, the prosecution refused, indictments, convictions or acquittals.

From the list of 521 full-time staff, 35 random staff were selected by highlighting staff from all units and areas of the complex to be interviewed by the audit team. 13 staff files were reviewed that included PREA Questionnaire, NCIC checks, self declaration of sexual abuse/sexual harassment and signed training acknowledgment forms.

23 inmate files were randomly selected onsite to review by the auditor. The files reviewed included records from an intake, Risk Screening Indicator, and the form for acceptance or denial of follow-up

meeting with mental health within 14 days of screening, orientation verification, forms and memos signed regarding viewing the PREA DVD and being given a PREA inmate handbook.

One inmate grievance had been filed and was reviewed containing PREA related concerns by an offender at CNMCF. The auditor obtained this grievance while onsite and reviewed with the inmate that requested for the auditor to prior to the onsite portion of the review. The auditor found the grievance to be in compliance with standard procedure and time frames for the said response.

The closeout for the onsite review was conducted with the audit team and facility management team on 2/8/2019. The lead auditor ensured all requested documentation was received and logged for review during the post onsite audit. The audit team identified positive attributes such as a strong commitment to PREA compliance with an extremely knowledgeable PREA team to include all agency PREA compliance managers to be on site and assisting with the audit; the knowledge and appropriate staff response to inmate allegations; overwhelming postings of reporting options and resources for inmates in all areas of the facility. The lead auditor explained the outcomes vs. compliance while detailing compliance definition with the processes determining compliance with each provision of each standard. PREA training was discussed as an ongoing process that builds a foundation of knowledge for staff to build from. Continued education for staff and offenders was encouraged for consistent culture to be infiltrated for sexual safety of all involved.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded:

115.73 The auditor finds that the agency goes above what is required for this standard. When an investigation is opened, the inmate/victim is notified by the PREA Coordinator and provided with information about services available to him. He will also receive required notifications as the investigation is completed, when the case is referred for prosecution, and when the case is adjudicated through the court system. This notification is an agency practice that exceeds the requirements for this standard. The agency PREA coordinator is consistent with the notification of the case being opened and when the case is closed. The auditor reviewed multiple cases all of which contain this practice, not just CNMCF but all NMCD facilities.

115.31 PREA training for staff is facilitated by staff from Headquarters and provides all staff with comprehensive knowledge to know and understand the agency’s current sexual abuse and sexual harassment policies and procedures. All staff is required to complete initial PREA training and annual training every year thereafter which exceeds the provisions of this standard.

Number of Standards Met:

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

1. The MOU provided
 2. Facility Response Plan
- Both were provided to the auditor prior to completion of the final report by the PREA Coordinator.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

- a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp4-5), 09/13/18
- b. New Mexico Corrections Department Organizational Chart January 2018
- c. Memo- PREA Coordinator Appointment (01/13/2018)
- d. Memo- PREA Compliance Manager Appointment (3/25/2017)
- e. Central New Mexico Correctional Facility Organizational Chart (3/29/2018)
- f. Auditor Memo

2. Interviews:

- a. PREA Coordinator
- b. PREA Compliance manager
- c. Warden
- d. Intermediate or higher level supervisory staff

Findings:

115.11 (a)

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pg 4-5), 09/13/18 has a "zero tolerance" policy to include all forms of sexual abuse, sexual misconduct and sexual harassment directed towards offenders. The NMCD policy definitions align with definitions in 115.6 Definitions related to sexual abuse. The policy outlines specific procedures in response, prevention/intervention, reporting, detection and the right to be free from sexual abuse and harassment. The Auditor memo simplifies and condenses the information regarding the standard, policy and compliance in regards to this standard.

Interviews of the PREA coordinator, PREA compliance manager, Warden, supervisory staff, random staff, and inmates conducted onsite provided to the audit team validation the "zero tolerance" is in fact policy and confirmed common knowledge at Central New Mexico Correctional Facility. The PREA coordinator, PREA compliance manager, and Warden interviews were consistent in the process and specific response to how information is shared and appropriately distributed to fully investigate within the facility and then shared with agency PREA coordinator. The random inmate and staff interviews confirmed with overwhelming response PREA violations were not tolerated and that staff would in fact respond and those involved would be appropriately investigated.

The auditors find the New Mexico Corrections Department in compliance with the PREA provision 115.11 (a) based on the documentation provided and interviews conducted during the onsite review.

115.11 (b)

The PREA Coordinator appointment (01/13/2018) that outlines the appointment of the agency PREA Coordinator for the New Mexico Corrections Department has all the rights, authority, and responsibility necessary to effectively perform the duties of the position. The appointment memo outlines that the agency PREA coordinator will have direct access and report to the Secretary of Corrections for the New Mexico Corrections Department. The New Mexico Corrections Department organizational chart from January 13, 2018, depicts the agency PREA coordinator does in fact report to the Secretary of Corrections for the New Mexico Corrections Department. The agency organizational chart along with the appointment memo demonstrates the PREA coordinator for NMCD is an upper-level position with sufficient time and authority oversee the agency's efforts to comply with the PREA standards.

During the interview with the PREA coordinator, she indicated sufficient time and authority to develop, implement and oversee the agency's efforts toward PREA compliance in all of its facilities. She described that the agency PREA compliance responsibilities are the sole purpose of her position. During the onsite review, the agency PREA coordinator was present throughout the entire PREA audit and follow up conversations and was involved with all processes leading up to the review.

The auditors found the New Mexico Corrections Department in compliance with the PREA provision 115.11 (b) based on the documentation provided and the interviews conducted during the onsite review.

115.11(c)

The PREA compliance manager appointment memo (3/25/2017) outlines the appointment of the facility PREA compliance manager for the Central New Mexico Correctional Facility determined by the Warden. The Central New Mexico Correctional Facility organizational chart (3/29/2018) was provided to the auditor. The chart indicated the PREA compliance manager reports to the Warden. The interview conducted with the PREA compliance manager stated he does have sufficient time to manage all of the PREA related responsibilities as his position is a full-time position at the rank of Captain which allows the appropriate authority to make decisions necessary for PREA investigations of alleged sexual abuse and sexual harassment claims. This position does have assigned support staff to assist with the number of PREA responsibilities. The rank of Captain that has the authority to participate in investigations at Central New Mexico Correctional Facility allowing for the PREA compliance manager the authority to oversee the facility's PREA compliance.

The auditor finds the agency/facility in compliance with PREA Provision 115.11(c) based upon documentation provided and interviews conducted.

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- 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 No NA

115.12 (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 OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Corrections Corporation of America 17-770-1300-0024, July 1 2016- June 20, 2020, (pg 24)
 - b. Clayton (3/20/2018); (pp 2-3)
 - c. Otero County (09/21/2017); (pp 1-2)
 - d. Lea County (03/08/2018); (pg 2)
 - e. Guadalupe County 3/23/2018 (pg 2)
 - f. Compliance Officer Job Description
 - g. Auditor Memo (04/09/2019)

2. Interviews:
 - a. Agency Contract Administrator

3. Onsite Review Observations:
 - a. New Mexico Corrections Department Website.

Findings:

115.12 (a)

Documentation of the contract between New Mexico Corrections Department and the Corrections Corporation of America valid from July 1, 2016, to June 20, 2020, on page 24 states that the requirement to maintain Prison Rape Elimination Act (PREA) certification with consistent with national standards. with a penalty of \$20,000 for each PREA audit that certification is not maintained.

The contract monitor stated that PREA certification is achieved and maintained by all contracted facilities. The audit findings are given to the agency PREA coordinator. The contract monitor stated that 5 private facilities are contracted to house New Mexico offenders. The NMCD website gives links to the PREA audit reports of the Clayton, New Mexico, Guadalupe County, Lea County, Otero County, Cooperation of Corrections contract facilities were given to demonstrate compliance with PREA standards and current contracts stating the compliance is required by the NMCD.

The auditor finds the agency/facility in compliance with PREA Provision 115.12 (a) based upon documentation provided and interviews conducted.

115.12 (b)

Documentation of contracts from all 5 facilities that contract with NMCD was provided for: Clayton, New Mexico, Guadalupe County, Lea County, Otero County, Cooperation of Corrections contract facilities were given to demonstrate compliance with PREA standards and current contracts stating the compliance is required by the NMCD. The compliance officer job description provided to the auditor states that a full time position with essential duties of: ability to make decisions regarding audit protocols, contract compliance, policy compliance, and compliance with applicable standards; ability to respond to questions and inquiries regarding standards, audit protocols, policy, rules and regulations applicable to probation and parole; ability to conduct audits to ensure compliance with national standards and with NMCD policy; ability to apply knowledge of standards and proper methodology to determine compliance/ non-compliance based upon objective standards; ability to analyze corrective action plans to determine if they appropriately address the problem and will actually cure the identified deficiencies; ability to communicate findings of non-compliance to the entity being audited in a professional, non-threatening way; advise NMCD management regarding audit findings, areas of concern, potential exposure to litigation; ability to participate in policy development and review to include creation of new policies, regular review of policies, and coordination of policy changes based on changing standards; ability to ensure dissemination of new policies and standards and provide direction and interpretation of standards.

The contract monitor stated within an interview with the auditor, that all 5 private facilities are PREA compliant and forward PREA final audit reports to demonstrate compliance. Audit reports were found by the audit team linked from the agency website.

The auditor finds the agency/facility in compliance with PREA Provision 115.12(b) based upon documentation provided and interviews conducted.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally

accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Central New Mexico Correctional Facility Pre-Audit Questionnaire
 - b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.8), 09/13/18
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/2018
 - d. CNMCF PREA Staffing Plan review ((/21/2018)
 - e. Unannounced Supervisor Round Logs

f. CNMCF Shift Logs on 1st shift/2nd shift and 3rd shift (Master Control, various Unit logs - Level I unit/Level II unit and the main unit).

2. Interviews:

- a. Warden
- b. PREA coordinator
- c. PREA compliance manager
- d. Intermediate- or higher- level facility staff

3. Onsite Review Observations:

- a. Auditors observed unannounced rounds documented on several posts while conducting the onsite review.
- b. Auditors observed unannounced rounds viewing cameras while in Master Control in the Main Unit

Findings:

115.13 (a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA explains the process for each facility to develop, document and make best efforts to comply on a regular basis with the a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect inmates against sexual abuse. The annual review of the facility's Staffing Plan 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 ensuring adherence to the staffing plan. The completed documentation will be forwarded to the Agency Level PREA Coordinator in order to assess, determine and document whether adjustments are needed. The prevalence of substantiated and unsubstantiated incidents of sexual abuse from the prior 12 months is provided and discussed during this review. The type and number of institutional programs occurring on a particular shift are also considered when reviewing the staffing plan. The officer vacancy rate of twenty seven percent was discussed as a "significant deviation from the staffing plan, compromising the ability of the facility to prevent the sexual victimization of the inmate population and is mitigated only through the use of overtime". PREA Standard 115.13 does not require the assessment of the staffing plan to include recommendations to address the staffing deficiencies, however, the Inspector General, of Adult Prisons, and the Warden of Central New Mexico Correctional Facility recommended in the staffing plan to 1. Increase compensation for the correctional officer. 2. Increase professional development opportunities at the New Mexico Corrections Academy, to include a correctional officer certification process. The Annual Review of the Central New Mexico Correctional Facility's Staffing Plan meeting discussed all of the areas required of provision 115.13 (a)(1-11).

The Warden, PREA Coordinator and PREA compliance manager were interviewed. They confirmed that the facility does have a documented staffing plan. The staffing plan ensures adequate levels of staff throughout the entire facility. The current staffing plan was requested from the PREA Compliance Manager as the previous year's documentation was provided in the original document the updated documentation was provided prior to the onsite review. Video monitoring equipment is also in place to enhance security measures around the facility. The explanation was provided how the facility assesses adequate staffing levels and additional video monitoring equipment was recently installed. Overtime bucket (includes all staff from the level of Correctional Officer through Lieutenant) is utilized to ensure the facility is not short staffed.

The auditor finds the agency/facility in compliance with PREA Provision 115. 13 (a) based upon documentation provided and interviews conducted.

115. 13 (b)

The language in the New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA is consistent with the provision. The facility stated on the PAQ 6 incidents of deviation from the staffing plan in the past 12 months. The officer vacancy rate of twenty seven percent was discussed as a "significant deviation from the staffing plan, compromising the ability of the facility to prevent the sexual victimization of the inmate population and is mitigated only through the use of overtime". PREA Standard 115.13 does not require the assessment of the staffing plan to include recommendations to address the staffing deficiencies, however, the Inspector General, Director of Adult Prisons, and the Warden of Central New Mexico Correctional Facility recommended in the staffing plan to 1. Increase compensation for the correctional officer. 2. Increase professional development opportunities at the New Mexico Corrections Academy, to include a correctional officer certification process. CNMCF has an overtime bucket system to cover and is used daily. Rotation of staff from other facilities is used to cover posts and ensure mandatory staffing is maintained. A Serious Incident Report (SIR) is completed for all deviations from the staffing plan in which a mandatory position is vacated and all other coverage options have been exhausted.

The Auditor observed deviations while conducting the onsite review. Staff was held over from the outgoing shift to ensure all posts were staffed. Intermediate level and higher staff supervisors stated that is is a frequent (daily) occurrence that staff is held over for extra shifts for adequate coverage of mandatory posts. Of the 27 third shift staff on the day of the onsite review, 22 staff were held for coverage of mandatory posts.

The auditor finds the unit in compliance with PREA Provision 115. 13 (b) based upon documentation provided and interviews conducted.

115.13 (c)

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA requires whenever necessary, but no less frequently than once each year, each facility operated by NMCD, with the PREA compliance manager, will assess, determine, and document whether adjustments are needed to the facility staffing plan such documentation will be forwarded to the PREA coordinator for review. The PREA coordinator reviews the staffing plan

Meeting minutes were reviewed of the Central New Mexico Correctional Facility's Staffing Plan. The minutes documented the discussion during the annual staffing plan review held on 09/21/2018. The participants discussed the three areas identified in the provision. Participants of the meeting included the Warden, the PREA compliance manager, Chief of Security, Deputy Wardens from all units to include Level I, Level II and the main unit, and the Programs Manager.

Interviews conducted with the Warden, PREA Compliance Manager, and Intermediate or higher staff indicate appropriate knowledge and participation of the annual staffing plan to include sexual safety to include:

1. General accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from Federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facility's physical plant, (including "blind spots" or areas where staff or inmates may be isolated);
6. The composition of the inmate population
7. The number and placement of supervisory staff;

8. Institution programs occurring on a particular shift;
9. Any applicable State or local laws, regulations, or standards;
10. The prevalence of substantiated or unsubstantiated incidents of sexual abuse; and,
11. Any other relevant factors;

The prevalence of substantiated and unsubstantiated incidents of sexual abuse from the prior 12 months is provided and discussed during this review. The type and number of institutional programs occurring on a particular shift are also considered when reviewing the staffing plan.

The auditor finds the unit in compliance with PREA Provision 115.13 (c) based upon documentation provided and interviews conducted.

115.13 (d)

The Central New Mexico Correctional Facility requires Lieutenants or higher-level supervisors to conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct, and sexual harassment. Alerting others that these supervisory rounds are occurring is prohibited unless the announcement is related to legitimate operational functions of the facility. The procedure requires the rounds to be conducted during all shifts. The review of multiple area logs demonstrated unannounced rounds for PREA purposes as well as looking for other security breaches and to ensure compliance with department and facility protocol. Logs were provided from multiple units and from all shifts to demonstrate consistent round by supervisors throughout the facility and all level units.

Interviews were conducted with a Lieutenant, Captain and Unit Managers. All of which stated they conduct unannounced rounds and documents them on a log in each building. They stated that they document the unannounced round by noting name, title, and date in the "Rounds" section of each area's log master control also documents rounds. The auditor observed unannounced round documents in the logs throughout each unit during the onsite review.

The auditors found the unit in compliance with PREA Provision 115.13 (d) based upon the documentation provided and interviews conducted.

Corrective Action:

1. None

Standard 115.14: Youthful inmates

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

115.14 (a)

- 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 No NA

115.14 (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 No NA
- 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 No NA

115.14 (c)

- 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 No NA
- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Pre Audit Questionnaire
 - b. CNMCF Inmate Age Report 09/18/2018
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/2018
2. Interviews:
 - a. PREA Coordinator
 - b. PREA Compliance manager

- c. Warden
- 3. Onsite Review Observations:
 - a. A review of the facility was conducted throughout the audit. The auditor did not observe any youthful offenders during the onsite review.

Findings:

115.14

The Pre Audit Questionnaire indicated that youthful offenders under the age of 18 were not housed at Central New Mexico Correctional Facility and has not done so in the previous 12 months. A memo was provided confirming CNMCF did not house youthful offenders currently or in the last 12 months. The CNMCF provided an age report of all inmates (25 pages and 892 inmates listed) all of which were at or above the age of 18 years old.

The Facility PREA Compliance manager, agency PREA coordinator and the Warden all confirmed in interviews that CNMCF did not house youthful offenders. An age report was provided to the auditor during the onsite review confirming all inmates at CNMCF were at or above the age of 18 years old.

Based on the observations made by the auditor during the onsite review and the documentation provided, Central New Mexico Correctional Facility is found in compliance with the standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documentation:
 - a. New Mexico Corrections Department policy CD 130300 Search Policy (pg 5), 2/8/2016

- b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.7), 09/13/18
- c. New Mexico Corrections Department policy CD- 150800 Transgender Inmates (pg 3) 9/11/2017
- d. Auditor Memo from agency PREA coordinator 12/24/2018
- e. Housing unit daily logs
- f. PREA Academy powerpoint Corrections 101
- g. Examples of staff training acknowledgment forms

2. Interviews:

- a. Non-/medical staff (involving cross-gender strip or visual searches) (No non-medical staff were interviewed as there were no cross-gender strip or visual searches)
- b. Random staff
- c. Random inmates (No male offenders were interviewed as they are not housed at this facility)
- d. Transgender/intersex inmates interviews
- e. Training Officer
- f.

3. Onsite Review Observations:

The auditor observed inmates were able to shower, perform bodily functions and change clothing without a non-medical staff of the opposite gender viewing them. Camera views were observed during the onsite review and found to not have the ability to observe inmates showering, perform bodily functions or change clothes.

Findings:

115.15 (a)

The New Mexico Corrections Department policy CD 130300 Search policy (2/8/2016), (pg 5) states that strip searches must be done by an officer of the same gender as the inmate with the exception of emergency situations.

Interviews conducted with random inmates and staff had an overwhelming response that strip searches have only occurred with staff and inmate of the same gender. There was not an incident report to the auditor of a strip search being conducted by a staff of the opposite gender and no emergency situations could be recalled by anyone interviewed during the onsite review. Interviews of transgender offenders confirmed opposite gender searches were never conducted and the inmate stated there has never been an issue with searches by staff.

The auditor finds the unit in compliance with PREA Provision 115.15 (a) based upon documentation provided and interviews conducted.

115.15 (b)

The New Mexico Corrections Department policy CD 130300 Search policy (2/8/2016), (pg 5) states that female inmates will only be pat searched by the female officer and male inmates will be searched by male staff, with the exception of an emergency.

Interviews conducted with random inmates and staff had an overwhelming response that pat searches have only occurred with staff and inmate of the same gender. There was not an incident report to the auditor of a pat search being conducted by a staff opposite gender and no emergency situations could be recalled by anyone interviewed during the onsite review. Nor was an incident report to the auditor of any inmates being denied programming or out of cell activities for female offenders to comply with this provision. Inmate interviews confirmed that opposite gender searches were never conducted and the inmate state there has never been an issue with searches by staff.

The auditor finds the unit in compliance with PREA Provision 115.15 (b) based upon documentation provided and interviews conducted.

115.15(c)

The Audit memo dated 12/24/2018 from the agency PREA Coordinator states that the facility will document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat searches of female inmates.

The auditor did not observe any cross-gender strip searches, body cavity searches or pat searches. During random staff and inmate interviews there were no incidents reported to the auditor of any female inmates being pat searched, strip searched or have a body cavity search by a staff of the opposite gender.

The auditor finds the unit in compliance with PREA Provision 115.15 (c) based upon documentation provided and interviews conducted.

115.15 (d)

The Auditor memo dated 12/24/2018 from the agency PREA Coordinator states that the facility will implement policies that enable inmates 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. Such policies and procedures shall require the opposite gender to announce their presence upon entering an inmate housing unit. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.7), 09/13/18 states that staff members of the opposite sex of the inmate population in their facility must announce their presence when entering the inmate housing unit. The announcement must be logged in the housing unit daily log for that unit.

Housing unit daily logs were observed from all three shifts in all housing units with proper documentation of cross-gender announcements logged by female staff. The auditor observed numerous cross-gender announcements as the staff of the opposite gender entered housing units. The cross-gender announcement was a verbal announcement that "female in the unit" upon entry was announced loud enough for all inmates in the area would be able to respond appropriately. Throughout the onsite review upon entrance into all housing units cross-gender announcements were made by staff entering the unit "female in the unit" in a manner to which all inmates in the unit were put on notice as the presence of opposite gender staff were present.

The auditor finds the unit in compliance with PREA Provision 115.15 (d) based upon documentation provided and interviews conducted.

115.15 (e)

The New Mexico Corrections Department policy CD- 150800 Transgender Inmates (pg 3) 9/11/2017states transgender and intersex inmates shall not be searched or for the sole purpose of determining inmates genital status. The genital status of inmates will be determined by interviews or medical records review.

Interviews of transgender/intersex offenders were interviewed stating that searches were routine and only for the intended purpose of contraband or routine searches that all inmates were required to be searched while housed at CNMCF. Upon random inmate and staff interviews as well as of inmates while onsite at CNMCF transgender/intersex offenders were reported being housed at this facility however did not self identify.

The auditor finds the unit in compliance with PREA Provision 115.15 (e) based upon documentation provided and interviews conducted.

115.15 (f)

The New Mexico Corrections Department policy CD- 150800 Transgender Inmates (pg 3) 9/11/2017 states that all staff custody and non-custody will be trained prior to work with the inmate population and annually during annual refresher classes at the respected facilities on how to properly conduct pat searches and strip searches of transgender/intersex inmates. The PREA Academy powerpoint was observed and demonstration of appropriate search procedures was outlined. Several training records of staff demonstrated training received along with a signed acknowledgment form by the staff of receiving to include; 1. The Prison Rape Elimination Act; 3. NMCD's Policy on Zero Tolerance and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, reporting, and response policies and procedures; 4. Inmates Rights to be free from Sexual Abuse and Sexual harassment; 5. The Dynamics of Sexual Abuse in Prison; 6. How to detect and respond to signs of threatened and actual sexual abuse; 7. The five phases of sexual assault; 8. Sexual abuse prevention strategies; 9. Reporting incidents of sexual abuse; 10. The right of employees and inmates to be free from retaliation for reporting sexual abuse; 11. Investigations of incidents of sexual abuse; 12. Common reactions of sexual abuse and sexual harassment victims; 13. How to avoid inappropriate relationships with inmates; 14. Preservation of evidence in sexual abuse investigations; and 15. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 16. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interview of the Training officer at CNMCF confirmed that all staff will have PREA training before having contact with inmates. The training is annually repeated in refresher training for all staff. Random staff interviews confirmed staff is knowledgeable of appropriate search procedures for transgender/intersex offenders. Such staff also confirmed having annual "40-hour" training that contained information on PREA and proper search procedures "back of the hand" which not intrusive however consistent with safety and security procedures for conducting an appropriate pat search. Transgender inmate interview confirmed appropriate searches were conducted at all times and the inmate stated no issues or concerns with safety in the process or procedures surrounding searches.

The auditor finds the unit in compliance with PREA Provision 115.15 (f) based upon documentation provided and interviews conducted.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

115.16 (a)

- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- 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 intellectual disabilities? Yes No
- 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 No
- 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 No

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

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.8), 09/13/18
 - b. Auditor Memo 12/24/2018
 - c. Language Line Solutions Flyer
 - d. Language Line Quick Reference Guide
 - e. Inmate PREA Handbook- English (06/2016)
 - f. Inmate PREA Handbook- Spanish (06/2016)
 - g. CNMCF Poster
 - h. Sign Samples English
 - i. Sign Samples Spanish
 - j. Auditor Memo CNMCF facility Interpreters
 - k. Staff files

2. Interviews:
 - a. Inmates with disabilities or limited English proficient
 - b. Random staff
 - c. Agency Head
 - d. Training Officer

3. Onsite Review Observations
 - a. Signage was observed in the housing units, common areas, program buildings, visitation, vocational areas throughout Central New Mexico Correctional Facility in English and Spanish.
 - b. Language Line utilized while conducting interviews with LEP inmates during the onsite review.

Findings:

115.16 (a)

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.8), 09/13/18 state that “inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department’s efforts to prevent, detect and respond to sexual abuse and sexual harassment”. The Auditor Memo 12/24/2018 states that the “agency shall take steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or from all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment. The steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using necessary specialized vocabulary. In addition, the agency shall ensure that written material is provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, psychiatric disabilities, limited reading skills, or who are blind or have low vision”.

Interviews were not conducted with inmates with cognitive disabilities, hard of hearing or deaf inmates or inmates with physical disabilities as the facility did not identify any current inmates with such disabilities. The auditor did interview inmates with limited English proficiency using the contracted Language Line and approved interpreters without issue. The inmate stated information was received within appropriate time frames on how to prevent, detect and respond to sexual abuse and harassment.

The audit team observed signage in all areas of the facility in both English and Spanish for inmates to have access to have an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Documentation in the inmate handbook was observed in both English and Spanish. Copious amounts of signs, posters in English and Spanish was in the units, painted on the walls (inside and outside), program areas, LTHC, MHTC, RH, clinical areas, etc. Hotline calls for the previous 12 months provided to the auditor also demonstrated the use of the reporting line by inmates 92 calls successfully went through to the hotline provided for inmates to report sexual abuse and sexual harassment. The staff was able to direct inmates to the phones and postings if questions arose. Staff was well aware of the language line that would assist if interpreter services were needed outside of the staff interpretations that are approved while assisting inmates.

Interviews conducted with random inmates, limited English speaking inmates, random staff all indicated to the auditor that it was common knowledge inmates were to have full access to the Department’s efforts to prevent, detect and respond to sexual abuse and sexual harassment. All inmates acknowledged being given information in a format that was needed for their abilities to understand how to report and respond to sexual abuse and sexual harassment.

The auditor finds the unit in compliance with PREA Provision 115.16 (a) based upon documentation provided and interviews conducted.

115.16(b)

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.8), 09/13/18 state that “inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department’s efforts to prevent, detect and respond to sexual abuse and sexual harassment”.The Auditor Memo 12/24/2018 states that the “agency shall take steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized

vocabulary. The most commonly used necessary language throughout NMCD prison facilities and the Central New Mexico Correctional Facility is Spanish". All brochures, pamphlets and inmate handbook are available in English and Spanish. The PREA video has the option for Spanish subtitles as well. A list of staff that is commonly used as Spanish interpreters is distributed at the least bi-annually the Facility Warden.

Interviews were not conducted with inmates with cognitive disabilities, hard of hearing or deaf inmates or inmates with physical disabilities as the facility did not identify any current inmates with such disabilities. The auditor did interview inmates with limited English proficiency using the contracted Language Line without issue. The inmate stated information was received within appropriate time frames on how to prevent, detect and respond to sexual abuse and harassment. The list of facility staff used as interpreters was supplied to the audit team as well as copies of pamphlets, brochures and inmate handbook in Spanish.

Interviews conducted with random inmates, limited English speaking inmates, random staff all indicated to the auditor that it was common knowledge inmates were to have full access to the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. All inmates acknowledged being given information in a format that was needed for their abilities to understand how to report and respond to sexual abuse and sexual harassment.

The auditor finds the unit in compliance with PREA Provision 115.16 (b) based upon documentation provided and interviews conducted.

115.16(c)

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.8), 09/13/18 states that "the use of inmate interpreters to assist disabled or limited English proficient inmates in participating in efforts to prevent, detect, and respond to sexual abuse and sexual , 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." This statement is also verbatim in the provided Audit Memo 12/24/2018.

Interviews conducted by the audit team of the Agency Head confirmed that the use of inmate interpreters to assist disabled or limited English inmates in efforts to prevent, detect, and respond to sexual abuse and sexual harassment is prohibited and there were no incidents of his knowledge in the last 12 months of circumstances that would warrant such use. Random staff interviews all stated that inmates were not to be used as interpreters when participating in efforts to prevent, participating in efforts to prevent, detect, and respond to sexual abuse and sexual harassment While conducting the interview with the training officer he stated that all staff are trained annually and advised of not inmates as interpreters in efforts to prevent, detect, and respond to sexual abuse and sexual harassment during the Annual PREA Refresher Training. Staff files included documentation of annual PREA training to staff received such information.

The auditor finds the unit in compliance with PREA Provision 115.16 (c) based upon documentation provided and interviews conducted.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- 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 No
- 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 No
- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

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

115.17 (g)

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

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-030200 Recruitment Selection and Hire of Correctional Officer Specialists and Probation and Parole Officers,(p. 2), 10/19/16

- b. New Mexico Corrections Department policy CD-060200 Citizen Involvement and Volunteers (p.3) 6/7/17
- c. Sample NMCD Self-Declaration of Sexual Abuse/Sexual Harassment forms
- d. Prison Rape Elimination Act Questionnaire for Prior Institutional Employers
- e. Sample NCIC background checks new employees (hired in the last 12 months, contractors, and current staff that have background checks at five-year intervals, promotions)
- f. Memorandum from the State Personnel Office Director regarding self evaluations dated 7/20/17
- g. Sample PREA questionnaires for newly hired employees
- h. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18
- i. Pre Audit Questionnaire
- j. CNMCF Current Employee list (12/3/2018)

2. Interviews:

- a. Administrative(human resources) staff
- b. Agency PREA Coordinator

3. Onsite Review Observations

- a. Auditor randomly selected employees and received their files to include background check information including newly hired employees and promotions

Findings:

115.17(a):

The memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18 states all of the provision giving awareness of the facility compliance however best practice would be to detail the compliance factors that are clear in practice. The New Mexico Corrections Department policy CD-030200 Recruitment Selection and Hire of Correctional Officer Specialists and Probation and Parole Officers,(p. 2), 10/19/16 states “ in accordance with state a federal 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 specific relationship to job performance or delivery of services”. Pre-employment Screening section in NMCD policy CD-030200 must complete three phases and “Phase I consists of a physical agility performance test, collection of background information and review forms, NCIC and MVD clearance check.

A sample of HR staff files were randomly selected by the auditor within the files each staff member file consistently had proof of NCIC criminal background checks, NMCD Self Declaration of Sexual Abuse/Sexual Harasment forms and PREA questionnaires for newly hired employees. The questionnaire covers three separate questions:

- (a) have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
- (b) Have you 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?
- (c) Have you been civilly or administratively adjudicated (there was a formal finding and a judgement or decision was rendered in a civil or administrative proceeding) to have engaged in the activity?

The questions are left for employees to check Yes or No followed by a signature to certify the responses to the questions in the questionnaire as true and correct to the best of their knowledge, and agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of New Mexico.

The auditor finds the unit in compliance with PREA Provision 115.17 (a) based upon documentation provided and interviews conducted.

115.17(b):

The New Mexico Corrections Department policy CD-030200 Recruitment Selection and Hire of Correctional Officer Specialists and Probation and Parole Officers,(p. 2), 10/19/16 states “ in accordance with state a federal 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 specific relationship to job performance or delivery of services”. Pre-employment Screening section in NMCD policy CD-030200 must complete three phases and “Phase I consists of a physical agility performance test, collection of background information and review forms, NCIC and MVD clearance check.

The sample of HR staff files included randomly selected contract employees in which documentation included proof of NCIC criminal background checks, NMCD Self Declaration of Sexual Abuse/Sexual Harasment forms and PREA questionnaires for newly hired employees. The questionnaire covers three separate questions:

- (a) have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
- (b) Have you 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?
- (c) Have you been civilly or administratively adjudicated (there was a formal finding and a judgement or decision was rendered in a civil or administrative proceeding) to have engaged in the activity?

The questions are left for employees to check Yes or No followed by a signature to certify the responses to the questions in the questionnaire as true and correct to the best of their knowledge, and agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of New Mexico.

The auditor finds the unit in compliance with PREA Provision 115.17 (b) based upon documentation provided and interviews conducted.

115.17(c):

The New Mexico Corrections Department policy CD-030200 Recruitment Selection and Hire of Correctional Officer Specialists and Probation and Parole Officers,(p. 2), 10/19/16 states “ in accordance with state a federal 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 specific relationship to job performance or delivery of services”. Pre-employment Screening section in NMCD policy CD-030200 must complete three phases and “Phase I consists of a physical agility performance test, collection of background information and review forms, NCIC and MVD clearance check. during review of staff files

While conducting interviews with the agency PREA coordinator and HR specialist states that all prospective employees must fill out the form Prison Rape Elimination Act Questionnaire for Prior Institutional Employers to provide information while employed at any prior institution even within the state of New Mexico. All employees with previous institution experience will sign and the questionnaire and the results will be received prior to hiring of the requesting employee. The questionnaire is forwarded to the PREA Coordinators Office and a check is completed of all PREA related investigations. The PREA Coordinator or designated staff must sign and return the form prior to the transfer, promotion or hire of employees. If previous employment is outside of New Mexico the questionnaire is sent to that state and must be received back prior to the employee being hired. Documentation of all are kept in a PREA Database by the PREA Coordinator

Said documentation was forwarded to the auditor during the post audit phase of the audit.

The auditor finds the unit in compliance with PREA Provision 115.17 (c) based upon documentation provided and interviews conducted.

115.17(d):

The New Mexico Corrections Department policy CD-030200 Recruitment Selection and Hire of Correctional Officer Specialists and Probation and Parole Officers,(p. 2), 10/19/16 states “ in accordance with state a federal 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 specific relationship to job performance or delivery of services”. Pre-employment Screening section in NMCD policy CD-030200 must complete three phases and “Phase I consists of a physical agility performance test, collection of background information and review forms, NCIC and MVD clearance check.The sample of HR staff files included randomly selected contract employees in which documentation included proof of NCIC criminal background checks, NMCD Self Declaration of Sexual Abuse/Sexual Harasment forms and PREA questionairres for newly hired employees. The questionnaire covers three separate questions:

(a) have you engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?

(b) Have you 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?

(c) Have you been civilly or administratively adjudicated (there was a formal finding and a judgement or decision was rendered in a civil or administrative proceeding) to have engaged in the activity?

The questions are left for employees to check Yes or No followed by a signature to certify the responses to the questions in the questionnaire as true and correct to the best of their knowledge, and agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of New Mexico.

The auditor finds the unit in compliance with PREA Provision 115.17 (d) based upon documentation provided and interviews conducted.

115.17(e):

The memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18 states “Central New Mexico Correctional Facility completes a background check on all employees every three (3) years”. All backgrounds checks are being conducted at the facility level for 2019.

Documentation review of the Pre Audit Questionnaire included the most recent background check on current employees and was completed in April of 2016. Random selections of the CNMCF Current Employee list (12/03/2018) were made by the auditor and the facility provided HR staff files that included employees NCIC criminal background checks.

Interview conducted with the HR specialist at Central New Mexico Correctional Facility by the auditor determined that in fact background checks are completed on all employees at a minimum of every three years.

The auditor finds the unit in compliance with PREA Provision 115.17 (e) based upon documentation provided and interviews conducted.

115.17(f):

NMCD Self Declaration of Sexual Abuse/Sexual Harasment forms are filled out on an annual basis by all employees who may have contact with inmates directly about previous misconduct described in provision (a) of this standard. Memorandum from the State Personnel Office Director regarding self evaluations dated 7/20/17 states that NM state employees do not complete self evaluations. Supervisors are required to do evaluations on employees they directly supervise.

Documentation review of the Pre Audit Questionnaire included the most recent background check on current employees and was completed in April of 2016. Random selections off the CNMCF Current Employee list (12/03/2018) were made by the auditor and the facility provided HR staff files that included employees Self Declaration of Sexual abuse/Harasment forms.

Interviews with the HR specialist, PREA coordinator and random staff interviews all confirm that current employees have and will fill out annual Self Declaration of Sexual abuse/Harasment forms.

The auditor finds the unit in compliance with PREA Provision 115.17 (f) based upon documentation provided and interviews conducted.

115.17(g):

The memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18 states "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

Interviews conducted with the PREA Coordinator and HR Specialist state that omissions of misconduct that are revealed within the background check would immediately result in termination of the current employee and or not hire a new employee.

The auditor finds the unit in compliance with PREA Provision 115.17 (g) based upon documentation provided and interviews conducted.

115.17(h):

The memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18 states NMCD "has provided information to all requests received from institutional employers regarding substantiated allegations of sexual abuse or sexual harassment involving former employers.

Requested documentation received from institutional employers were given as examples in the Pre Audit Questionnaire. Institutions can send a request of information through the agency website. All questionnaires are received in the PREA Coordinator's Office and are signed and returned by the PREA Coordinator or designated staff. Documentation of all can be found in the PREA Database maintained by the PREA Coordinator The auditor reviewed examples provided and sufficient evidence was found to concur with this provision requirement along with interviews of the PREA Coordinator and HR specialist.

The auditor finds the unit in compliance with PREA Provision 115.17 (h) based upon documentation provided and interviews conducted.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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 No NA

115.18 (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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p. 9), 09/13/18
 - b. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/18
 - c. Camera diagrams for Central New Mexico Correctional Facility
2. Interviews:
 - a. Agency Head
 - b. Warden
 - c. Random Staff
3. Onsite Review Observations
 - a. Auditor observed entire facility during audit, verified no substantial expansion was made
 - b. Auditor observed entire camera system

Findings:

115.18(a):

NMCD Policy 150100, Page 9 states: (Z) 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. 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 Head designee (Deputy Director of Adult Prisons) was interviewed. He stated there has been no substantial expansions or modifications made to the Central New Mexico Correctional Facility since the last PREA audit. The Warden was also interviewed and reported no substantial expansions or modifications were made to the Central New Mexico Correctional Facility since the last PREA audit. The auditor finds the facility in compliance with PREA provision 115.18 (a) based on observations during the onsite review and interviews with the Agency Head designee and Warden.

115.18(b):

The Agency Head designee (Deputy Director of Adult Prisons) and the Warden were interviewed. Both explained that during the annual review of the facility's staffing plan, physical plant issues are discussed to include blind spots or areas where staff or inmates may be isolated. The facilities surveillance system is regularly reviewed to identify areas of concern and ensure sexual safety within the facility. It was communicated that the agency PREA Coordinator and the facility PREA Compliance Manager are in attendance during these staffing meetings. Updated video monitoring equipment were purchased and added to pre-existing buildings and areas at CNMCF to increase video coverage, eliminate blind spots and increase sexual safety. The auditor was told that placement of the cameras was decided after discussion with a variety of staff including the agency PREA Coordinator and the facility PCM.

Cameras were observed during the onsite review in all areas of the facility with extraordinary coverage and clarity. 134 cameras were found on provided facility cameras plans. The agency and CNMCF has recently updated the camera system with high quality and coverage allowing for observation in such manner that enhanced sexual safety of the offenders without impeding the privacy of offenders showering or utilizing the restroom. In any area that blind spots were identified security rounds were to monitor randomly throughout each shift.

The auditor finds the facility in compliance with PREA provision 115.18 (b) based on observations during the onsite review and interviews with the Agency Head designee and Warden

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

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

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity 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 No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Central New Mexico Correctional Facility Pre-Audit Questionnaire Information
- b. New Mexico Corrections Department policy CD-150102 (Coordinated Response to Sexual Assaults (pp.1-2) 09/13/18
- c. New Mexico Corrections Department Lesson Plan Investigating Sexual Assault in a Correctional Setting
- d. New Mexico Corrections Department training PowerPoint slides titled "Investigating Sexual Assaults in a Correctional Setting"
- e. New Mexico Corrections Department Lesson Plan for Medical and mental Health on PREA
- f. New Mexico Corrections Department training PowerPoint slides titled "The Prison Rape Elimination Act of 2005, 115.35 Forensic Medical Examinations Training for Correctional Medical and Mental Health Staff"
- g. New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting

h. Memorandum of Understanding between the New Mexico Department of Corrections and the New Mexico Coalition of Sexual Assault Programs, Inc.

i. Letter from the New Mexico Department of Public Safety

j. Memo from Central New Mexico Correctional Facility PREA Compliance Manager

2. Interviews:

- a. SANE Coordinator
- b. Random staff interviews
- c. PREA Compliance Manager

Findings:

115.21 (a):

The facility indicated in their pre-audit questionnaire that the agency/facility is responsible for conducting only administrative investigations while the Department of Public Safety is responsible for criminal investigations and that they use a uniform evidence protocol. Agency policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA details the agency's uniform evidence protocol that maximizes the potential for obtaining usable physical evidence. The NMCD conducts administrative investigations of sexual abuse and sexual harassment. The New Mexico State police handles all criminal investigations. The training provided to NMCD staff who conduct administrative investigations was provided and reviewed to ensure it provides adequate information regarding the uniform evidence protocols. The protocol in policy was based off the April 2013 edition of "A national protocol for Sexual Assault Medical Forensic Examination."

During random staff interviews, in all levels of the facility, the staff indicated that they were aware of and understood the agencies protocol for obtaining physical evidence. They knew to secure the area it happened, separate the alleged victim and abuser, take the victim to medical and notify the shift supervisor. Most stated that the PREA Compliance Manager conducted the administrative investigations and they also knew that an outside agency was responsible for conducting any criminal investigations. The PREA Compliance Manager is a trained administrative investigator as verified with his training certificate.

The auditor finds the agency/facility in compliance with PREA Provision 115.21(a) based upon documentation provided and interviews conducted.

115.21(b):

The facility does not house any youthful inmates under the age of 18 so 115.21(b) is not applicable.

115.21(c):

The facility stated on their pre-audit questionnaire that all inmates who experience sexual abuse have access to forensic examinations provided at an outside facility by a SANE or SAFE and that they are at no cost to the victim. Zero exams have been conducted in the last 12 months at Central New Mexico Correctional Facility. Documentation was not provided with any hospital or SANE program. An interview was conducted with the statewide SANE Coordinator for New Mexico. She stated that since New Mexico has a relatively small population the SANE program and advocacy are centralized and based in Albuquerque but oversees the continuum of services for the whole state. The nurses will travel for forensic examinations as needed. For Central New Mexico Correctional Facility, she stated the closest hospitals would be in Albuquerque. Since there had been no forensic medical examinations in the past 12 months there was no additional documentation to review .

The auditor finds the agency/facility in compliance with PREA Provision 115.21(c) based upon documentation provided and interviews conducted.

115.21(d/e):

The facility provided a copy of a memorandum of understanding with the New Mexico Coalition of Sexual Assault Programs, Inc and Valencia Shelter Services. The memorandum states that Central New Mexico Correctional Facility agrees to make involvement of a rape crisis advocate a component of the standard response to a report of sexual assault and/or a request for help from an incarcerated victim of sexual assault. Valencia Shelter Services agrees to provide access to an advocate via phone, mail or email and to provide in-person advocacy when resources and staff availability permit. The memorandum was signed in 2015 and states it is in effect unless terminated by either party.

In the interview with the PREA Compliance Manager he stated that for victim advocacy services they have the memorandum of understanding for outside advocacy and that mental health services would also be offered.

There were no inmates at Central New Mexico Correctional Facility who had reported sexual abuse so no further interviews were able to be conducted.

The auditor finds the agency/facility in compliance with PREA Provision 115.21(d) and 115.21(e) based upon documentation provided and interviews conducted.

115.21(f):

New Mexico state police would conduct any criminal investigations at Central New Mexico Correctional Facility. A letter to the PREA Coordinator from, New Mexico State Police, Training and Recruiting, dated February 27, 2017 was provided to the auditor. This memorandum addresses NM State Police Officer Sexual Assault Training. It states all New Mexico State Police are required to attend and graduate a police academy in which they learn how to enforce laws and conduct criminal investigations. A variety of topics are taught in the academy to include, but not limited to, Sexual Assault Investigation, Crime Scene Processing/Evidence Preservation, Interview and Interrogation and Internal Affairs. Some of the topics covered in these classes include: 1) legal issues; 2) cultural competency; 3) trauma and victim response; 4) medical and mental health care issues of sexual assault victims; 5) first responder responsibilities, evidence collection/processing and preservation; 6) interviews of victims and interviewing suspects; 7) ensuring proper documentation in the report; 8) working with the District Attorney and Victim Advocates; 9) Miranda rights; and 10) application of Garrity Rights.

The auditor finds the agency/facility in compliance with PREA Provision 115.21(f) based upon documentation provided and interviews conducted.

115.21(g): Not applicable to NMCF

115.21(h): Not applicable to NMCF

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication 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 No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p. 1), 09/13/18
 - b. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults (p.2) 9/13/18
 - c. New Mexico Corrections Department policy CD-031800 and CD-031801 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting (pp.11-13) 02/23/15
 - d. Screenshot of NMCD website showing policies
 - e. Letter from the New Mexico Department of Public Safety dated 2/27/17
 - f. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - g. Samples of incidents sent to the Office of Professional Standards for investigation
2. Interviews:
 - a. Agency Head Designee
 - b. Investigative Staff
3. Onsite Review Observations
 - a. Sample investigations were requested and received
 - b. Reviewed public website to ensure policy was available

Findings:

115.22(a):

Central New Mexico Correctional Facility reported that there were 14 allegations of sexual abuse and sexual harassment in the past 12 months. Of those, all 14 had administrative investigations and 0 were referred for criminal investigation. The New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the interview with the agency head designee he stated that reports can be received multiple ways including through grievances, the hotline, verbal reports made to staff or third party. A referral can be made by the facility to the Office of Professional Standards(OPS) and that the New Mexico State Police will handle any criminal investigations.

Investigative staff stated that agency policy does require all allegation of sexual abuse and sexual harassment be referred for investigation and that criminal cases would be referred to the New Mexico State Police.

115.22(b):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigation, unless the allegation does not involve potentially criminal behavior and that if such referral will be documented. New Mexico Corrections Department policy CD-031801 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting outlines when cases will need to be referred to an outside agency for criminal investigations. It was verified that a copy of NMCD Policy CD-150100 and CD-031800 are available on the public website. Sample referrals were reviewed showing incidents being referred to the Office of Professional Standards.

The investigator interviewed stated that the agency requires that allegation or sexual abuse or harassment that appear to be criminal be referred to the New Mexico State police.

The auditor finds the agency/facility in compliance with PREA Provision 115.22(b) based upon documentation provided and interviews conducted.

115.22(c):

NMCD Policy 031800, Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Reporting policy states that the Investigations Officer shall serve as a liaison between the NMCD and the appropriate law enforcement agency during the course of any continuing investigation. The Bureau Chief of OPS, the NMCD General Counsel or the CAO may determine that the Investigative Report be submitted to the appropriate law enforcement agency for possible criminal prosecution. The differences between Criminal and Administrative and the responsibilities can be located on the agency website. The memo from the PREA Compliance Manager also outlines this policy.

The auditor finds the agency/facility in compliance with PREA Provision 115.22(c) based upon documentation provided and interviews conducted.

115.22(d): Nothing to audit for this section

115.22(e): Not Applicable to Central New Mexico Correctional Facility

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- 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 No
- 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 No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

- a. Central New Mexico Correctional Facility Pre-Audit Questionnaire
- b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.9), 09/13/18
- c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 08/07/2018
- d. Staff training curriculum PREA Academy and C101 Power point
- e. Staff new hire Training Lesson Plan
- f. New Hire training class #342 Schedule
- g. Gender specific training curriculum
- h. Staff Training Acknowledgement forms
- i. Memo from Central New Mexico Correctional Facility Warden dated 12/24/18

2. Interviews:

- a. Warden
- b. Random Staff
- c. Training Coordinator

3. Onsite Review Observations:

- a. Training records
- b. Staff Training Acknowledgement forms

115.31 (a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA explains the process for each facility, prior to contact with any inmate, all employees, volunteers and/or contractors will have been trained on the agency's "Zero Tolerance" policy against sexual abuse and sexual harassment and their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response. The PREA Academy powerpoint was observed and demonstration of appropriate search procedures were outlined. Several training records of staff demonstrated training received along with a signed acknowledgement form by staff that received the training information to include; 1. The Prison Rape Elimination Act; 3. NMCD's Policy on Zero Tolerance and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 4. Inmates Rights to be free from Sexual Abuse and Sexual harassment; 5. The Dynamics of Sexual Abuse in Prison; 6. How to detect and respond to signs of threatened and actual sexual abuse; 7. The five phases of sexual assault; 8. Sexual abuse prevention strategies; 9. Reporting incidents of sexual abuse; 10. The right of employees and inmates to be free from retaliation for reporting sexual abuse; 11. Investigations of incidents of sexual abuse; 12. Common reactions of sexual abuse and sexual harassment victims; 13. How to avoid inappropriate relationships with inmates; 14. Preservation of evidence in sexual abuse investigations; and 15. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 16. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interviews with random staff throughout the facility confirmed they receive PREA training in the training academy and then on a yearly basis thereafter. Staff verified they receive training on inmates' right to be free from sexual abuse and sexual harassment and the right for inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. Staff explained they receive training on the dynamics of sexual abuse and sexual harassment in a confinement setting and the common

reactions sexual abuse and sexual harassment victims have along with how to detect and respond to signs of threatened and actual sexual abuse. All the staff interviews indicate they know and understand how to avoid inappropriate relationships with inmates and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

The auditor finds the agency/facility in compliance with PREA Provision 115.31 (a) based upon documentation provided and interviews conducted.

115.31 (b):

Memo from the Central New Mexico Correctional Facility Warden indicates that from the facility's inception in 1980 CNMCF housed only male inmates. Documentation was also provided that demonstrates training curriculum and training records for staff that completed the gender specific training in relation to housing male inmates.

The auditor finds the agency/facility in compliance with PREA Provision 115.31 (b) based upon documentation provided and interviews conducted.

115.31 (c):

Interviews with CNMCF training coordinator, random staff, a review of basic training and annual training lesson plans verify that all staff assigned to CNMCF receive PREA training during basic training and an annual refresher training which exceeds the provisions of this standard. CNMCF training coordinator explained that PREA training for staff is facilitated by staff from Headquarters and provides all staff with comprehensive knowledge to know and understand the agency's current sexual abuse and sexual harassment policies and procedures.

The auditor finds the agency/facility in compliance with PREA Provision 115.31 (c) based upon documentation provided and interviews conducted.

115.31 (d):

Interview with CNMCF training coordinator along with review of staff training acknowledgement forms verify that upon completion of PREA training staff sign a training acknowledgement form that verifies they participated and understand the training received. Several training records of staff demonstrated training received along with a signed acknowledgement form by staff of receiving training information to include; 1. The Prison Rape Elimination Act; 2. NMCD's Policy on Zero Tolerance and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. Inmates Rights to be free from Sexual Abuse and Sexual harassment; 4. The Dynamics of Sexual Abuse in Prison; 5. How to detect and respond to signs of threatened and actual sexual abuse; 6. The five phases of sexual assault; 7. Sexual abuse prevention strategies; 8. Reporting incidents of sexual abuse; 9. The right of employees and inmates to be free from retaliation for reporting sexual abuse; 10. Investigations of incidents of sexual abuse; 11. Common reactions of sexual abuse and sexual harassment victims; 12. How to avoid inappropriate relationships with inmates; 13. Preservation of evidence in sexual abuse investigations; and 14. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 15. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. File reviews of staff training files during the onsite review by the auditor demonstrated initial training is received by all new staff along with annual refresher training is required by all in service staff.

The auditor finds the agency/facility in compliance with PREA Provision 115.31 (d) based upon documentation provided and interviews conducted.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- 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 No

115.32 (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 No

115.32 (c)

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

Auditor Overall Compliance Determination

1. Documents:

- a. Central New Mexico Correctional Facility Pre-Audit Questionnaire
- b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.9), 09/13/18
- c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/24/2018
- d. PREA Volunteer/contractor Training lesson plan
- e. PREA training Acknowledgement forms- Volunteers

2. Interviews:

- a. CNMCF PREA Compliance Manager
- b. Contract Staff
- c. Volunteer Staff

3. Onsite Review Observations:

- a. PREA Training Acknowledgement forms- Volunteers

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.32 (a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA explains the process for each facility, prior to contact with any inmate, all volunteers and/or contractors will have been trained on the agencies "Zero Tolerance" policy against sexual abuse and sexual harassment and their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response. On site interviews with CNMCF PREA compliance manager, contract staff and volunteers verify they receive PREA training and sign a training acknowledgement verifying they know and understand agency policy and procedures. The PAQ and documentation provided demonstrates the PREA training received through a PREA fact sheet and PREA volunteer/contractor training curriculum. Volunteers are required to complete a four hour training, before they are allowed into the facility. These trainings are conducted monthly by the Volunteer Program Manager. The trainings are held around the state as needed.

Interviews conducted during the onsite review of the training staff confirmed contract workers receive training on PREA initially upon hire and annually thereafter. Acknowledgement forms were confirmed to be signed by contract and volunteer staff that receive training. The training received is the same training all staff receive on an annual basis.

The auditor finds the agency/facility in compliance with PREA Provision 115.32 (a) based upon documentation provided and interviews conducted.

115.32 (b):

The CNMCF PAQ states that the average number of volunteers and individual contractors that are authorized to enter the facility and may have contact with inmates is 132. File reviews for contract and volunteer staff were conducted by the auditor by selection of random staff off the list of contract staff provided to the auditor by the facility PREA compliance manager. A review of the PREA volunteer/contract staff training curriculum, along with PREA training acknowledgement forms verifies this process meets the provisions of this standard.

Interviews conducted with contract staff and volunteers at CNMCF verify that PREA training is received prior to working at the facility and on an annual basis thereafter. They assert that the training provides them with the knowledge of the agencies zero-tolerance policy regarding sexual abuse and sexual harassment and provides them with information on how to report such incidents.

The auditor finds the agency/facility in compliance with PREA Provision 115.32 (b) based upon documentation provided and interviews conducted.

115.32 (c):

Interview with the CNMCF PREA Compliance Manager along with documentation provided in the PAQ (PREA Acknowledgement Forms) that volunteers and contract staff sign upon completion of training verifying they have received and understand agency policy/procedures regarding PREA. CNMCF PCM asserts that the signed acknowledgement forms confirm volunteers and contract staff understand the training received. All signed acknowledgement forms are kept on file and were provided for random on

site review. Several training records of staff demonstrated training received along with a signed acknowledgement form by staff of receiving training information to include; 1. The Prison Rape Elimination Act; 3. NMCD's Policy on Zero Tolerance and how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 4. Inmates Rights to be free from Sexual Abuse and Sexual harassment; 5. The Dynamics of Sexual Abuse in Prison; 6. How to detect and respond to signs of threatened and actual sexual abuse; 7. The five phases of sexual assault; 8. Sexual abuse prevention strategies; 9. Reporting incidents of sexual abuse; 10. The right of employees and inmates to be free from retaliation for reporting sexual abuse; 11. Investigations of incidents of sexual abuse; 12. Common reactions of sexual abuse and sexual harassment victims; 13. How to avoid inappropriate relationships with inmates; 14. Preservation of evidence in sexual abuse investigations; and 15. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and 16. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor finds the agency/facility in compliance with PREA Provision 115.32 (c) based upon documentation provided and interviews conducted.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received such education? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates, including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates, including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates, including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates, including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates, including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.5), 09/13/18
 - b. New Mexico Corrections Department policy CD-041000 Inmate Orientation (p. 3) 6/30/17
 - c. PREA Inmate Handbook (English)

- d. PREA Inmate Handbook (Spanish)
 - e. Example of form signed by inmates when they review the PREA DVD and are given a PREA Handbook
 - f. PREA Resource Guide for Inmates
 - g. PREA Sign Sample (English)
 - h. PREA Sign Sample (Spanish)
 - i. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/18/18
 - j. Flyer for Language Line Solutions
2. Interviews:
 - a. Intake Staff
 - b. Random Sample of Inmates
 3. Onsite Review Observations
 - a. Intake process and inmate records for randomly selected inmates
 - b. PREA Information posted throughout facility
 - c. PREA Resource Guide and brochures in the library

Findings:

115.33 (a):

The provision requires offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process.

New Mexico Corrections Department policy CD-041000 Inmate Orientation requires that during orientation all inmates shall be provided information about sexual abuse or assault including: Prevention and intervention, self-protection, reporting sexual abuse or assault, and treatment and counseling. Upon entry into CNMCF, the inmates receive a facility handbook which contains PREA related information and is available in both English and Spanish. All inmates sign Form CD-041001.1 demonstrating and acknowledging they have received and understand policy and procedures as it relates to PREA. The inmates are also shown the PREA Offender Orientation videos during the intake process. These videos are available in a Spanish and English version.

The facility reported on the PAQ that 6007 inmates were admitted to CNMCF during the last 12 months and each of them received information at the time of intake in regard to the zero-tolerance policy and how to report incidents of sexual abuse or harassment. A review of random inmate's orientation paperwork (Form CD-041001.1) confirmed that they signed Orientation paperwork on the date they arrived at the facility.

A random sample of inmates were interviewed. They all reported going through orientation and were told how to report PREA related incidents. All inmates interviewed were knowledgeable regarding reporting methods and the agency's zero-tolerance toward sexual abuse, sexual harassment and retaliation for reporting sexual abuse or sexual harassment. The auditor while onsite observed the intake process and the inmate education that took place on the day of arrival to the CNMCF. The inmate was given the handbook which contained PREA related information and was offered in both English and Spanish. Information about sexual abuse or assault including: Prevention and intervention, self-protection, reporting sexual abuse or assault, and treatment and counseling. The inmate signed Form CD-041001.1 demonstrating and acknowledging they have received and understand the policy and procedures as it relates to PREA. The inmate was also shown the PREA Offender Orientation videos during the intake process. These videos are available in a Spanish and English version.

The auditor finds the facility in compliance with the provision 115.33 (a) based on documentation provided and interviews conducted.

115.33 (b):

The PAQ reported that of the offenders whose length of stay was for 30 days or more in the

past 12 months, 2853 received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policy and procedures for responding to such incidents within 30 days of their intake at the facility. Offenders receive PREA Education from their Case worker within 72 hours of arrival at the facility. The education includes the agencies zero tolerance policy, self-protection, prevention/intervention, reporting procedures, treatment and counseling, and protection against retaliation. An interview with the CNMCF PREA Compliance Manager confirmed that inmates are educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. The auditor observed the inmate PREA handbook, PREA resource guide and signs and posters throughout the facility all of which are available in both English and Spanish.

A random sample of inmates were interviewed at CNMCF. All of the inmates interviewed stated they remembered having orientation and being given documents regarding PREA. The auditor did observe sample documentation demonstrating inmates have reviewed the PREA video, understand their rights and were given a PREA handbook. Inmates recalled being given information on PREA and could even produce the handbook. The majority of inmates at CNMCF were new arrivals and had only been at the facility within the 30 day window. CNMCF is Reception and Diagnostic Center, and most are moved to other facilities within the 30 days

The auditor finds the facility in compliance with PREA provision 115.33(b) based upon documentation reviewed and interviews conducted.

115.33 (c):

The PAQ indicated that all inmates had been educated on PREA. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA requires that all inmates will be educated regarding their rights to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents upon transferring to another facility.

Random inmate interviews demonstrated inmate education upon transfer to other facilities for reporting procedures, rights to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Inmates in the level I unit and level II unit confirmed such inmate education being repeated upon arrival to CNMCF. The inmates at the main unit typically were first time offenders and had not been transported to other facilities at this time in their incarceration.

The auditor finds the facility in compliance with PREA provision 115.33(c) based upon documentation reviewed.

115.33 (d):

The provision requires the facility to provide offenders education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to offenders who have limited reading skills.

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA requires all facilities shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Offender education is provided in English or Spanish versions. CNMCF utilize staff interpreters and for non-English and non-Spanish speaking offenders, the facility has a contract with Corporate translation services (Language Line Solutions). The auditor did observe a copy of the Language Line Solutions flyer in several locations/staff offices throughout the facility. CNMCF also utilizes a TTY phone (located Lieutenant's Office in the Administration Building) for those inmates that are hearing impaired.

Disabled offenders were interviewed (LEP- Limited English Proficient) utilizing Language Line Solutions translation services. They stated they had been provided information about sexual abuse and sexual harassment that they were able to understand. All stated the PREA signs painted on the walls throughout the facility in Spanish provide them with the information to report if needed. Staff interviews demonstrated knowledge of the violation of using inmates of interpreters for reporting sexual abuse and sexual harassment. Intake staff confirmed knowledge of the language line and specifically gave a detailed response on how to use the line if needed to the auditor.

The auditor finds the facility in compliance with PREA provision 115.33(d) based on documentation received and interviews conducted.

115.33 (e):

The New Mexico Corrections Department policy CD-041000 Inmate Orientation along with the interview with the CNMCF PCM, all offenders are required to sign the Orientation Verification form acknowledging receipt of the orientation/education materials. A copy of the signed orientation verification form will be maintained in the inmates' file. The auditor reviewed a sample of the documentation of inmate participation and acknowledgment forms. During interviews with random inmates, they all reported that they signed the Orientation Verification form.

The auditor observed during the onsite review an inmate orientation and education for a new arrival to CNMCF. Information was given to the inmate signed Form CD-041001.1 demonstrating and acknowledging they have received and understand the policy and procedures as it relates to PREA.

The auditor finds the facility in compliance with PREA provision 115.33 (e) based on documentation received and interviews conducted.

115.33 (f):

The agency requires that key information is continuously and readily available or visible to offenders through brochures, posters, policies, offender handbook and the offender PREA resource guide. During the onsite visit, the auditor observed postings in the housing units and at various other areas throughout the facility in English and Spanish informing offenders and staff of the zero-tolerance policy regarding sexual abuse and sexual harassment of offenders. The postings also stated how to report such violations. There were postings identifying the location of the national and state addresses and telephone numbers and local rape crisis center contact information. The auditor also observed PREA resource guides available for the inmates in the general library.

The auditor finds the facility in compliance with PREA provision 115.33 (f) based on documentation received and interviews conducted.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- 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 have received 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 No NA

115.34 (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 No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.9), 09/13/18
 - b. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18
 - c. Powerpoint slide for Investigating Sexual Assaults in a Correctional Setting
 - d. The lesson plan for Investigating Sexual Assaults in a Correctional Setting.
 - e. Agency OPS investigators training certificates for Investigation of Sexual Assault in a Correctional Setting
 - f. Facility OPS investigators training certificates for Investigation of Sexual Assault in a Correctional Setting
 - g. Letter from New Mexico State Police dated 2/27/17
 - h. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/16/18
2. Interviews:
 - a. Investigative Staff

Findings:

115.34(a):

NMCD Policy 150100, page 8 states (DD.BB) Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA. The agency will maintain documentation that these specialized staff members have been trained. On site interview with investigative staff verifies investigative staff receives specialized training specific to investigating PREA related incidents and the training by the agency PREA coordinator. All investigators are required to attend 40 hour OPS Training which includes a four hour block of PREA related training. Investigators must complete the course prior to being certified as an investigator.

The training entailed how to identify sexual assault, investigative process, evidence collection and Miranda and Garrity warnings. The auditor did verify the investigator did complete the training by observing training records. The investigator also stated that he took the Office of Professional Standards (OPS) course for administrative investigations.

Investigative staff interviews were conducted by the auditor confirming training was taken and understood.

The auditor finds the facility in compliance with PREA provision 115.34 (a) based on documentation received and interviews conducted.

115.34(b):

A memorandum dated February 27, 2017, authored by, New Mexico State Police, Training and Recruiting, was provided to the auditor. This memorandum addresses NM State Police Officer Sexual Assault Training. It states all New Mexico State Police are required to attend and graduate a police academy in which they learn how to enforce laws and conduct criminal investigations. A variety of topics are taught in the academy to include, but not limited to, Sexual Assault Investigation, Crime Scene Processing/Evidence Preservation, Interview and Interrogation and Internal Affairs. Some of the topics covered in these classes include: 1) legal issues; 2) cultural competency; 3) trauma and victim response; 4) medical and mental health care issues of sexual assault victims; 5) first responder responsibilities, evidence collection/processing, and preservation; 6) interviews of victims and interviewing suspects; 7) ensuring proper documentation in the report; 8) working with the District Attorney and Victim Advocates; 9) Miranda rights; and 10) application of Garrity Rights.

The auditor finds the facility in compliance with PREA provision 115.34 (b) based on documentation received and interviews conducted.

115.34(c):

During the on site review, the auditor was provided training certificates acknowledging and demonstrating the agency does maintain documentation proving that agency investigators have completed the required specialized training for conducting sexual abuse investigations.

The auditor finds the facility in compliance with PREA provision 115.34 (c) based on documentation received and interviews conducted.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

115.35 (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.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.9), 09/13/18
 - b. Training for medical and mental health to include: lesson plan, test, answer key, powerpoint, handouts
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager regarding forensic examinations dated 12/16/18
 - d. Inservice training records for medical staff
 - e. Training agenda for Central New Mexico Correctional Facility 2017-2018
 - f. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/16/18
2. Interviews:
 - a. Medical and Mental Health Staff
3. Onsite Review Observations
 - a. Reviewed training records for medical and mental health staff

Findings:

115.35(a):

The PAQ states 36 medical and mental health staff who worked regularly at the facility, received specialized medical and mental health training in regard to PREA with all 36 of these staff receiving the required training. In addition, NMCD Policy 150100, page 8 states (DD.BB) Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA and the agency will maintain documentation that these specialized staff members have been trained. A review of the PowerPoint and lesson plan provided to the auditor for the specialized medical and mental health training included all requirements of this provision. Both mental health clinicians and medical healthcare personnel were interviewed during the on site visit and all recall the training they received when first hired and verified they attend annually as well. The medical/mental health training includes a test at the end that each must have a passing score before they are given a certificate for

receiving the specialized training. Once the employee has completed the test the test is sent to the PREA Coordinator's Office for grading. If they do not receive a passing score they must retake the training. Medical healthcare professionals interviewed all stated they were not SAFE/SANE certified and do not conduct forensic exams at CNMCF.

The auditor finds the facility in compliance with PREA provision 115.35 (a) based on documentation provided and staff interviews.

115.35(b):

A memorandum dated December 16, 2018 authored by CNMCF PREA compliance manager, was provided to the auditor. This memorandum addresses that medical staff employed by NMCD and those contracted by NMCD and Central New Mexico Correctional Facility do not conduct forensic examinations. Interview conducted with medical professionals indicated that any inmate requiring a forensic examination would be provided outside medical treatment at medical facility with a sexual assault nurse examiner (SANE).

The auditor finds the facility in compliance with PREA provision 115.35 (b) based on documentation provided and interviews conducted

115.35(c):

Documentation of completed specialized training that medical and mental health staff completed was received. 17 Training acknowledgement forms were reviewed demonstrating medical/mental health staff completed their required training.

The auditor finds the facility in compliance with PREA provision 115.35 (c) based on documentation provided.

115.35(d):

Medical and Mental Health staff working at CNMCF are required to attend the regularly scheduled in service training. During the on site review, copies of the in-service annual training schedule was provided to the auditor which demonstrates PREA is taught to all staff, to include medical/mental health. In addition, the auditor did review training acknowledgement forms demonstrating medical/mental health staff received and understand the PREA training offered.

The auditor finds the facility in compliance with PREA provision 115.35 (c) based on documentation provided.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- 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 No

- 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 No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- 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 No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.6), 09/13/18
 - b. Screenshot of the Criminal Management Information System
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Staff responsible for risk screening
 - b. Random sample of inmates
 - c. PREA Coordinator
 - d. PREA Compliance Manager
3. Onsite Review Observations
 - a. Sample of inmate records including their PREA assessments
 - b. Toured area where screening is completed
 - c. Watched intake process and screening interviews

Findings:

115.41(a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25 days after the inmate's arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The screening instrument that is used is called Sexual Risk Indicator Screening (SRNS).

Staff who perform the screening at the main facility stated that they screen all inmates upon admission. Staff at level I and level II stated that if they come from the main part of CNMCF the initial screening is done there but they would handle the 30 day follow up or if transferred from another facility they would complete the initial screening as well. The facilities are required to have the compliance/contract monitors perform a monthly audit on all screenings. CNMCF has always had a very high percentage rate of completion. To maintain the high percentage is exceptional.

Random inmates at all three levels indicated they were screened upon intake to CNMCF.

The auditor finds the facility in compliance with PREA provision 115.41 (a) based on documentation provided and interviews conducted.

115.41(b):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that the screening will take place within 48 hours of arrival.

On the pre-audit questionnaire Central New Mexico Correctional Facility reported that 6007 inmates entered the facility within the past 12 months, whose length of stay was 72 hours or more, and that

6004 were screened within 72 hours of entry into the facility. This means that 3 were missed which is 0.05%.

While on-site random inmate files were selected for review (the auditor selected these by randomly choosing one to two names per page of the inmate roster) which included their screenings for risk of victimization and abusiveness. Twenty Two files were selected and reviewed and 15 of those selected had entered the facility within the past 12 months. Of those 15 all had assessments completed using the SRNS instrument within 72 hours.

Screening staff reported that they screen all inmates within 72 hours upon arrival. During random inmate interviews they stated they were asked these questions either on the day of arrival or the next day.

The auditor finds the facility in compliance with PREA provision 115.41 (b) based on documentation provided and interviews conducted.

115.41(c/d):

The New Mexico Corrections Department uses an objective screening instrument they call the Sexual Risk Indicator Screening (SRNS). The screening instrument considers: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

Staff responsible for risk screening stated that the screening considers prior victimization, prior perpetration, gender identity, sexual orientation, safety, size and physical build. They stated the process involves a face to face meeting with the inmate and asking designated questions and verifying information that is available.

The auditor finds the facility in compliance with PREA provisions 115.41 (c/d) based on documentation provided and interviews conducted.

115.41(e):

Screening staff interviewed stated that they would view available records to try and identify any prior acts of sexual abuse, prior convictions of violent offenses, and their history of prior institutional violence or sexual abuse. Review of the screening instrument verified these are factors considered.

The auditor finds the facility in compliance with PREA provision 115.41 (e) based on documentation provided and interviews conducted.

115.41(f):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: that all inmates will be reassessed 25 days after their arrival.

On the pre-audit questionnaire it was reported that no inmates had any additional, relevant information received since intake.

Of the 22 randomly selected inmate files to review, 15 were admitted within the past 12 months and 14 of those had been there for at least 30 days. Of those 14 all had a SRNS screening done within 30 days.

Screening staff reported that inmates are assessed again within 30 days after arrival however the majority are transferred to other facilities within the 30 days.

The auditor finds the facility in compliance with PREA provision 115.41 (f) based on documentation provided and interviews conducted.

115.41(g):New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: Inmates will be 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. In the event of an incident, both the inmate perpetrator and/or inmate victim will be re-screened.

Screening staff stated that they do reassess an inmate's risk level as needed due to referral, request, incident of sexual abuse, or receipt of additional information. In random inmate interviews most stated they had been asked those questions again after they had been there 30 days but most did not get asked again as they had no incidents or issues while there.

The auditor finds the facility in compliance with PREA provision 115.41 (g) based on documentation provided and interviews conducted.

115.41(h):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: Inmates shall not be disciplined for refusing to participate in the screening process.

Screening staff stated that inmates would not be disciplined in any way for refusing to respond to or for not disclosing complete information related to any of the screening questions.

The auditor finds the facility in compliance with PREA provision 115.41 (h) based on documentation provided and interviews conducted.

115.41(i):

In his memo, the PREA Compliance Manager stated that upon logging into CMIS, staff are advised they are accessing a confidential information database, and that information in the database is for official use only, restricted to staff with a need to know, and may not be disclosed. By clicking 'Application Logon' are, staff are acknowledging the confidential nature of the information and accept full responsibility for the proper use of the information. A screenshot of this system was provided verifying the login screen does show this. Not all staff have access to this information. Access is granted through an approval process with the PREA Coordinator, usually caseworkers, and unit managers. PREA staff are the only ones with access to the screenings.

The intake process was observed during the time the auditors were present on-site at Central New Mexico Correctional Facility including watching staff complete PREA Screening with inmates. Appropriate questions were asked in a private office by the staff member. During the tour, the intake area was visited and staff who perform the screening were interviewed.

In their interviews the screening staff reported that the agency has outlined who has access to the inmate's risk assessments and that only certain people have access based on a need to know basis. The PREA Compliance manager stated that only classification staff, the PREA Compliance Managers, PREA Coordinator, unit managers and offender management office have access.

The auditor finds the facility in compliance with PREA provision 115.41 (i) based on documentation provided and interviews conducted.

Standard 115.42: Use of screening information

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

115.42 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

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

115.42 (c)

- 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 No
- 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 No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.6-7), 09/13/18
 - b. New Mexico Corrections Department policy CD-080100 Institutional Classification, Inmate Risk Assessment and Central Office Classification 11/23/16
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. PREA Compliance Manager
 - b. Staff Responsible for Risk Screening
 - c. Transgender/Intersex Inmates
 - d. Gay Inmates
3. Onsite Review Observations
 - a. Toured all housing units and viewed shower areas
 - b. Reviewed placement of inmates identified at LGBTQI

Findings:

115.42(a/b):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that housing and program assignments will be made accordingly with the screening.

The New Mexico Corrections Department Policy CD-080100, Institutional Classification, Inmate Risk Assessment and Central Office Classification also outlines which screenings inmates will go through, how information received is documented, and which staff member is responsible for each portion of the process. The classification officer completes the PREA risk screening form.

On the pre-audit questionnaire the facility reported that they do make individualized determinations on how to ensure the safety of each inmate.

The PREA Compliance manager stated the scores are considered in deciding housing, mental health services, programming and letting staff know who may be at a higher risk and who they should do more frequent checks with. Staff who perform the risk screening stated that the assessments are used for housing and program determinations by identifying those at high risk of being victimized and keeping them separate from those with high risk of abusiveness.

Placement decisions were reviewed by the auditor onsite and it was verified that the screening assessments are used for housing, programs and job assignment.

The auditor finds the facility in compliance with PREA provisions 115.42 (a/b) based on documentation provided and interviews conducted

115.42(c):

On the pre-audit questionnaire the agency/facility reported that they make housing and program assignments for transgender or intersex inmates on a case by case basis. During the on-site portion of the audit there was 1 transgender inmate at CNMCF. When interviewed she stated that staff did ask her questions about her safety during orientation at CNMCF. She stated she had not been placed in housing for only transgender inmates and had not been strip-searched for the sole purpose of determining her genital status. She also stated she is allowed to shower during count time to ensure no other inmates are there.

The PREA Compliance Manager stated that placement and programming assignments are reassessed every 6 months for transgender and intersex inmates.

The auditor finds the facility in compliance with PREA provision 115.42 (c) based on documentation provided.

115.42(d):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: Transgender and Intersex inmates shall be screened every six months.

The PREA Compliance Manager stated that transgender and intersex inmates own views with respect to their safety are given serious consideration.

Screening staff stated that transgender and intersex inmates have their placement and programming assignments reassessed every 6 months.

The auditor finds the facility in compliance with PREA provision 115.42 (d) based on documentation provided.

115.42(e):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager stated that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Staff responsible for risk screening stated that transgender and intersex inmates views are given serious consideration in placement and programming assignments.

The auditor finds the facility in compliance with PREA provision 115.42 (e) based on documentation provided.

115.42(f):

In the memo from the PREA Compliance Manager he reports that the shower configuration of CNMCF provides for separate showers without any other accommodation, as all are single showers. If a transgender or intersex inmate were to be housed at the CNMCF facility, the inmate would be permitted to shower during count time. The privacy barriers in the shower areas would prevent opposite gender viewing of a transgender female inmate. There is 1 transgender inmate at Central New Mexico Correctional Facility at this time and she stated that she is allowed to shower during count time separate from other inmates.

During the tour the auditors did view all shower areas and confirmed they are separate stalls.

The auditor finds the facility in compliance with PREA provision 115.42 (f) based on documentation provided.

115.42(g):

In the memo from the PREA Compliance Manager he reports that Central New Mexico Correctional Facility is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. He stated that placement and programming for each transgender or intersex inmate is done on a case by case basis to ensure their safety and considers whether the placement would present management or security problems.

The PREA Coordinator stated that there is a Gender Classification Committee which includes the Director of Adult Prisons, Medical Administrator, Mental Health Administrator and the PREA Coordinator.

During the tour it was verified that no units were housed based on sexual orientation or gender identity. Housing placement for those who identify as lesbian, gay or bisexual were reviewed onsite and verified that they were placed in multiple units throughout the facility.

The auditor finds the facility in compliance with PREA provision 115.42 (g) based on documentation provided.

Standard 115.43: Protective Custody

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

115.43 (a)

- 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 No
- 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? Yes No

115.43 (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 No
- 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 No
- 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 No
- 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 No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p. 6), 09/13/18
 - b. New Mexico Corrections Department policy CD-141500 (pp. 1-4) Restrictive Housing 12/29/16
 - c. New Mexico Corrections Department policy CD-141100 (p.1) Protective Custody Policy
 - d. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Warden
 - b. Staff who supervise inmates in Segregated Housing
 - c. Inmates in Segregated Housing (none at CNMCF)
3. Onsite Review Observations
 - a. Toured all living units

Findings:

115.43(a):

The language in NMCD policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA meets the provision. Policy 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.

The Warden stated that agency policy prohibits placing inmates at high risk for sexual victimization or those who have alleged sexual abuse in involuntary segregation unless an assessment has determined there are no available alternative means of separation from potential abusers. He stated that they would only be placed in segregation pending transfer to another facility for their safety and that move would ordinarily occur within 72 hours. The Warden stated that there were no recent circumstances where this was necessary.

Housing assignments for those at high risk were reviewed on site and all appeared appropriate.

The auditor finds the facility in compliance with PREA provision 115.43 (a) based on documentation and interview conducted.

115.43(b):

Staff who supervise segregated housing were interviewed and stated that they do not punish the victim. They stated that if the victim wanted into protective custody they would still get their visits and phone calls. They stated the victim would still get the same privileges as if they were in another unit and if they needed to be restricted a committee would meet and would document their reasons why. They stated inmates are only placed in involuntary segregated housing until an alternative means of separation from the likely abuser can be arranged. They stated that the length of time in segregation varies, it can be just a few days to 30 days depending on the issue. They stated that the initial placement committee would meet within 5 days then they would be reviewed every week.

Inmates in segregated housing were interviewed and they all stated they were not there for PREA related reasons.

The auditor finds that the facility is in compliance with PREA provision 115.43 (b) based on documentation provided and staff interviews.

115.43(c):

The Warden stated that agency policy prohibits placing inmates at high risk for sexual victimization or those who have alleged sexual abuse in involuntary segregation unless an assessment has determined there are no available alternative means of separation from potential abusers. He stated that they would only be placed in segregation pending transfer to another facility for their safety and that move would ordinarily occur within 72 hours. The Warden stated that there were no recent circumstances where this was necessary.

Staff who supervise segregated housing were interviewed and stated that they do not punish the victim. They stated that if the victim wanted into protective custody they would still get their visits and phone calls. They stated the victim would still get the same privileges as if they were in another unit and if they needed to be restricted a committee would meet and would document their reasons why. They stated inmates are only placed in involuntary segregated housing until an alternative means of separation from the likely abuser can be arranged. They stated that the length of time in segregation varies, it can be just a few days to 30 days depending on the issue. They stated that the initial placement committee would meet within 5 days then they would be reviewed every week.

In a review of a random sample of housing records, it was noted that no inmate has been placed in involuntary segregation or transferred due to a high risk for sexual victimization during this review period.

The auditor finds that the facility is in compliance with PREA provision 115.43 (c) based on documentation provided and staff interviews.

115.43(d):

No inmates had been held in involuntary segregation at CNMCF in the past 12 months so there were no files to review for this section. Interviews with the PREA Compliance Manager and staff in segregated housing showed they were aware of what to document if this were to happen in the future.

The auditor finds the facility in compliance with PREA provision 115.43 (d) based on documentation provided and interviews conducted.

115.43(e):

Per the PAQ and Interview with the Warden, there were no inmates retained in involuntarily restricted housing for more than 30 days during this review period.

Staff who supervise segregated housing were interviewed and stated that they do not punish the victim. They stated that if the victim wanted into protective custody they would still get their visits and phone calls. They stated the victim would still get the same privileges as if they were in another unit and if they needed to be restricted a committee would meet and would document their reasons why. They stated inmates are only placed in involuntary segregated housing until an alternative means of separation from the likely abuser can be arranged. They stated that the length of time in segregation varies, it can be just a few days to 30 days depending on the issue. They stated that the initial placement committee would meet within 5 days then they would be reviewed every week.

The auditor finds the facility in compliance with PREA provision 115.43 (e) based on documentation provided and interviews conducted.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

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

- 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? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.2), 09/13/18
 - b. Inmate PREA Handbook (English and Spanish)
 - c. PREA Resource Guide
 - d. Memorandum of Understanding with the Colorado Department of Corrections for third party reporting
 - e. PREA staff training powerpoint
 - f. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Random sample of Staff
 - b. Random sample of Inmates
 - c. PREA Compliance Manager
3. Onsite Review Observations
 - a. Audit tour including observing postings and paintings on information regarding reporting
 - b. PREA resource information available in the libraries at all 3 levels of the facility

Findings:

115.51(a):

The New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: Inmate(s) who are a witness to or the victim of abuse or sexual misconduct, humiliation, personal injury, disease, property damage, harassment or punitive interference with the daily functions are encouraged to immediately report the incident by:

Reporting the incident to any staff member or employee, correctional officer, contract staff or volunteer.

Filing a grievance.

Placing a note or memo in any drop box located throughout the facility for classification, medical or mental health staff and/or even mailboxes (please be as specific as possible when submitting information in writing).

Providing the information either verbally or in writing by any means and to any person with whom the inmate is comfortable making the report.

Sending the information directly to the Secretary, the Office of Professional Standards, Wardens, Shift Commanders, or District Supervisors and /or Region Managers in the case of probation and parole.

The Inmate PREA Handbook was reviewed and it lists multiple ways for an inmate to make a report including:

advising any staff member, contractor or volunteer (verbally or in writing);

advise medical or behavioral health staff;

writing an Inmate Request to any staff member;

filing a grievance;

writing to the Statewide PREA Coordinator or any staff member at the Agency Level to include the Secretary of Corrections, the Office of Professional Standards, Office of the Director or any other staff member with whom the inmate feels comfortable;

advise a third party (family, friend, attorney) and ask them to report. They may report directly to the facility where the inmate is housed by sending electronic mail;

call the statewide PREA reporting line at (575) 523-3303 or

writing the third party reporting agency.

The handbook is available in both English and Spanish and is given out to inmates at intake to Central New Mexico Correctional Facility. The PREA Resource guide was also reviewed which includes multiple reporting options including the names and addresses of national rape crisis centers. The resource guide was located in the library at all 3 facilities.

During the facility tour there were paintings of reporting information and advocacy contact information present throughout all housing units and all areas where inmates may be throughout all 3 facilities.

During random inmate interviews, they all were aware of multiple reporting options and many referenced the paintings and posters. At the level 1 facility most random inmates stated they would call the number that they've seen painted, some stated they would tell their case worker or other staff or write someone such as the warden. At level 2, again most stated they would call the number and some stated they would tell staff. At the main facility most random inmates stated they would tell staff, such as mental health or staff they trusted or call the hotline.

The auditor finds the agency/facility in compliance with PREA Provision 115.51(a) based upon documentation provided and interviews conducted.

115.51(b):

The New Mexico Corrections Department has a memorandum of understanding in place with the Colorado Department of Corrections to accept sexual abuse and sexual harassment allegations. The agreement allows for the Colorado Department of Corrections to receive the letters then forward them to the PREA Coordinator with the New Mexico Corrections Department. The information on contacting

this third party is available in the inmate handbook. The PREA Coordinator stated that the New Mexico Corrections Department does not detain anyone solely for civil immigration purposes.

During interviews of random inmates most stated they were aware you can remain anonymous but most were unsure of how to do this or that they had the option of writing an outside agency. Since all inmates are issued a handbook the information is available to those who look for it, but it is suggested that this option be more publicized so that more inmates are aware of it. It also states that the NMCD inmates may remain anonymous. The PREA office at the Colorado Department of Corrections was contacted and stated they do receive letters from inmates in New Mexico but have not received any from Central New Mexico Correctional Facility inmates in the past year.

The PREA Compliance Manager stated that there are multiple ways for inmates to report including; calling the hotline that goes to the agency PREA Coordinator, third party reporting, telling any staff member including volunteers, filing a grievance, writing a kite or letter or calling the advocacy hotline(which he stated is not meant for reporting but they will take reports upon request of the caller).

The auditor finds the agency/facility in compliance with PREA Provision 115.51(b) based upon documentation provided and interviews conducted.

115.51(c):

Central New Mexico Correctional Facility reported on their pre-audit questionnaire that staff are to accept all reports and are to promptly document them. During random staff interviews they were all aware that they are to accept reports made verbally, in writing, anonymously and from third parties. They were also aware they had to document these reports, most said either immediately or as soon as possible. Random inmates interviewed knew they were able to make a report without giving their name.

The auditor finds the agency/facility in compliance with PREA Provision 115.51(c) based upon documentation provided and interviews conducted.

115.51(d):

Central New Mexico Correctional Facility reported on their pre-audit questionnaire that staff can privately report sexual abuse and sexual harassment of inmates via phone or third party in writing. The PREA training for staff was reviewed and it covers this reporting option.

During random staff interviews they all were comfortable reporting to their chain of command or calling the PREA number and were aware they could report directly to the warden or outside the facility if they needed to.

The auditor finds the agency/facility in compliance with PREA Provision 115.51(d) based upon documentation provided and interviews conducted.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- 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 No NA

115.52 (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.) Yes No 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.) Yes No NA

115.52 (c)

- 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.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- 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.) Yes No 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.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No 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.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- 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.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. The New Mexico Corrections Department policy CD-150500 Inmate Grievances (English and Spanish) (pp.3, 5) 06/14/18
 - b. The New Mexico Corrections Department policy CD-150501 Inmate Grievances (English and Spanish) (pp. 1-4) 06/14/18
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - d. Sample grievance
2. Interviews:
 - a. Grievance officer

Findings:

115.52(a):

The agency is not exempt from this standard. New Mexico Corrections Department policy CD-150500 Inmate Grievances addresses inmate PREA grievances and is available in English and Spanish.

115.52(b):

New Mexico Corrections Department policy CD-150500, Inmate Grievances, states: It is the policy of the Department to resolve grievances at the lowest possible level. Informal resolution is used and required in the grievance process. The exception is any PREA grievances. These will not be subject to this standard and must be treated as emergency formal grievances. In regards to timeframes, policy CD-150501 states: There is no time limits imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse. An inmate who files a grievance relating to sexual abuse shall not be required to use any informal process or otherwise be required to attempt to resolve this matter with staff. Any grievance relating to PREA is immediately referred for investigation. The inmate will receive the returned grievance stating "referred for investigation" No PREA related grievance is handled through the grievance process. This removes all time limits required in the grievance process and ensures that a trained investigator investigates the allegation.

A grievance officer was interviewed and was able to answer all questions the auditor had regarding the grievance process at CNMCF and provided information that corresponds with NMCD policies on grievances.

The auditor finds the agency/facility in compliance with PREA Provision 115.52(b) based upon documentation provided and interviews conducted.

115.52(c):

To ensure an inmate can submit a grievance without having to submit it to the staff member who is a subject of the complaint, New Mexico Corrections Department policy CD-150500, Inmate Grievances states: No inmate or employee who is named in the grievance shall participate in any capacity in the investigation or resolution of the grievance, except as may be required and only to the extent required as the grievant, the subject of a grievance or a witness. Neither the institutional Grievance Officer nor Administrator shall act in such a capacity when they are the subject of a grievance or a witness to an incident resulting in a grievance. CD-150501 also states: Inmates filing grievances alleging staff sexual misconduct will have the ability to complain confidentially by filing an Inmate Grievance form (CD-150501.1). Inmates may use a general mailbox, grievance mailboxes, or submit to staff members. Such grievances will be considered an "Emergency"; therefore, inmates shall expect to be contacted expediently. Inmates filing grievances for alleged staff sexual misconduct shall not be subject to retaliation, reprisal or discipline for the legitimate use of filing.

The auditor finds the agency/facility in compliance with PREA Provision 115.52(c) based upon documentation provided and interviews conducted.

115.52(d):

In regards to timeframes, this policy states: Grievances shall be processed in a timely manner. No more than 90 working days will pass from the filing of a grievance by an inmate to the appeal decision. The exception to this is a PREA grievance. A PREA grievance must be completed within ninety (90) days of submission. An extension of time may be requested to respond, of up to seventy (70) days, with documentation showing the need if the normal period for response is insufficient to make an appropriate decision. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal.

According to the pre-audit questionnaire, Central New Mexico Correctional Facility has received 0 grievances that alleged sexual abuse. A grievance was provided that alleged possible PREA but it was reviewed by the PREA Compliance Manager who determined it could not be classified as PREA due to it not meeting the standards definition of sexual abuse. The auditor reviewed the documentation as well and concurs with this decision.

As there were no PREA related grievances filed at CNMCF in the past 12 months there were none to review.

There were no inmates who reported sexual abuse at Central New Mexico Correctional Facility so an interview was unable to be conducted.

The auditor finds the agency/facility in compliance with PREA Provision 115.52(d) based upon documentation provided and interviews conducted.

115.52(e):

New Mexico Corrections Department policy CD-150500, Inmate Grievances states: Department personnel sexual misconduct. This also includes any Prison Rape and Elimination Act, (PREA). Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse or sexual harassment, and shall also be permitted to file such requests on behalf of the 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. PREA Grievances may be filed on behalf of a third party in regards to an alleged victim. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

As there were no PREA related grievances filed at CNMCF in the past 12 months there were none to review.

The auditor finds the agency/facility in compliance with PREA Provision 115.52(e) based upon documentation provided and interviews conducted.

115.52(f):

For emergency grievances, policy CD-150500 states: After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges their substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response with 48 hours, and shall issue a final agency decision with 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the actions taken in response to the emergency grievance.

As there were no PREA related grievances filed at CNMCF in the past 12 months there were none to review.

The auditor finds the agency/facility in compliance with PREA Provision 115.51(f) based upon documentation provided and interviews conducted.

115.52(g):

For discipline, policy CD-150501 states : Inmates filing a false complaint will be subject to disciplinary action consistent with current disciplinary policy provisions. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The auditor finds the agency/facility in compliance with PREA Provision 115.52(g) based upon documentation provided and interviews conducted.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

115.53 (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 No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. Inmate PREA Handbook (English and Spanish)
 - b. PREA Resource Guide
 - c. PREA pocket card with contact information for sexual assault recovery services
 - d. Sign/painting samples (English and Spanish)
 - e. Memorandum of Understanding with the New Mexico Coalition of Sexual Assault Programs, Inc.
 - f. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Random sample of inmates
 - b. Security Threat Intelligence Unit (STIU) staff
 - c. Hotline advocate
3. Onsite Review Observations
 - a. Viewed numerous postings/paintings with contact information for emotional support services

Findings:

115.53(a):

The New Mexico Corrections Department has established a hotline phone number of *9999 that is available to call from all inmates telephones. The call is not recorded or monitored by the facility and is free of charge. The hotline is answered by a rape crisis center outside of the corrections department. Postings/paintings throughout the facility have this number on it and state that it is for unrecorded, unmonitored and free of charge advocacy. The postings were highly visible throughout the 3 facilities and were visible from the area where phones were located within the housing units. The facility also has a PREA Resource guide and Inmate PREA Handbook which include contact information for outside advocacy services including *9999. There is also a business card that is given during intake that has the *9999 number on it and the address to La Pinon Sexual Assault Recovery Services.

Most random inmates interviewed were aware of the *9999 line. A phone interview was done with the primary confidential advocate who answers the phone line. She confirmed that it is confidential and she receives calls from all prisons around the state.

As there were no inmates who reported sexual abuse at CNMCF in the past year, no interview was able to be done.

The auditor finds the agency/facility in compliance with PREA Provision 115.53(a) based upon documentation provided and interviews conducted.

115.53(b):

All postings state that the calls to *9999 for advocacy are unrecorded and unmonitored. Interviews with STIU staff (who is responsible for monitoring phone calls) confirmed that these calls are not recorded or monitored. The inmate handbook states 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. These calls and all advocacy calls will be free of charge. Advocacy may be used for previous incidents of sexual assault or abuse even when not related to your incarceration with NMCD.

The auditor finds the agency/facility in compliance with PREA Provision 115.53(b) based upon documentation provided and interviews conducted.

115.53(c):

The memorandum of understanding with Valencia Shelter Services was reviewed and it states they offer access to an advocate via phone, mail, or email and will provide in- person advocacy when resources and staff availability permit.

The auditor finds the agency/facility in compliance with PREA Provision 115.53(c) based upon documentation provided and interviews conducted.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

- a. NMCD public website
 - b. Inmate PREA Handbook
 - c. PREA Handout for family and friends
 - d. PREA Resource Guide
 - e. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
None applicable for this standard
 3. Onsite Review Observations
 - a. NMCD public website

Findings:

115.54(a):

The New Mexico Corrections Department public website provides friends and family with the following methods to report:

1. Mail the PREA Coordinator at 615 First Street NW, Albuquerque, New Mexico 87102.
2. Send an email to NMCD-PREAREporting@state.nm.us
3. Call the PREA Reporting line at **575.523.3303**.
4. Report the occurrence to any staff member verbally, via telephone or by mail

A test call was made to the phone number which is either answered by the PREA Coordinator or goes to her voicemail. A message was left and a return call was promptly received. The inmate handbook also advises that a third party can make a report and includes the email address. A PREA handout is also available in visiting that includes information on ways to report.

The auditor finds the agency/facility in compliance with PREA Provision 115.54 based upon documentation provided and interviews conducted.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- 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 No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (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 No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- 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 No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.5), 09/13/18
 - b. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.2), 09/13/18
 - c. The New Mexico Corrections Department policy CD-180201 Behavioral Health Reception and Diagnosis Center (RDC) (p.2) 11/30/16
 - d. NMCD staff PREA training powerpoint

- e. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
- 2. Interviews:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Medical and Mental Health Staff
 - d. Random Sample of Staff
- 3. Onsite Review Observations
 - a. Sample reports randomly selected for review

Findings:

115.61(a):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: It is mandatory that staff, vendors, contractors or any offenders who witness or are the subject of abuse or sexual misconduct, who witness retaliation against those who report such incidents, or who witness any staff neglect or violation of responsibilities that may have contributed to an incident, must immediately report such conduct to one or more of the following persons: The Secretary of Corrections, the Office of Professional Standards, the Warden, the Shift Supervisor, the Institutional Investigator, District Supervisor or any other employee of the NMCD. When staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Staff receive this information in training for corrections 101, academy training and annual in service training.

Random staff interviewed were aware they needed to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Most stated they would immediately report to their shift commander, PREA Compliance Manager and Immediate supervisor.

While on-site the incident tracking system was reviewed by the auditor.

The auditor finds the agency/facility in compliance with PREA Provision 115.61(a) based upon documentation provided and interviews conducted.

115.61(b):

The New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that all such reports shall be handled in a confidential manner. The policy is somewhat broad so I would consider on the next revision to clarify that they are only to report to another employee who has a need to know to make treatment, investigation or other security and management decisions.

Random staff interviewed knew to only report to those who need to know and not to discuss any incidents with staff who did not have a need to know.

The auditor finds the agency/facility in compliance with PREA Provision 115.61(b) based upon documentation provided and interviews conducted.

115.61(c):

The New Mexico Corrections Department Policy CD-180201 Behavioral Health Reception and Diagnosis Center (RDC) form CD-180201.1 "Rights to Confidentiality and Availability of Services" states that statements made by inmates to Behavioral Health Staff are confidential with a few exceptions, one of which is "Allegations that you have been abused by a staff member or by another inmate". These forms are completed for each inmate on the date of arrival at the reception and diagnostic units.

Medical and mental health staff interviewed stated they disclose the limits of confidentiality upon initiation of services to inmates. They also were aware that they are required to report any knowledge,

suspicion or information regarding an incident of sexual abuse or sexual harassment. None of the medical or mental health staff interviewed had become aware of such incidents at CNMCF.

The auditor finds the agency/facility in compliance with PREA Provision 115.61(c) based upon documentation provided and interviews conducted.

115.61(d):

A memo provided by the PREA Compliance Manager states that Central New Mexico Correctional Facility does not house any inmate under the age of 18. It also states that New Mexico law uses the term "incapacitated adult" to identify vulnerable adults and that they would be housed at the long term care unit at CNMCF.

In the interview with the Warden he stated that for an inmate under 18 that they would maintain sight and sound separation for adult inmates and that in the long term care unit, vulnerable adults would receive programming. All allegations would be reported to the New Mexico State Police and Adult protective Services.

The auditor finds the agency/facility in compliance with PREA Provision 115.61(d) based upon documentation provided and interviews conducted.

115.61(e):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that one of the people that the allegation can be reported to is the inspector general or institutional investigator.

The warden stated that all allegations will be reported and will be referred to the Office of Professional Standards who will then assign an investigator and send a letter to the facility to let them know if it will be an in-house investigator or if someone from their office will handle the investigation.

The auditor finds the agency/facility in compliance with PREA Provision 115.61(e) based upon documentation provided and interviews conducted.

Standard 115.62: Agency protection duties

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

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.5), 09/13/18
 - b. New Mexico Corrections Department policy CD-141100 Protective Custody Policy (p.1) 12/28/16
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Agency Head Designee
 - b. Warden
 - c. Random Sample of Staff

Findings:

115.62(a):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states when staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. New Mexico Corrections Department policy CD-141100 Protective Custody Policy states that it is the policy of New Mexico Corrections Department that inmates will not be placed in any long-term segregation housing for protective custody reasons. Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternatives have been exhausted. Protective custody issues will be thoroughly and properly investigated.

The PREA Compliance Manager reported that Central New Mexico Correctional Facility has had no cases in which it learned that an inmate was subject to substantial risk of imminent sexual abuse, therefore they had no immediate action to document.

The agency head designee stated that they would interview the inmate, see what they could do to help. They would monitor the inmate and communicate that need to staff and consider a housing change.

The warden said that they would try to identify the predator and if needed, place the victim in another unit, they would not place the victim in restrictive housing.

Random staff interviewed stated they would contact their supervisor and consider moving the potential victim out of the unit if needed to ensure their safety.

The auditor finds the agency/facility in compliance with PREA Provision 115.62 based upon documentation provided and interviews conducted.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- 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 No

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.5-6), 09/13/18
 - b. Example notification provided under this standard
 - c. PREA Warden Book
 - d. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Agency Head Designee
 - b. Warden

Findings:

115.63(a):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA covers reporting to another facility. It states that if the incident happened at another NMCD facility the warden of the facility where the report occurred will report it to the warden of the facility where it was alleged to have occurred. For any agency outside of NMCD it states the report should be forwarded to the Agency PREA Coordinator who will then notify the outside agency. There is a memo dated December 16, 2018, from Robin Bruck, NMCD PREA Coordinator, that states that as part of a previous audit findings, NMCD has completed additional training with the wardens and they are now doing all notifications. When CD-150100 is next revised the

change will be made in policy. The PREA Warden Book was provided which includes a memo from the PREA Coordinator and contact information for outside agencies.

An example notification from October 2017 was provided which was sent by the PREA Compliance Manager, which was before the change to the Warden making the notification was completed. Documents of Warden to Warden notification are also kept in the PREA Database maintained by the PREA Coordinator. All emails between Wardens are cc'd to the PREA Coordinator. There have been no more reports received where notification was required so no more recent examples were able to be reviewed.

The auditor finds the agency/facility in compliance with PREA Provision 115.63(a) based upon documentation provided and interviews conducted.

115.63(b):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that notification must be done immediately (no later than 72 hours). The example provided was done with in 24 hours.

The auditor finds the agency/facility in compliance with PREA Provision 115.63(b) based upon documentation provided and interviews conducted.

115.63(c):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that the facility must maintain documentation of all notifications to other facilities and that the PREA Coordinator will maintain documentation of all external notifications. Since no additional notifications had been received in the audit timeframe there was no additional documentation to review on-site.

The auditor finds the agency/facility in compliance with PREA Provision 115.63(c) based upon documentation provided and interviews conducted.

115.63(d):

During the audit period no notifications were received by Central New Mexico Correctional Facility that had been reported elsewhere so there was no documentation or investigation to review.

The agency head designee stated that the head of the facility would personally contact the other agency and that any allegations they receive would be investigated as much as possible including reviewing camera, phone calls and interviews. Warden stated that the process would be the same as if the allegation was reported directly to them and that an investigation would be initiated. Both interviews confirmed the notifications would be handled properly.

The auditor finds the agency/facility in compliance with PREA Provision 115.63(d) based upon documentation provided and interviews conducted.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- 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 No
- 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 No
- 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 No
- 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 No

115.64 (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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - b. Class schedule for Basic Training
 - c. Corrections 101 Agenda
 - d. First Responder Card
 - e. PREA Academy and Corrections 101 powerpoint
 - f. PREA New Hire training lesson plan
 - g. The New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults (pp.1-2) 09/13/18
2. Interviews:

- a. Random sample of staff
 - b. Staff who have acted as a 1st responder
3. Onsite Review Observations
- a. Random investigations were selected and reviewed

Findings:

115.64(a):

Policy CD-150102 Coordinated Response to Sexual Assaults outlines the first responder duties. The policy states that: 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) (CD- 170100.MM). The victim will be instructed not to shower, wash their clothes, brush their teeth, or relieve him or herself in order to preserve evidence. Standard 115.64(a) states to request the victim not take these actions, not instruct. The policy does not state anything about ensuring the suspect does not take any actions that might destroy evidence. It is recommended that the policy be updated to change it to request the victim not take these actions and add ensure the suspect not take these actions for best practice.

The facility provided training information to include: the class schedule for the training academy, Corrections 101 agenda, academy and Corrections 101 powerpoints and the PREA new hire training lesson plan. The training covers first responders duties. The memo from the PREA Compliance Manager states that Central New Mexico Correctional Facility instructs all staff and contract workers on first responder duties annually as a refresher. A PREA First Responder card was also provided that lists the duties for first responders which is given to all staff members as part of their training. The card can be carried on their person to help remind them of the first responder duties and protocols. The training slides provided do state to request the victim and ensure the abuser doesn't take any actions that could destroy evidence. The auditor still recommends the policy be updated next time it is up for review but finds this standard compliant based on training.

On the pre-audit questionnaire Central New Mexico Correctional Facility reported that there were 3 sexual abuse allegations and that one time security staff separated the alleged victim and abuser and that there was zero times in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence.

Interviews with first responders indicated they would request the victim not take any actions to destroy evidence and they would lock down the alleged perpetrator. Interviews with random staff primarily said they would notify their supervisor and preserve evidence. A few staff stated that they would advise the victim as to why not to destroy evidence but that they would not instruct them not to wash or use the restroom. It is recommended that during the annual PREA training staff are trained to emphasize that they request the victim not take actions to destroy evidence rather than to not allow them to since many staff were unaware of the difference between the suspect and victim for this.

The auditor finds the agency/facility in compliance with PREA Provision 115.64(a) based upon documentation provided and interviews conducted.

115.64(b):

Training states that if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence and to remain with the alleged victim and notify security staff. On the pre-audit questionnaire Central New Mexico Correctional Facility reported that there were zero times in the past 12 months where the first responder was a non-security staff member.

Interviews with first responders indicated they would request the victim not take any actions to destroy evidence and they would lock down the alleged perpetrator.

The auditor finds the agency/facility in compliance with PREA Provision 115.64(b) based upon documentation provided and interviews conducted.

Standard 115.65: Coordinated response

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

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - b. PREA Academy and Corrections 101 Powerpoint
 - c. Staff Training Samples
 - d. Form CD-150102.1
2. Interviews:
 - a. Warden
3. Onsite Review Observations

Findings:

115.65(a):

The Central New Mexico Correctional Facility CNMCF-15.3 Coordinated Response to Sexual Assaults was reviewed. It outlines the responsibilities for a sexual assault incident disclosed within 120 hours. The standard requires the plan to cover sexual abuse as defined by PREA which includes more than sexual assault disclosed within 120 hours. This concern was submitted to the PREA Coordinator and PREA Compliance Manager before the audit and they advised that all facilities are required to follow the Response to Sexual Assault Checklist which includes all and a part of the response plan. To avoid confusion it is recommended that the title of the response plan be changed from sexual assault to sexual abuse. Form CD-150102.1 mentioned in CNMCF-15.3 was also reviewed. It is a check-list for facility response to sexual assault and includes the actions that need to be taken by the shift supervisor and Warden. Training was also reviewed which verified it includes first responder information. Training certificates were also reviewed to verify staff received and understood the training.

During the interview with the Warden he stated that Central New Mexico Correctional Facility does have a plan to coordinate actions among first responders, medical and mental health staff, investigators and facility leadership. He stated that there is a checklist to ensure all areas are covered.

The auditor finds the agency/facility in compliance with PREA Provision 115.65 based upon documentation provided and interviews conducted.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. Agreement between the New Mexico Corrections Department and the American Federation of State, County and Municipal Employees, Council 18
 - b. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Agency Head Designee

Findings:

115.66(a):

Central New Mexico Correctional Facility provided an agreement between the State of New Mexico and the American Federation of State, County and Municipal Employees, Council 18. Page. 106 states: The employer has the right to remove an employee from his/her post of choice or assigned post, or to assign an employee to a post not of his/her choice if there is a substantial need to do so. The employer will verbally notify the employee of the reason for such a removal or assignment; and if requested in writing by the employee, the Employer shall provide the reason in writing to the employee. This agreement took effect in 2009 and expired on December 31, 2011. This was discussed with the PREA Coordinator who verified there is not a newer signed agreement. She stated the New Mexico Department of Corrections will still operate under the agreement until a new one is signed.

In the interview with the agency head designee he stated there was no new collective bargaining agreement.

115.66(b):Nothing to audit for this section

The auditor finds the facility in compliance with PREA provision 115.66 based on documentation provided and interviews conducted.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (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 No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.4), 09/13/18
 - b. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults (p.2) 9/13/18
 - c. Documentation of staff removal from area
 - d. Retaliation monitoring examples
 - e. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Agency Head Designee
 - b. Warden
 - c. Designated staff member charged with monitoring retaliation
 - d. Inmates in Segregated housing (for risk of victimization or who have alleged to have suffered sexual abuse) (none at CNMCF)
 - e. Inmates who reported a sexual abuse (none at CNMCF)
3. Onsite Review Observations
 - a. Additional retaliation monitoring examples reviewed

Findings:

115.67(a):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states 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 designee's 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. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states the facility PREA Compliance Manager 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. Retaliation 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 This will also include periodic status checks for the inmates who are being monitored. At Central New Mexico Correctional Facility the monitoring forms reviewed were all completed by the PREA Compliance Manager. The past year, the retaliation monitoring was taken over by the PREA Coordinator's Office for all private and public facilities. The monitoring is completed on ALL sexual abuse and sexual harassment allegations. Monitoring is completed at 15 days, 45 days and 90 days. All disciplinary, work assignments, housing and programming is reviewed. At the 45 day mark, an email is sent to the facility PCM to have face to face contact with the inmate and report any issues back to the PREA Coordinator. If an allegation exceeds 90 days for the investigation, the retaliation monitoring will continue. The monitoring is for staff as well. All is documented in the PREA Incident Module.

The auditor finds the facility in compliance with PREA provision 115.67(a) based on documentation provided and interviews conducted.

115.67(b):

Documentation of staff being not permitted to work in a certain area of the facility was provided which showed they removed the alleged suspect from contact with the victim.

In the interview with the agency head designee he stated that inmates and staff are protected from retaliation by conducting an investigation and removal of suspected staff abusers. He stated that it is known that they do not tolerate any form of sexual abuse.

The Warden stated that they have zero tolerance for retaliation and that all staff are aware of this. He stated that there would be constant communication with the offender to ensure they were aware of any issues or concerns.

There were no inmates who had been in segregation for reporting sexual abuse and no inmates who had reported sexual abuse so no interviews for these questions were able to be conducted.

The auditor finds the facility in compliance with PREA provision 115.67(b) based on documentation provided and interviews conducted.

115.67(c):

Central New Mexico Correctional Facility reported on their pre-audit questionnaire that they do monitor retaliation and would act promptly to remedy any such retaliation. They further report that they would continue monitoring beyond 90 days if a continuing need was indicated and that zero acts of retaliation had occurred in the past 12 months. Form CD-150102-.2 Staff Retaliation Monitoring was reviewed. It includes a review at 15, 30, 60 and 90 days to include reviewing housing, disciplinary reports, programming changes and negative performance reviews or reassignments. The examples sent all show they were monitored for 90 days with no extensions needed and no retaliation concerns reported or found.

The staff member who monitors retaliation works closely with the facility compliance manager and will track and monitor inmates for 90 days. Interview with the retaliation monitor contacts the offenders with a letter stating an investigation is open and when the investigation closes regardless of the finding unfounded, unsubstantiated and sustained cases. The monitoring includes the housing changes, disciplinary infractions, programmatic placement, and job assignment.

The Warden stated that if retaliation was suspected there would be corrective action taken, such as disciplinary action or a letter of reprimand. If retaliation is suspected a referral will be made to OPS and is investigated the same as other PREA allegations.

The auditor finds the facility in compliance with PREA provision 115.67(c) based on documentation provided and interviews conducted.

115.67(d):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA stated that the monitoring will include periodic status checks on inmates. Several retaliation monitoring forms were provided and they have a space on them to note that a periodic status check (in-person) was completed and the date it was done. NMCF were found to have always done with by the 45 day mark.

The staff member who monitors retaliation stated that detection of retaliation monitoring included monitoring job assignment, disciplinary infractions, bed placement, programmatic compliance issues this is conducted periodically during the monitoring phase.

The auditor finds the facility in compliance with PREA provision 115.67(d) based on documentation provided and interviews conducted.

115.67(e):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA includes those who cooperate with an investigation in retaliation monitoring.

The agency head designee reported that an investigation would be completed, they would consider removing an officer if deemed appropriate.

The Warden stated that they have zero tolerance for retaliation and that all staff are aware of this. He stated that there would be constant communication with the offender to ensure they were aware of any issues or concerns and that if retaliation was suspected there would be corrective action taken, such as disciplinary action or a letter of reprimand.

The auditor finds the facility in compliance with PREA provision 115.67(e) based on documentation provided and interviews conducted.

115.67(f): Nothing to audit for this section

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.4), 09/13/18
 - c. New Mexico Corrections Department policy CR-141100 Protective Custody Policy (p.1) 12/29/17
2. Interviews:
 - a. Warden

- b. Staff who supervise inmates in segregated housing
- c. Inmates in Segregated housing(none at CNMCF)

Findings:

115.68(a):

On the pre-audit questionnaire Central New Mexico Correctional Facility reported that no inmates who reported sexual abuse were held in involuntary segregation in the past 12 months. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that 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. New Mexico Corrections Department policy CR-141100 Protective Custody Policy states it is the policy of New Mexico Corrections Department that inmates will not be placed in any long-term segregation housing for protective custody reasons. Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternatives have been exhausted.

Through inmate interviews, no one reported that they were placed in involuntary segregation. Staff who supervise segregated housing were interviewed and stated that they do not punish the victim. They stated that if the victim wanted into protective custody they would still get their visits and phone calls. They stated the victim would still get the same privileges as if they were in another unit and if they needed to be restricted a committee would meet and would document their reasons why. They stated inmates are only placed in involuntary segregated housing until an alternative means of separation from the likely abuser can be arranged. They stated that the length of time in segregation varies, it can be just a few days to 30 days depending on the issue. They stated that the initial placement committee would meet with in 5 days then they would be reviewed every week.

The Warden stated that agency policy prohibits placing inmates at high risk for sexual victimization or those who have alleged sexual abuse in involuntary segregation unless an assessment has determined there are no available alternative means of separation from potential abusers. He stated that they would only be placed in segregation pending transfer to another facility for their safety and that move would ordinarily occur within 72 hours. The Warden stated that there were no recent circumstances where this was necessary.

The auditor finds the facility in compliance with PREA provision 115.68(a) based on documentation provided and interviews conducted.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (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 No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

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

115.71 (i)

- 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 No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults (p. 3) 09/13/18
 - b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.9) 09/13/18
 - c. Agency OPS investigators training certificates for Investigation of Sexual Assault in a Correctional Setting

- d. Facility OPS investigators training certificates for Investigation of Sexual Assault in a Correctional Setting
 - e. Investigating Sexual Assaults Powerpoint
 - f. Lesson plan for Sexual Assault Investigations
 - g. The New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report (p. 4) 06/28/18
 - h. Sample OPS Investigative report
 - i. Memorandum from New Mexico State Police dated 2/27/17
 - j. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/15/18
2. Interviews:
 - a. Warden
 - b. PREA Coordinator
 - c. PREA Compliance Manager
 - d. Investigative Staff (facility level)
 - e. Inmates who reported a Sexual Abuse
 3. Onsite Review Observations
 - a. Random investigations were selected from a list of all cases

Findings:

115.71(a):

The New Mexico Department of Corrections would investigate any administrative cases while criminal cases are referred to the Department of Public Safety New Mexico State Police.

Investigative staff interviewed stated that an investigation will begin very quickly (which was verified in the review of the investigative files), within minutes of the allegation being reported. For anonymous or third-party reports he stated that they all get handled the same, none are overlooked.

A list of all cases was viewed by the auditor and several cases were randomly selected for review and all were in substantial compliance with the elements of standard 115.71. In all cases reviewed by the auditor the alleged staff member was removed from working at the facility or area until completion of the investigation.

A list of all cases was viewed by the auditor and 4 cases were randomly selected for review and all were in substantial compliance with the elements of standard 115.71.

The auditor finds the facility in compliance with PREA provision 115.71(a) based on documentation provided and interviews conducted.

115.71(b):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA. The agency will maintain documentation that these specialized staff members have been trained. The lesson plan and training certificates were reviewed and determined to be in substantial compliance with standard 115.34. The review of the lesson plan that was provided in the PAQ and shown to the auditor while conducting the interview with the training coordinator. The auditor was able to review staff training files to confirm additional training for investigations was completed by the facility investigators.

On site interview with investigative staff verifies investigative staff receive specialized training specific to investigating PREA related incidents and the training was facilitated by the agency PREA coordinator. The training entailed how to identify sexual assault, investigative process, evidence collection and Miranda and Garrity warnings. The auditor did verify the investigator did complete the training by observing training records. The investigator also stated that he took the Office of Professional

Standards (OPS) course for administrative investigations which covers all aspects of the investigation including investigating sexual abuse and sexual harassment cases.

The auditor finds the facility in compliance with PREA provision 115.71(b) based on documentation provided and interviews conducted.

115.71(c):

The New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states: the assigned investigator shall gather and examine all physical and documentary evidence including reports, records, photographs, equipment, or any other pertinent information. Upon review of the investigations provided video footage was included as evidence that was reviewed within the cases randomly selected by the auditor.

During the interview with investigative staff it was stated that the first steps in an investigation would include starting the documentation including a referral to the Office of Professional Standards. He stated he would interview the alleged victim and suspect, interview any witnesses, look for any physical evidence, review camera footage and listen to any phone calls that might be applicable.

The auditor finds the facility in compliance with PREA provision 115.71(c) based on documentation provided and interviews conducted.

115.71(d):

When interviewed, the investigator stated that they never deal directly with the prosecution. He stated that normally any case that would be prosecutable would be escalated to the New Mexico State Police to handle the investigation. Upon review of the investigations no compelled interviews were seen. All allegations that appear criminal in nature, where any touching is alleged, Law enforcement is immediately called to the facility.

The auditor finds the facility in compliance with PREA provision 115.71(d) based on documentation provided and interviews conducted.

115.71(e):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states 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 and 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.

The investigator interviewed stated he would judge credibility on a case by case basis and that it would be evidence based. He stated that there are no circumstances where he would require an inmate who alleges sexual abuse to submit to a polygraph or other truth telling device as a condition for proceeding with the investigation. No investigations reviewed showed a victim was subject to a polygraph examination.

There were no inmates who had reported sexual abuse at CNMCF so no interviews were able to be conducted.

The auditor finds the facility in compliance with PREA provision 115.71(e) based on documentation provided and interviews conducted.

115.71(f):

The investigator interviewed stated that he would review post logs, ensure rounds are being completed as required, review cameras and conduct interviews to determine if staff practices contributed to the sexual abuse. He stated that all administrative investigations are documented in a written report and that the report would contain all findings, evidence gathered and credibility information. Administrative investigations were reviewed and they contained all necessary information.

The auditor finds the facility in compliance with PREA provision 115.71(f) based on documentation provided and interviews conducted.

115.71(g):

Criminal investigations are completed by the Department of Safety/State Police. While on-site the auditor did view the system the PREA Coordinator uses to store case information including criminal case reports from outside the audit time frame and from other facilities and verified the criminal investigations were documented by the State Police. Contact information was given for the auditor to contact the investigator from the State Police. Post on-site contact was made with NM state police whom confirmed criminal investigations would be conducted for the facility. A memo from the New Mexico State Police stated that included in the training they receive is ensuring proper documentation is in the report. Contact with state police (post on site) by the auditor confirmed the relevant training is received.

The facility investigative staff interviewed only conducts the administrative side of investigations so they were unable to speak for the State Police on criminal investigations.

The auditor finds the facility in compliance with PREA provision 115.71(g) based on documentation provided and interviews conducted.

115.71(h):

It is the responsibility of the New Mexico State Police to make any referrals for prosecution on criminal cases. In the last 12 months Central New Mexico Correctional Facility reported that zero cases were referred for prosecution by the State Police. The investigator interviewed stated that cases are referred for prosecution when it is verified a crime was committed. Since no cases were referred for prosecution in the past 12 months no referrals were able to be reviewed.

The auditor finds the facility in compliance with PREA provision 115.71(h) based on documentation provided and interviews conducted.

115.71(i):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states 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. While on-site the auditor viewed the database the PREA Coordinator uses to store case information. The database was viewed by the auditor on site along with the agency PREA coordinator. The database included reports, investigations, letters of advisement of cases and all relevant correspondence throughout the investigation. This comprehensive data base includes all sexual abuse, sexual harassment cases with evidence and retaliation monitoring. This database (IAPRO) stores all administrative investigations. Only OPS, the Secretary of Corrections and the PREA Coordinator have access to this database. All information is stored for life and is never purged.

The auditor finds the facility in compliance with PREA provision 115.71(i) based on documentation provided and interviews conducted.

115.71(j):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults states the departure of the alleged abuser or victim from the employment or control of the facility shall

not provide a basis for terminating an investigation. The investigator stated during his interview that if a staff member alleged to have committed sexual abuse terminated employment prior to the investigation being completed that the investigation would still continue and that he would attempt to contact and interview the staff member. If an inmate involved in a case were to leave he would still continue the investigation and attempt to contact them where they currently are at.

The auditor finds the facility in compliance with PREA provision 115.71(j) based on documentation provided and interviews conducted.

115.71(k): Not Applicable at Central New Mexico Correctional Facility

115.71(l):

The Warden stated in his interview that he maintains good working relationships with the New Mexico State Police to ensure he stays informed of any progress in sexual abuse investigations. The PREA Coordinator stated the agency has a professional and good working relationship with the state police and has open and free communication as needed with the assigned investigator on the cases. The PREA Compliance Manager stated he keeps in constant communication with the State Police to ensure he stays informed of the progress of a case. The investigator stated he will work with the outside agency as needed and help them by gathering evidence and conduct the administrative investigation in addition to their criminal investigation.

The auditor finds the facility in compliance with PREA provision 115.71(l) based on documentation provided and interviews conducted.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

- a. The New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report (p. 4) 06/28/18
 - b. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
 - c. Sample investigations
2. Interviews:
 - a. Investigative staff

Findings:

115.72(a):

The New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report defines Preponderance of the Evidence as: The incident being investigated more likely than not occurred. There is a greater than 50% (ex. 51% v. 49%) chance that something is true or that something happened. It further states that: the evidentiary standard/burden of proof applied to all investigations subject to this policy shall be the “Preponderance of The Evidence. A sample investigation was reviewed that showed insufficient evidence existed to support the claim of sexual misconduct.

Investigative staff interviewed confirmed they use the standard of preponderance of evidence (51%) to substantiate cases.

The auditor finds the facility in compliance with PREA provision 115.72 based on documentation provided and interviews conducted.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- 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 No

115.73 (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 No NA

115.73 (c)

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate’s unit? Yes No
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.6-7), 09/13/18
 - b. Sample victim notification letters

- c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
- 2. Interviews:
 - a. Inmates who reported a sexual abuse (none at CNMCF)
 - b. Warden
 - c. Investigative Staff
- 3. Onsite Review Observations
 - a. Random sample of investigations including victim notifications reviewed

Findings:

115.73(a):

NMCD Policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, Page 6 (M) states: An investigation shall be conducted and documented whenever a sexual assault or threat is reported. 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) whether: the staff member continues to be posted in the inmate's unit; the staff member continues to be employed; the staff member has been indicted; and, the staff member has been convicted.

Memo from Central New Mexico Correctional Facility PREA Compliance Manager states the NMCD PREA Coordinator sends a letter to each inmate on the on-set of an investigation and then again 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. Furthermore, NMCD also provides all substantiated and unsubstantiated cases with a business card containing information for NMCD and Rape Crisis Center. If the allegation is against an officer the officer is sent notification regarding the outcome of the case and the officer is required to sign the notification and return to OPS

The PAQ indicated there were 13 allegations of sexual abuse during the audit period and there were 13 inmates notified of the outcome of the investigations. Copies of these notifications were retained in the investigatory file. Five samples of opening and closing letters were provided to the auditor for review in addition to those provided with the 4 investigations reviewed.

In his interview, the Warden stated the the PREA Compliance Manager will notify the inmates who make allegation of sexual abuse when their case has been determined to by substantiated, unsubstantiated or unfounded. The investigator interviewed stated he does not do the notifications but that they are done by the PREA Compliance Manager.

The auditor finds the audit in compliance with PREA provision 115.73 (a) based on documentation provided and interviews conducted.

115.73(b):

New Mexico State Police is the outside agency that conducts criminal investigation into an inmate's allegation of sexual abuse. All cases will have an administrative investigation. Even cases that are criminal in nature. NMCD will wait until the State Police have secured all witness statement before beginning the administrative case. The inmate is notified immediately once the case is referred for investigation, which is completed immediately.

During an interview with investigative staff, when the findings from the New Mexico State Police investigation are received, the information is then provided to the PREA Coordinator, who will create the notification memorandum and mail it to the inmate.

The PAQ states CNMCF had referred Zero cases for criminal investigation during this review period; thus it was unnecessary for any inmates to receive notifications from the PREA Coordinator.

The auditor finds the audit in compliance with PREA provision 115.73 (b) based on documentation provided and interviews conducted.

115.73(c):

The language found in NMCD Policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, is consistent with the provision. An investigation shall be conducted and documented whenever a sexual assault or threat is reported. 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) whether: the staff member continues to be posted in the inmate's unit; the staff member continues to be employed; the staff member has been indicted; and, the staff member has been convicted. NMCD does the notification on all allegations including sexual harassment

The auditor finds the facility in compliance with the PREA provision 115.73 (c) based on documentation provided.

115.73(d):

The language found in NMCD Policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, is consistent with the provision. Policy states: at the conclusion of an investigation into an inmate's allegation against another inmate, the alleged victim will be informed in writing: 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. These notifications are completed by the PREA Coordinator and mailed to the inmate. The facility staff is not involved in this process.

Samples of the memorandum used for this notification were reviewed by the auditor and contain all of the required criteria.

The auditor finds the facility in compliance with the PREA provision 115.73 (d) based on documentation provided.

115.73(e):

The language found in NMCD Policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, is consistent with the provision. Sample notification memo's were provided to the auditor for review which demonstrates notifications were provided to the offenders.

The auditor finds the facility in compliance with the PREA provision 115.73 (e) based on documentation provided.

115.73(f): Nothing to audit for this section

The auditor finds that the agency goes above what is required for this substandard. When an investigation is opened, the inmate/victim is notified by the PREA Coordinator and provided with information about services available to him. He will also receive required notifications as the investigation is completed, when the case is referred for prosecution, and when the case is adjudicated through the court system.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. The New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report (p. 15) 06/28/18
 - b. New Mexico Corrections Department policy CD-037800 Disciplinary Action for Classified Employees (p. 3) 03/30/18

- c. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.7), 09/13/18
- d. Memo from PREA Compliance Manager

Findings:

115.76(a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states 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.

The New Mexico Corrections Department policy CD-031800 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report states: If during an administrative or criminal investigation, the Disciplinary Authority, CAO or OPS Bureau Chief determines that it is in the best interests of the Department that the employee be removed from his or her assigned position, the employee may be:

- a. Temporarily placed on paid Administrative Leave subject to the procedures set forth in Policy CD-037800, Disciplinary Action for Classified Employees; or
- b. Temporarily reassigned to a position where he or she may function without threat to personal safety, the safety of others, or the orderly operations of the Department.

Such employee(s) may also be temporarily restricted from certain buildings or locations for the protection of putative victim(s) and/or from having any direct or indirect contact with such persons.

If there is an allegation regarding a staff member, the staff member is immediately removed from any contact with the inmate making the allegation. The move could be to another housing unit, master control etc. The officer will remain in this assigned post until there is a conclusion of the investigation. Again the standard requires only on sexual abuse cases, however NMCD does this also on sexual harassment. If the allegation is more serious in nature the officer will be placed on admin leave so there is NO contact with any inmate.

The auditor finds the audit in compliance with PREA provision 115.76 (a) based on documentation provided and interviews conducted.

115.76(b):

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that: For matters of sexual abuse, termination should be the presumptive disciplinary sanction for staff who engaged in sexual abuse.

On their pre-audit questionnaire Central New Mexico Correctional Facility reported that zero staff from the facility violated agency sexual abuse or sexual harassment policies but also reported that two staff had been terminated or resigned for violating sexual abuse or harassment policies. The auditor asked for clarification on this and it was reported that the two staff were from cases that were still pending and they resigned before the investigation was completed.

On the memo and pre-audit questionnaire from the CNMCF PREA Compliance Manager he reported that CNMCF had no terminations or resignations from staff for violations of agency sexual abuse or sexual harassment policies so no files for this were able to be reviewed beyond the two staff were from cases that were still pending and they resigned before the investigation was completed.

The auditor finds the audit in compliance with PREA provision 115.76 (b) based on documentation provided and interviews conducted.

115.76(c):

The New Mexico Corrections Department policy CD-037800 Disciplinary Action for Classified Employees states: The Corrections Department promotes the concept of progressive discipline and corrective action whenever appropriate. Individuals shall normally be dismissed only after efforts have

been made to help that person correct any deficiencies in work performance or behavior. However, some misconduct is so severe as to not warrant progressive discipline and immediate dismissal is the only appropriate action. Furthermore, misconduct may justify the dismissal of a probationary employee.

The PREA Compliance Manager reported in his memo that Central New Mexico Correctional Facility has had no terminations for violations of agency sexual abuse or sexual harassment policies, or resignation by staff who would have been terminated if not for their resignation. As there were no terminations or violations for violating sexual abuse or harassment policies no files were available for review.

The auditor finds the audit in compliance with PREA provision 115.76 (c) based on documentation provided and interviews conducted.

115.76(d):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that: Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body.

On the memo and pre-audit questionnaire from the CNMCF PREA Compliance Manager he reported that CNMCF had no terminations or resignations from staff for violations of agency sexual abuse or sexual harassment policies so no files for this were able to be reviewed for reporting to relevant licensing bodies. The notification to the licensing body is completed by the PREA Coordinator, CNMCF has had investigations that required reporting to relevant bodies, and however the PREA Coordinator did provide the auditor with documentation of reports made to licensing bodies from other facilities to show compliance

The auditor finds the audit in compliance with PREA provision 115.76 (d) based on documentation provided and interviews conducted.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.7), 09/13/18
 - b. The New Mexico Corrections Department policy CD-031801 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report (p. 15) 06/28/18
 - c. New Mexico Corrections Department policy CD-060201 Citizen Involvement and Volunteers (p.3) 02/14/18
 - d. Memos from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Warden

Findings:

115.77(a):

In the memo from the PREA Compliance Manager he reported that during the year preceding the audit that Central New Mexico Correctional Facility had no contractors or volunteers that required corrective actions or sanctions concerning PREA cases.

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states:P. 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.

The New Mexico Corrections Department policy CD-060201 Citizen Involvement and Volunteers states:Any volunteer who has or develops a relationship with an inmate other than that required for the specific program for which approval was granted as a volunteer will be denied or removed from volunteer status.

The auditor finds the audit in compliance with PREA provision 115.77 (a) based on documentation provided and interviews conducted.

115.77(b):

The New Mexico Corrections Department policy CD-031801 Office of Professional Standards (OPS), Personnel Investigations and Staff Misconduct Report states:If during an administrative or criminal investigation, the Disciplinary Authority, CAO or OPS Bureau Chief determines that it is in the best

interests of the Department that the employee be removed from his or her assigned position, the employee may be:

- a. Temporarily placed on paid Administrative Leave subject to the procedures set forth in Policy CD-037800, Disciplinary Action for Classified Employees (This only applies to NMCD staff, contractor or volunteers would be removed from the facility, and not allowed access until conclusion of the investigation); or
- b. Temporarily reassigned to a position where he or she may function without threat to personal safety, the safety of others, or the orderly operations of the Department.

Such employee(s) may also be temporarily restricted from certain buildings or locations for the protection of putative victim(s) and/or from having any direct or indirect contact with such persons.

In the interview with the Warden he stated that they would pull the clearance for any contractor or volunteer who violated sexual abuse or sexual harassment policies and refer it to the New Mexico State Police.

The auditor finds the audit in compliance with PREA provision 115.77 (b) based on documentation provided and interviews conducted.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- 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 No

115.78 (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 No

115.78 (c)

- 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 No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- 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 No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (pp.1-2), 09/13/18
 - b. The New Mexico Corrections Department policy CD-090100 Inmate Discipline(English and Spanish) (p. 5) 02/18/18
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager
2. Interviews:
 - a. Medical and mental health staff
 - b. Warden

Findings:

115.78(a): Central New Mexico Correctional Facility reported on their pre-audit questionnaire and in the memo from the PREA Compliance Manager that there have been no administrative or criminal findings of inmate-on-inmate sexual abuse.

New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: 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.

The New Mexico Corrections Department policy CD-090100 Inmate Discipline states: The New Mexico Corrections Department (NMCD) shall provide a safe and secure environment for both staff and inmates through the implementation and maintenance of reasonable standards of control and

discipline. Staff and inmates will be provided access to copies of this policy and procedure additions/revisions as they are implemented. This policy and procedure shall be reviewed at least annually and updated as necessary.

The auditor finds the audit in compliance with PREA provision 115.78 (a) based on documentation provided and interviews conducted.

115.78(b):

The language in NMCD policy CD-090100 Inmate Discipline, was consistent with the provision. The policy mandates that sanctions against offenders are to be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

During the interview with the Warden, he explained that there is a disciplinary process that would determine what sanctions are appropriate. He stated that they sanctions are proportionate to the nature and circumstances of the abuses committed and that it is considered on a case by case basis to keep them as consistent as possible. He also stated that mental health will review them to determine if any disorder is the cause.

As there were no sanctions imposed there were no sample documents to review.

The auditor finds the facility in compliance with PREA provision 115.78(b) based on Documentation provided and interview conducted.

115.78(c):

The language in NMCD policy CD-090100 Inmate Discipline, was consistent with the provision. During the interview with the Warden, he explained that there is a disciplinary process that would determine what sanctions are appropriate. He stated that they sanctions are proportionate to the nature and circumstances of the abuses committed and that it is considered on a case by case basis to keep them as consistent as possible. He also stated that mental health will review them to determine if any disorder is the cause.

The auditor finds the facility in compliance with PREA provision 115.78(c) based on Documentation provided and interview conducted.

115.78(d):

During an interview with a Mental Health staff they stated that they do review charts in consideration of offering services to the offending inmate and that they would immediately be notified of an incident.

The auditor finds the audit in compliance with PREA provision 115.78 (d) based on documentation provided and interviews conducted.

115.78(e):

The language in NMCD policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, was consistent with the provision. According to the records reviewed, there were zero occurrences of inmates being disciplined for sexual contact with staff during this audit period.

The auditor finds the facility in compliance with PREA provision 115.78(e) based on documentation provided.

115.78(f):

The language in NMCD policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, was consistent with the provision. The procedures directs a report of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The auditor finds the facility in compliance with PREA provision 115.78(f) based on documentation provided.

115.78(g):

The language in NMCD policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA, was consistent with the provision. The policy considers all cases involving sexual assault/rape, sexual abuse and sexual harassment between offenders prohibited. However, sexual misconduct between offenders shall not constitute sexual abuse if it is determined the activity was consensual. In accordance with NMCD policy CD-090100 Inmate Discipline, language indicates all sexual activity is prohibited between offenders and they are subject to disciplinary action.

The auditor finds the facility in compliance with PREA provision 115.78(g) based on documentation provided.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

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

115.81 (a)

- 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 No NA

115.81 (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 No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

- a. Central New Mexico Correctional Facility Pre-Audit Questionnaire
- b. New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.7), 09/13/18
- c. The New Mexico Corrections Department policy CD-180200 Behavioral Health Reception and Diagnosis Center (RDC) (pp. 2, 4), 7/31/18
- d. New Mexico Corrections Department policy CD-040101 Institutional Records, (p.1), 02/28/18
- e. The New Mexico Corrections Department policy CD-176100 Patients Rights and Responsibilities, (p. 2), 03/30/18
- f. Screenshot of Criminal Management Information Systems
- g. New Mexico Corrections Department form CD-180201.1 Rights to Confidentiality and Availability of Services, revised 2/16/15
- h. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/15/18
- i. Intake screening samples

2: Interviews:

- a. Random Inmates
- b. Staff Responsible for Risk Screening
- c. Medical and Mental Health Staff

3. Onsite Review Observations:

- a. Auditors observed area where inmate medical and mental records are kept

b. Auditors observed private rooms where inmates can be seen by medical and mental health staff

Findings:

115.81(a):

The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA explains that any inmate who is 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. Central New Mexico Correctional Facility reported that 100 percent of inmates who disclosed victimization were offered a follow-up meeting with a medical or mental health practitioner. During the screening process if an inmate discloses prior sexual victimization they are then given a form to sign that if they are accepting or declining a follow-up meeting at this time. New Mexico Corrections Department CD-180200 Behavioral Health Reception and Diagnostic Center (RDC) states that inmates at high risk for sexual victimization are assessed by a mental health professional and are identified, monitored and counseled. This policy also states that intersystem transfers will undergo a mental health appraisal by a qualified mental health person within 14 days of admission to a facility. Eleven samples of inmate referrals to behavioral health and their follow up documentation were provided and reviewed.

The auditor requested a list of all medical and mental health staff and the staff responsible for risk screening. From that list the auditor randomly selected 2 medical/mental health staff and 2 staff responsible for risk screening. During the interviews of random inmates none stated that they had disclosed victimization. Review of files provided with the pre-audit questionnaire, as well as files requested on-site, demonstrated that when an inmate disclosed prior sexual victimization during screening they were offered a follow-up with mental health. Interviews with medical and mental health staff confirmed that follow up services would be offered if an inmate disclosed prior victimization. The interviews with staff responsible for risk screening indicated that a follow-up with medical or mental health would be offered to any inmate who discloses prior sexual victimization.

The auditor finds the agency/facility in compliance with PREA Provision 115.81(a) based upon documentation provided and interviews conducted.

115.81(b):The New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA explains that inmates identified as high risk with a history of criminally sexual behavior 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. New Mexico Corrections Department CD-180200 Behavioral Health Reception and Diagnosis Center (RDC) states that inmates identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional and that they will be identified, monitored and counseled. Eleven samples of inmate referrals to behavioral health and their follow up documentation were provided and reviewed, all examples were disclosing sexual victimization, none were found that disclosed they had previously perpetrated sexual abuse.

During interviews staff who perform risk screening stated that a follow up meeting would be offered with in 14 days.

115.81(c): This section is not applicable as the facility is not a jail.

115.81(d):

Criminal Management Information Systems (CMIS) is the database that the New Mexico Corrections Department uses to store inmate screening and related confidential information. Each time any staff member logs into that system a reminder is displayed that the information contained within is for official use only and is restricted to staff who need to know and may not be disclosed. A screenshot of that log in screen was provided verifying this information. The New Mexico Corrections Department policy CD-040101 Institutional Records states that inmates records shall be kept in a secure location,

safeguarded from unauthorized and improper disclosure, and will not be available to inmates at any time, unless an inmate is authorized by the Warden, or designee, to inspect his or her file or the contents thereof. Every effort shall be made to preserve all inmate records. Access to the file room at facilities will be limited to authorized personnel.

During interviews with medical and mental health staff they stated that all information related to sexual victimization or abusiveness is strictly limited to those who need to know. During the audit tour the medical and mental health program areas were observed to have private rooms for the inmates to be seen by medical and mental health staff. Inmate files were observed to be maintained in a secure area.

115.81(e):

The New Mexico Corrections Department policy CD-176100 Patients Rights and Responsibilities states that principles of confidentiality will be followed and patients will be afforded the opportunity to approve or refuse the release of information in accordance with applicable law. Patients will be advised of any limits to confidentiality in the correctional setting. Medical and mental health staff utilize form CD 180201.1 Rights to Confidentiality and Availability of services which the inmate signs that lists their rights to confidentiality and the limits regarding confidentiality for any services they receive from behavioral health staff.

During interviews medical and mental health staff stated there is a form inmates sign before disclosing prior victimization. Central New Mexico Correctional Facility does not house offenders under the age of 18.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- 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 No

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

115.82 (c)

- 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 No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:

New Mexico Corrections Department policy CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18

New Mexico Corrections Department Policy 170100, Clinical Services

Memos from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/15/18

Memorandum of Understanding with the New Mexico Coalition of Sexual Assault Programs, Inc.

2. Interviews:

- a. Medical and Mental Health Staff
- b. Inmates who reported a Sexual Abuse
- c. First Responders

3. Onsite Review Observations

- a. Toured medical and mental health areas where an inmate would receive emergency treatment

Findings:

115.82(a):

NMCD CD-150100 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18 is consistent with the provision. The policy states victims receive all necessary immediate and ongoing medical, mental health, and support services. Medical staff were interviewed and reported medical staff are on duty 24 hours a day so inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention. The access is provided immediately as soon as they are notified. The medical staff use their professional judgement in determining the nature and scope of service provided.

The auditor finds the facility in compliance with PREA provision 115.82 (a) based on documentation provided and interviews conducted.

115.82(b):

The PAQ information provided indicates that medical staffing at CNMCF is operational 24 hours a day, 7 days per week. Interview with medical supervisor indicates that if the need arises and there is no qualified mental health clinician on duty at the time of the reported sexual assault, the medical supervisor will contact on-call mental health clinician for immediate response. Furthermore, Interviews with security first responders revealed that they would separate the alleged victim from the alleged

abuser, secure the scene for evidence collection and notify the supervisor on duty. The supervisor on duty is responsible for completing the notification to medical and on call mental health.

The auditor finds the facility in compliance with PREA provision 115.82 (b) based on documentation provided and interviews conducted.

115.82(c):

NMCD Policy 170100, Clinical Services, indicates that victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, and when medically appropriate.

The auditor finds the facility in compliance with PREA provision 115.82 (c) based on documentation provided and interviews conducted.

115.82(d):

NMCD Policy 170100, Clinical Services, indicates that the NMCD currently does not impose medical copayments on inmates. Memorandum authored (CNMCF PREA Compliance Manager) dated December 15, 2018 states CNMCF has not had any inmates requiring a SANE exam for the period of November 1, 2017 through November 30, 2018 thus no inmate banking statements could be reviewed to verify practice to policy.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.83 (a)

- 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 No

115.83 (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 No

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- 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.) Yes No NA

115.83 (f)

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

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- 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 No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults 08/01/17
 - b. The New Mexico Corrections Department policy CD-170100 Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal (p.6) 06/09/16
 - c. New Mexico Corrections Department policy CD-180100 Behavioral Health Clinical Services 09/27/16
 - d. Memorandum of Understanding with the New Mexico Coalition of Sexual Assault Programs, Inc.
 - e. Sample mental health referrals and treatment plans
 - f. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/12/18
2. Interviews:

- a. Medical and Mental Health Staff
- b. Inmates who Reported a Sexual Abuse

Findings:

115.83(a):

The language in policy NMCD CD-150102 Coordinated Response to Sexual Assaults, NMCD policy CD-170100 Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal along with NMCD policy CD-180100 Behavioral Health Clinical Services was consistent with the provision. The provision requires the facility to offer medical and mental health evaluations and as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lock up or juvenile facility.

NMCD Policy 150102, Coordinated Response to Sexual Assaults, establishes the process for staff to follow when an allegation of sexual assault is received. This policy addresses both custody and medical/mental health response. In addition, NMCD Policy 170101 Clinical Services and NMCD Policy 180100 Mental Health and Clinical Services provide additional guidance to clinical and mental health staff. Policy states if services are not available at the institution, the inmate will be transported to a location where she may obtain the needed services.

The auditor finds the facility in compliance with PREA provision 115.83(a) based on the documentation provided.

115.83(b):

NMCD Policy 170100, page 12 states: (OO) Victims of sexual assault are referred under appropriate security provisions to a community health care facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used: a history is taken by health care professional who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With victim's consent, the examination includes the collection of evidence from victim, using a kit approved by the appropriate authority; provision is made for testing of sexually transmitted diseases (i.e. HIV, gonorrhea, hepatitis, etc) and counseling, as appropriate; prophylactic treatment and follow-up for sexually transmitted diseases shall be offered to all victims, as appropriate; following the physical examination, there is availability of an evaluation by a mental health professional to assess the need for crisis intervention counseling and long-term follow-up; or a report shall be made to the facility or program administrator or designee to assure separation of the victim from his or her assailant.

Medical staff were interviewed and asked what did evaluation and treatment consist of; it was articulated that they conduct an initial assessment/physical exam, and if necessary may refer to outside medical services and refer on to mental health.

The auditor finds the facility in compliance with PREA provision 115.83(b) based on the documentation provided and interviews conducted.

115.83(c):

Medical and Mental Health staff interviewed all reported they felt the services they were providing were consistent with the community level of care. In fact they felt because of the 24/7 access inmates have to medical/mental health services they felt the overall level of care was higher than that in the community.

The auditor finds the facility in compliance with PREA provision 115.83(c) based on the interviews conducted.

115.83(d):

NMCD Policy 170100, Page 6 states: (J) If female inmates are housed, access to pregnancy management services is available. Provisions of pregnancy management include the following:

pregnancy testing; a routine and high-risk prenatal care; management of chemically addicted pregnant inmates; comprehensive counseling and assistance; appropriate nutrition; postpartum follow up; and unless mandated by state law, birth certificates/registry does not list a correctional facility as the place of birth.

Medical staff were interviewed. Staff indicated that inmates are offered information and access to all lawful pregnancy-related services immediately upon the pregnancy being confirmed.

The auditor finds the facility in compliance with PREA provision 115.83(d) based on the documentation provided.

115.83(e):

Medical staff were interviewed. Staff indicated that inmates are offered information and access to all lawful pregnancy-related services immediately upon the pregnancy being confirmed.

The auditor finds the facility in compliance with PREA provision 115.83(d) based on the interviews conducted.

115.83(f):

NMCD Policy 170100, page 12 states: (OO) Victims of sexual assault are referred under appropriate security provisions to a community health care facility for treatment and gathering of evidence, or if these procedures are performed in-house, the following guidelines are used: a history is taken by health care professional who conduct an examination to document the extent of physical injury and to determine if referral to another medical facility is indicated. With victim's consent, the examination includes the collection of evidence from victim, using a kit approved by the appropriate authority; provision is made for testing of sexually transmitted diseases (i.e. HIV, gonorrhea, hepatitis, etc) and counseling, as appropriate; prophylactic treatment and follow-up for sexually transmitted diseases shall be offered to all victims, as appropriate.

The auditor finds the facility in compliance with PREA provision 115.83(f) based on the documentation provided.

115.83(g):

The language in NMCD policy CD-170100 Medical Clinical Services, Psychiatry Services, Detoxification, Intoxication and Withdrawal was consistent with the provision. The provision requires treatment services be 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. Policy states The New Mexico Corrections Department currently does not impose medical co-payments on inmates.

The auditor finds the facility in compliance with PREA provision 115.83(g) based on the documentation provided.

115.83(h):

NMCD Policy mandates the facility attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Mental Health referrals were provided to the auditor to demonstrate follow up MH evaluations.

During interviews with MH staff, the auditors learned that facility staff conduct a mental health evaluation within 14 days of being made aware and offer treatment, if appropriate.

The auditor finds the facility in compliance with PREA provision 115.83(h) based on the documentation provided and interviews conducted.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assaults (pp. 5-6) 09/13/18
 - b. PREA Manual Effective Date 08/17/17 (p. 37)
 - c. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/18/18
2. Interviews:
 - a. Warden
 - b. PREA Compliance Manager
 - c. Incident Review Team

Findings:

115.86(a):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assault states that: the Warden and Facility PREA Compliance Manager should 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). Central New Mexico Correctional Facility reported on their pre-audit questionnaire that 3 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility, excluding "unfounded:" incidents.

Completed investigations and incident reviews have been reviewed.

The auditor finds the facility in compliance with PREA provision 115.86(a) based on documentation provided and interviews conducted.

115.86(b):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assault has a part of the Facility Response to Sexual Assault Check-List form CD-150102.1 under the Wardens responsibilities that within 30 days of Conclusion of Investigation, Complete a Sexual Assault Review Team Review. Send Review form and all confidentiality agreements to the PREA Coordinator and Director of Adult Prisons or designee.

All three incident reviews were reviewed and were completed within 30 days of the conclusion of the investigation.

The auditor finds the facility in compliance with PREA provision 115.86(b) based on documentation provided and interviews conducted.

115.86(c):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assault states that: The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical/mental health practitioners.

The Warden stated that the review team includes himself, the PREA Compliance Manager, Captain, investigators, and medical and mental health staff. He also stated they complete review on all PREA related cases not just sexual abuse.

The incident reviews reports do confirm that upper-level management, investigations, medical and mental health participate. All are required to sign the SART and sign confidentiality statements prior to the review

The auditor finds the facility in compliance with PREA provision 115.86(c) based on documentation provided and interviews conducted.

115.86(d):

New Mexico Corrections Department policy CD-150102 Coordinated Response to Sexual Assault states that the review team shall:

- a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d) Assess the adequacy of staffing levels in the area during the different shifts;
- e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f) Prepare a report of its findings on the Sexual Abuse or Assault Incident Review Team form (CD-150102.3), including but not necessarily limited to determinations made pursuant to paragraphs (2) (a) through (2) (e) of this section.

Review of the form used for incident reviews verifies that all of the required considerations are reviewed.

The warden stated that all required areas are considered in the review team meetings.

he also stated that the information is used for policy revisions and implementing processes. The PREA Compliance Manager stated that an incident review is conducted at the conclusion of all investigations including sexual assault, sexual harassment and sexual misconduct within 30 days of the conclusion of the investigation. He stated that the review team includes the management team including unit managers, the Warden, medical, mental health, physical plant and classification. After the report is submitted he stated that the information is sent to the PREA Coordinator who sends the closing letter. Actions taken after the incident review have included changing shower areas to make the stalls more private, created a dressing room area and removed blind spots. The incident review team meets on all allegations considering the incident and allegations made were motivated by race, ethnicity, gender identity, LGBTI or such perceived status, gang affiliation, or other group dynamics within the facility. The incident review team would look at the area of the facility that the incident took place to determine if barriers need removed or enabled the abuse; ensure adequate staffing levels are maintained in the area; and determine if monitoring technology should be implemented or changed to assist with appropriate supervision of the area is maintained.

The auditor finds the facility in compliance with PREA provision 115.86(d) based on documentation provided and interviews conducted.

115.86(e):

Central New Mexico Correctional Facility reported on their pre-audit questionnaire that they would implement and recommendation for improvement or document their reason for not doing so. Upon review of the incident reviews it was documented that the recommended changes were implemented, such as installing permanent partitions in all shower areas in every housing unit.

The auditor finds the facility in compliance with PREA provision 115.86(e) based on documentation provided and interviews conducted.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

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

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- 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 No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18
 - b. Screenshot of NMCD public website
 - c. Survey of Sexual Victimization 2015
 - d. 2016 NMCD PREA Annual ReportMemo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/12/18

Findings:

115.87(a/c):

New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: All case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, offender 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. In the memo the PREA Compliance Manager stated that Central New Mexico Correctional Facility securely collects data in a database that is electronic called IAPro. Access to IAPro is strictly limited to those with a legitimate need to know, and access to this data and the PREA information contained within must be authorized through the Secretary of Corrections. Only OPS, Secretary and the PREA Coordinator have access to this database.

115.87(b/d):

NMCD publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cd.nm.gov/prea/prea.html>. Annual reports for 2012, 2013, 2014, 2015, 2016 and 2017 are available on the agency's website.

115.87(e):

The annual reports on the agency's website contain the aggregate data from the private facilities the state contracts with as well as the state operated facilities.

115.87(f):

The Survey of Sexual Victimization for New Mexico Corrections Department facilities including Central New Mexico Correctional Facility were provided verifying the information was provided to the U.S. Department of Justice.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (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 No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

1. Documents:
 - a. NMCD public website
 - b. 2015 Survey of Sexual Violence
 - c. 2016 NMCD Annual Report
 - d. New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18
 - e. Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/12/18
2. Interviews:
 - a. Agency Head Designee
 - b. PREA Coordinator
 - c. PREA Compliance Manager
3. Onsite Review Observations
 - a. NMCD website with latest version of the annual report

Findings:

115.88(a):

New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states: All case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, offender 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.

The agency head designee stated they look at problem areas and address any issues with training to improve and would look at restructuring (rooms/areas/procedures) to protect staff and inmates. The PREA Coordinator reaches out to the facility PREA compliance managers for data then reviews and certifies the information before uploading to the NMCD website. The PREA Compliance Manager stated that statistics are maintained and a yearly report is submitted including training statistics, issues and concerns.

115.88(b):

The data is assessed for the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years. The report addresses the agency's progress in addressing sexual abuse.

115.88(c):

The New Mexico Corrections Department publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cd.nm.gov/prea/prea.html>. Annual reports for 2012, 2013, 2014, 2015, 2016 and 2017 are available on the agency's website. All reports are signed by the New Mexico Corrections Department Cabinet Secretary.

115.88(d):

The only information redacted from the agency report is personal identifying information. All other information is included in the annual report. No personal information is included and therefore redaction is not needed

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (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 No

115.89 (c)

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

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- Documents:
 - New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA (p.1), 09/13/18
 - 2016 NMCD Annual Report
 - NMCD Website screenshot
 - Memo from Central New Mexico Correctional Facility PREA Compliance Manager dated 12/12/18
 - 2016
- Interviews:

- a. PREA Coordinator
- 3. Onsite Review Observations

Findings:

115.89(a):

New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that: All case records associated with claims of sexual abuse and sexual harassment, including incident reports, investigative reports, offender 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. In his memo, the PREA Compliance Manager stated that NMCD and Springer Women's Correctional Center securely collects data in a database that is electronic called IAPro. Access to IAPro is strictly limited to those with a legitimate need to know, and access to this data and the PREA information contained within must be authorized through the Secretary of Corrections.

The PREA Coordinator stated restricted access for facility PREA compliance managers and PREA coordinator have security levels that vary on permission of access to case records associated with claims of sexual abuse and sexual harassment. The access varies on facility assignment and whether or not staff are involved. The warden approves access at the facility level and the PREA coordinator determines access to the PREA database. Once an allegation is initially entered into the system by the shift supervisor, only the PREA Coordinator, PREA Compliance Manager and the Warden have access to the case information

115.89(b):

The agency publishes all aggregated sexual abuse data, from both facilities under its direct control and privately operated facilities which it contracts with, on its public website at <https://cd.nm.gov/prea/prea.html>.

115.89(c): Annual reports were reviewed and verified all personal identifiers had been removed.

115.89(d):

New Mexico Corrections Department policy CD-150101 Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA states that the sexual abuse data collected will be retained for ten years. The website contained all aggregate data reports since 2012.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No NA
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the prior three-year audit period, the agency ensured that each facility was audited at least once. This is the third year of the current audit cycle and the agency ensured that at least one-third of each facility type was audited during the first and second years of the current audit cycle.

The auditor had access to and the ability to observe all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor permitted to conduct private interviews with inmates. Inmates 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 viewed audit notice postings throughout the facility. No letters have been received by the auditor.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The New Mexico Department of Corrections posts all PREA National Audit reports on its website at [:https://cd.nm.gov/prea/prea.html](https://cd.nm.gov/prea/prea.html).

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

Amber Neff

April 8, 2019

Auditor Signature

Date

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

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