

PREA Facility Audit Report: Final

Name of Facility: Guadalupe County Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/03/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Diana Magaard	Date of Signature: 11/03/2024

AUDITOR INFORMATION	
Auditor name:	Magaard, Diana
Email:	181pm@pm.me
Start Date of On-Site Audit:	08/11/2024
End Date of On-Site Audit:	08/13/2024

FACILITY INFORMATION	
Facility name:	Guadalupe County Correctional Facility
Facility physical address:	South Highway 54, PO Box 520, Santa Rosa, New Mexico - 88435
Facility mailing address:	

Primary Contact

Name:	Julie Jaramillo
Email Address:	julie.jaramillo@cd.nm.gov
Telephone Number:	505) 549-6639

Warden/Jail Administrator/Sheriff/Director

Name:	Carl Wilken
Email Address:	carl.wilken@cd.nm.gov
Telephone Number:	(505) 350-5306

Facility PREA Compliance Manager

Name:	Julie Jaramillo
Email Address:	julie.jaramillo@cd.nm.gov
Telephone Number:	O: (505) 469-6639
Name:	Theresa Silva
Email Address:	theresa.silva@cd.nm.gov
Telephone Number:	O: (505) 629-9035

Facility Health Service Administrator On-site

Name:	Amy Baca
Email Address:	amy.baca@wexfordhealth.com
Telephone Number:	(575) 781-7242

Facility Characteristics

Designed facility capacity:	600
Current population of facility:	263
Average daily population for the past 12 months:	278

Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20-70
Facility security levels/inmate custody levels:	II III
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	70
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	16

AGENCY INFORMATION	
Name of agency:	New Mexico Corrections Department
Governing authority or parent agency (if applicable):	
Physical Address:	4337 State Highway 14, Santa Fe, New Mexico - 87508
Mailing Address:	P.O. Box 277116, Santa Fe, New Mexico - 87502-0116
Telephone number:	5056702856

Agency Chief Executive Officer Information:	
Name:	Alisha Tafoya Lucero
Email Address:	Alisha.tafoyalucero@cd.nm.gov
Telephone Number:	575-827-8884

Agency-Wide PREA Coordinator Information

Name: Rebecca Hatch

Email Address: rebecca.hatch@cd.nm.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

9

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.21 - Evidence protocol and forensic medical examinations
- 115.31 - Employee training
- 115.34 - Specialized training: Investigations
- 115.41 - Screening for risk of victimization and abusiveness
- 115.51 - Inmate reporting
- 115.54 - Third-party reporting
- 115.86 - Sexual abuse incident reviews
- 115.401 - Frequency and scope of audits

Number of standards met:

36

Number of standards not met:

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-08-11
2. End date of the onsite portion of the audit:	2024-08-13

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	500
15. Average daily population for the past 12 months:	254
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	268
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	5
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	2
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	4
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	There were no issues.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	70
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	16

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	31
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	<p>Our first day consisted of a briefing and history of the facility before interviews began. It was just after shift exchange when we arrived. The facility was quiet as programming and visiting had ended for the day. There were staff on duty, but no contractors or visitors were present when we arrived. Our primary site review was set for the morning.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input type="checkbox"/> Age </div> <div> <input type="checkbox"/> Race </div> <div> <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The selection was from all units, floors and portions of the facility and the auditors chose from those who were in programming and not in programming. The auditors managed the selection of the list, not the facility.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	2
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	5

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, Medical Staff, Behavioral Staff and a check of records, review of the PAQ and on-site review.
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, Medical Staff, Behavioral Staff and a check of records, review of the PAQ and on-site review.

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	2
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	1
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	4
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Discussion with PREA Compliance Manager, Medical Staff, Behavioral Staff and a check of records, review of the PAQ and on-site review.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no barriers.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	17
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers. The auditors had unfettered access, the facility and staff were professional and accommodating to all the auditing needs.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	There were no barriers.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

88. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The audit team consisted of the lead auditor and an assistant auditor. The audit team met with the Director of the Inspection Unit, who is the acting statewide PREA Coordinator, the PREA Compliance Manager, the Warden and members of the management team. The audit process and the plan for the week was discussed. The team was provided with the requested documentation including a housing breakdown, a staff roster, a shift roster, roster of the population, training records, contractors, and programming schedules throughout the facility. The team was provided with a 3-ring binder which included all the requested items.</p> <p>The audit team conducted interviews throughout the week and also participated in the site review, intake, screening and observed critical functions of the facility throughout the audit process.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>There were no barriers.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	1	1
Staff-on-inmate sexual abuse	1	1	1	1
Total	2	2	2	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	4
Staff-on-inmate sexual harassment	4	0	4	4
Total	8	0	8	8

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	1	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	1	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	1
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	4	0
Staff-on-inmate sexual harassment	0	2	2	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

10

99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

4

112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

The auditor reviewed all information indicating the files were complete for the 12-month review. The investigation tracking spreadsheet provided included the data the report, type of the incident, name of the victim, name of the perpetrator, the disposition, the investigation number, the status of the investigation. The auditor reviewed the files utilizing the audit investigation PREA records review tool.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

ACA

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 PREA policy</p> <p>CD 1/5 0800 Transgender policy</p> <p>GCCF organizational chart</p> <p>NMCD fiscal year 24 org chart</p> <p>NMCD number 10100817 job description</p> <p>NMCD number 16410 job description</p> <p>Memo dated September 9th, 2024, regarding PCM job duties.</p>

a.

The New Mexico Corrections Department [NMCD] has a policy outlining its zero tolerance for sexual abuse and sexual harassment. The New Mexico Corrections Department policy says the department is committed to a zero-tolerance standard for sexual abuse and sexual harassment. It continues and states that departmental staff will immediately respond and investigate all sexual abuse and harassment in the prisons both internally and externally with the partnerships they have with local law enforcement. The policy addresses education for inmates, staff, contractors and volunteers. The policy also addresses supporting safe housing for those who have prior abuse, those who are vulnerable, those who are predators and supporting a data collection system to accurately track the investigations. The following were reviewed to determine compliance:

The New Mexico Corrections Department mission clearly identified on the agency's website, is to strengthen communities through effective community supervision, creating safe and professional institutional environments and providing those entrusted to our care with opportunities for positive personal growth and self-development.

The auditor was provided a schematic of the facility which detailed the entire campus. The auditor was also provided with a list of staff and inmates which was used for selection interviews.

The inmates who were interviewed indicated to the auditor they knew of the agency's zero tolerance policy and how to report abuse in multiple ways. The staff who were interviewed were aware of the zero-tolerance policy, the first responder duties, how to identify signs of sexual abuse and the duty to report.

b.

The agency currently has a vacancy for the PREA Coordinator and is filling the position. The Director of the Inspector General's Office is the interim PREA Coordinator until the position is filled. The position of the PREA Coordinator is included in the agency's organizational structure at the level below the Director of the Inspector General.

The auditor was provided with the agency's organizational chart which outlines the PREA coordinator position reports to the director of the Inspector General who reports

	<p>directly to the deputy secretary. Based on an interview with the Agency's Inspector General Director rector, she explained she has enough time to manage her responsibilities and provide coverage in the interim until the position of PREA coordinator can be filled. Each facility throughout the state has a PREA Compliance Manager who must conduct an internal audit process to find any weaknesses within the agency and provide solutions and correction during off-cycle years. This is a practice that has been implemented for several years and is beyond the requirement of this standard.</p> <p>c.</p> <p>The designated PREA Compliance Manager was interviewed and said she has sufficient time and authority to coordinate the facilities' efforts to implement and sustain the previous standards. The position is clearly identified in the facilities organizational structure and a facility organizational chart was provided to the auditor and the PREA compliance manager reports to the warden.</p> <p>Based on a review of the documentation and staff interviews the facility is in compliance which exceeds this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>The facility contracts with two other entities to house inmates. The auditor reviewed the following to determine compliance:</p> <p>Intergovernmental Agreement for Professional Services between New Mexico Corrections Department and Otero County New Mexico.</p> <p>4th Amended Agreement between New Mexico Corrections Department and Lee</p>

	<p>County New Mexico.</p> <p>Lee County Detention Center is committed to ensuring the safety of all detainees and has a zero-tolerance policy. The Otero Prison facility center does not contract with any outside entity for the confinement of offenders the New Mexico Corrections Department monitors the facility.</p> <p>The auditor interviewed the Warden, PREA Compliance Manager and the director of the Inspector General's Office to determine compliance.</p> <p>Based on a review of the documentation and staff interviews the facility is in compliance with this standard.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>GCCF Staffing Plan</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>Camera Map #27</p> <p>Listed Deviations</p> <p>1st Watch Cell Report</p> <p>Medical Holding Cell Reports</p> <p>SIR's Board Deviations on Staffing Plan</p> <p>Unannounced Rounds</p> <p>Opposite Gender Announcement logs</p> <p>Unannounced Rounds Briefing Notes with Logs.</p> <p>Random Staff</p> <p>PREA Compliance Manager</p>

Warden

Director of Inspector General's Office- Acting PREA Coordinator

a.

The auditor reviewed responses from the pre-audit questionnaire, review documentation of the staffing plan and the supplemental reports explaining the deviations. During the interviews with the Warden and the PREA Compliance Manager the deviations were explained in detail. The facility is not under any findings of inadequacy from any federal judicial or internal oversight bodies.

The facility composition has three housing units with five pods for a total of 273 beds available for inmates. A pod is the restrictive housing unit with a total of 33 beds, B pod in C pod is general population with a combined total of 116 beds in D pod in E pod our parole violator population with a combined total of 124 beds available. Housing unit 2 has five pods with a total of 306 inmate beds. Housing unit 3 has a total of 21 beds available for inmates the average length of stay is 5.9 years in the average age of inmates is 20 to 70.

The facility runs on the 12-hour shift, the day shift from 6:00 AM to 6:00 PM in the evening shift from 6:00 PM to 6:00 AM. One day shift and evening shift carries the days off of Sunday, Monday, Tuesday, and every other Wednesday. The other day shift and evening shift carry every other Wednesday Thursday Friday and Saturday there is also an administrative shift from 8:00 AM to 4:30 PM. Currently the facility has 29 custody staff vacancies, among the vacancies there are 7 security supervisors, 15 correctional officers and 7 support staff. To address shortages and overtime a bucket list or an offsite list is created daily for each officer, and they have a choice to volunteer or be drafted for a post.

During the site review the auditor reviewed the complex in its entirety, unit housing segregated housing, physical plant maintenance area, several storage areas, the control center, the warehouse, the Chapel, food services, the dining room, canteen, visiting, training, administration, clinical, medical, the gym and recreation and industry. All areas were inspected and noted that they were covered by adequate camera video surveillance system and had staff present including supervisory staff throughout the campus.

b.

The facility justifies and documents any deviation from the staffing plan. Through

interviews with the warden and the prior compliance manager each deviation is documented multiple ways. The auditor reviewed 6 reports provided in the PHQ which document the deviations from the staffing plan. All deviations were security related to contraband and lockdowns, or weather related.

The policies and the contractual agreements with the New Mexico Corrections Department require the facility to review the staffing plans on an annual basis. The facility provides a monthly report which includes the mandatory policy and reviewing all the staff that have been held over to meet any deficiencies of work assigned. The report also includes all recruitment efforts, any staffing concerns, all authorized positions the positions filled the number vacant and any concerns during the period. The Major, Captain and administration are available, on site and review the staffing plan with other administrators and managers on a weekly basis.

c.

policy CD -150100 each year the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing plan including the facilities deployments of video monitoring systems and other monitoring technologies.

The most recent staffing plan review was conducted on June 30, 2024, and included an explanation of the facilities retention and recruitment and management efforts.

d.

policy CD-150100 establishes inmates shall be protected from sexual misconduct personal abuse corporal or unusual punishment humiliation mental abuse personal injury disease property damage harassment or punitive interference with the daily functions of living. Staff members are prohibited from alerting other staff members that the rounds are occurring.

This auditor reviewed shift rosters that verified the supervisory staff conduct unannounced rounds throughout the facility on every shift. The log, the logbooks are kept in the pass downs, or the control area and the rounds are documented within. A review of the documentation shows they are done regularly on all shifts by a wide variety of supervisors and management on holidays and weekends throughout the facility. The facility provided samples which were reviewed and during the site review the auditor observed supervisors documenting rounds and observed signatures of recent rounds.

Through review of documentation policies and interviews the auditor has determined the facility is in compliance with this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 PREA Policy</p> <p>No Youthful Offender Memo</p> <p>Interviews with PREA Compliance manager and the Warden as well as a review of the rosters and talking with inmates and staff during the site review confirmed the facility does not house youthful inmates.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>The auditor reviewed and interviewed the following to determine compliance:</p> <p>CD 130300 Search policy</p> <p>CD 150800 Transgender Intersex, and/or Gender Nonconforming policy</p> <p>Memo Regarding Searches</p> <p>Course Curriculum 2022</p> <p>Memo Regarding Searches</p> <p>Opposite Gender Announcement Pod Door</p>

a.

Policy establishes staff members shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches. If these types of searches should occur, a Significant Incident Report [SIR] shall be generated documenting the need for the search.

During the site review the auditor observed areas used to conduct strip searches with inmates and all areas Allowed for privacy from opposite gender staff. During the camera review of these areas the auditor was able to see there was privacy afforded. During interviews with the inmates, they confirmed being afforded privacy while showering, changing clothing performing bodily functions and most stated they hear opposite gender staff making regular announcements upon arrival to the unit.

b.

GCCF does not house female inmates. The auditor verified through record check and interviews with the Warden and the PREA Compliance Manager there had not been any female inmates during the audit period.

c.

Staff shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches.

During interviews with staff, they acknowledged they announce their presence before entering a housing unit. The auditor also observed a written notice on the housing units throughout the facility. interviews with inmates indicated employees of the opposite gender were announcing their presence upon entering a housing unit on a regular basis.

d.

Policy states inmates shall be afforded the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These announcements are logged into the housing unit daily log and were observed by the auditor in the evidence uploaded into the pre-audit questionnaire.

The auditor completed a site review of the entire facility and observed areas where inmates may be in a state of undress, such as shower, using the toilet, and changing their clothes. The auditor found no areas that allowed for opposite gender viewing beyond viewing incidental to cell checks. All areas provided sufficient privacy to

mitigate opposite gender viewing. If cameras were present in the area, the facility pixilated or blacked out where no viewing via camera could occur. In cells where inmates are placed on constant observation monitoring, same-gender staff are assigned to these duties.

e.

Policy states transgender and intersex inmates shall not be searched or examined by non-medical staff for the sole purpose of determining the inmate's genital status. A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

This auditor, through interviews with the Nursing Director and PREA Compliance Manager, and through records checks verified no searches were conducted during the audit period. The auditor verified there were no instances of exigent circumstances during the audit.

f.

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

The facility shows that 100% of security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. The Auditor reviewed the training materials and interviewed the training director who described the academy and onboarding. He also described the transgender material in incorporated into the new staff training and annual training plan.

A review of the training rosters and (40) signed acknowledgements provided in this PAQ verified security staff are trained and understand the training they received.

The facility provided a New Mexico Department of Correctional Services Staff In-Service Training Academy Course Outline: Searches. The course description states, "describe how to conduct cross-gender pat down searches and searches of transgender and intersex inmates in a professional and respectful manner." Pages 18 through 24 describe the process and procedures to use for pat searches and unclothed body searches and how to professionally address those who are transgender and intersex.

Through review of documentation, policies site review and interviews the auditor has determined the facility is in compliance with this standard.

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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 041000 Inmate Orientation</p> <p>Booklet Don't Touch Me</p> <p>Education Book Ending Silence</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>Interpreter Resource Memo</p> <p>Language Line Instructions</p> <p>PREA Posters</p> <p>Sign Language Interpreting Service Contract</p> <p>Inmate PREA Handbook English</p> <p>Inmate PREA Handbook Spanish</p> <p>Staff</p> <p>Inmates</p> <p>PREA Compliance Manager</p> <p>a.</p> <p>The facility indicated through the pre-audit questionnaire responses and through interviews with the PREA Compliance Manager, the agency has established procedures to provide disabled inmates equal opportunity to participate in all aspects of that agency's efforts to prevent detect and respond to sexual abuse or sexual</p>

	<p>harassment.</p> <p>GCCF maintains a contract with Catholic Community Services and Maryland Interpreting Services for American Sign Language assistance. Interpreter services with Linguista International Services are available 24 hours a day, seven days a week.</p> <p>Policy 150100 establishes inmates with disabilities and inmates who are LEP have access to all aspects of the department's effort to prevent detect and respond to sexual abuse and harassment. Catholic Community Services is available for communication assistance with deaf inmates; at the time of the audit there were no inmates who met this criterion. The facility indicated through the pre-audit questionnaire and during staff interviews that they do not house disabled individuals and that they are typically housed at another Correctional Facility which can better serve them, this was verified through site review observations, and interviews with inmates and staff.</p> <p>b.</p> <p>A contract with the language line services is available is in place and used for translation of any language. At the time of the on-site visit there was no identified inmates as limited English proficient, and this was sustained during interviews with the inmates. During interviews with the inmates there was bilingual individuals who were English proficient whom stated they did not need translation services.</p> <p>c.</p> <p>An interview with two investigators confirmed that should there be a need for an interpreter during an investigation one would be provided and available during the investigation and accommodation would be made. According to the investigators during the interviews with the audit team during the audit period, there was no need for inmate interpreter. From information provided on the pre-audit questionnaire in the past 12 months there have been no instances where inmates were used for this purpose specialized and random staff interviewed knew the agency prohibits using inmates for this purpose. Policy states the agency shall not use inmate interpreters to assist LEP inmates or those who are disabled except in limited circumstances.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility is in compliance with this standard.</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditors reviewed and interviewed the following to determine compliance:

CD 030200 Recruitment Selection and Hire of Correctional Officers Correctional Officer Specialist and Probation CD 025100 Contracts

Self-Declaration Form

HR PREA Background Check Form

CD 025100 Contracts

NCIC Clearance Form

#25 Examples of Inquiries

115.17c Background Information examples

Background Check Memo, September 8th, 2021

Personnel Files

Information Obtained from Interviews

Observations During Site Review

Human Resources

PREA Compliance Manager

a.b. f.

The completed pre-audit questionnaire indicated policy prohibits hiring any applicants and or contractor who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution or have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or have been civilly or administratively adjudicated to have engaged in the activity described above, shall not be hired or promoted. The auditors reviewed 17 employee files which contained signed PREA questionnaire and NCIC background checks. The Human Resources manager maintains all employee human resource files in a secure file in their office.

c. d. e.

According to policy and interview with the Human Resources Manager, GCCF indicated the facility has completed all background checks on new hires during this

	<p>audit. Since GCCF transitioned from the GEO Group Inc. to the New Mexico Corrections Department on November 1st of 2021, they have not had a need to conduct five-year background checks now. The agency conducts criminal background record checks through NCIC on all new staff and contractors and volunteers and a review of files during the site review validated this information. The auditors reviewed 3 contractor/volunteer files which contained signed PREA questionnaire and NCIC background checks. The New Mexico Corrections Department has a Self-Declaration of Sexual Abuse Attestation form for all staff which is used for employees, contractors and is implemented for transfers, promotions and new hires. This form clearly indicates questions regarding engaging in sexual abuse, any convictions any civil or administrative adjudications any substantiated allegations made against them. The facility indicated there are 4 contracts for services at the time of the pre-audit questionnaire and stated all contractors received background checks prior to enlistment of services. The facility indicated there were 11 volunteers who were currently providing services at the facility, and they had all received background check prior to enlistment of services. A thorough log containing details of when documentation was obtained and completed was also provided and reviewed by the auditors and was verified through discussion with the PREA Compliance Manager and Human Resources.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility is in compliance with this standard.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>Camera Map</p> <p>GCCF Lease Agreement</p> <p>Camera System Memo</p> <p>Agency Head</p> <p>Director of Inspector General's Office- Acting PREA Coordinator</p> <p>Observations During Site Review</p>

	<p>a.</p> <p>The facility/agency has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA Audit. Policy clearly states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect the inmates from sexual abuse. Since the lease of GEO Group Inc. in 2021, and according to information provided on the pre-audit questionnaire and interviews with the agency head there were no expansions or modifications of the existing facility, and the facility has not acquired any new facilities.</p> <p>b.</p> <p>Since leasing the facility from GEO Group Inc., the facility has not acquired or updated any additional video monitoring or electronic surveillance system and technology. Policy states that when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. During the interview with the PREA Coordinator and the Warden both explained they are in discussions with GEO Group Inc. for upgrades the surveillance capabilities in the maintenance area and others as part of their ongoing lease agreement and review process.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting</p> <p>Department of Public Safety PREA Letter 2022</p> <p>Office of Professional Standards Investigator Class PowerPoint</p> <p>OPS Module One Student Guide</p> <p>OPS Module Two Student Guide</p>

GCCF Coordinated Response Plan

CD 170100 Medical Clinical Services

CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures

Solace Sexual Assault Services Advocacy PDF

Observations During Site Visit

Investigators

PREA Compliance Manager

a.

The auditor has confirmed through interviews with the PREA Compliance Manager and investigators, and document review a policy is in place affirming responsibility of GCCF and the state police who are responsible for criminal investigations. The audit team interviewed 13 random security staff each of whom expressed understanding of the agency's policy for obtaining physical evidence and the sexual abuse policy. The security supervisors understood the requirement and policy for local law enforcement to conduct the investigation and to engage the sexual abuse response team and transport for a SANE exam when advised to the local medical center, and all staff had a good understanding of first responder duties.

The auditor observed evidence collection areas during the site review and first-responder checklists, and the Coordinated response Plan in Master Control and readily available with the shift supervisors.

The auditor also reviewed a memorandum from the DPS, New Mexico Interim Law Enforcement Academy Director outlining the training received by all New Mexico State Police officers which indicate their specialized qualification for conducting criminal investigations of sexual abuse. Because the DPS State Police is considered an outside law enforcement entity, the facility and agency are found to exceed the provisions of this standard through evidence of close collaboration with the outside entity, providing their investigative protocol policies, and officers' training information. The facility indicated on the PAQ there was one SAFE/SANE examination conducted within the audit period.

b.

Based on review of the memorandum from NMDPS, who is responsible for investigating criminal allegations of sexual abuse, the investigating agency follows the requirements of paragraphs (a) through (e) of this section. GCCF does not house youthful offenders, which was verified through interviews and the site review there were no youth housed at CGGF during the review period.

c, d, e.

Policy establishes that the facility Warden or designee will ensure victims of sexual assault are promptly transferred under appropriate security provisions by Emergency Medical Services or GCCF personnel as is medically appropriate to a community health care facility for treatment and gathering of evidence at no charge to the inmate. The facility does not conduct FMEs but will transfer the inmate to a local community emergency room for services. The auditor reviewed the Coordinated response Plan and during the pre on site audit phase the auditor also spoke with the director of Solace Crisis Treatment Center and verified their relationship GCCF. Solace affirmed they would accompany and support any victim through the forensic medical exam process and investigatory interviews. Their role is to provide emotional support, crisis intervention services, information and referrals. Solis Crisis Treatment Center is available 24 hours and stated they have a solid relationship with GCCF staff.

If a sexual assault examination is warranted, Christus Saint Vincent Regional Medical Center SANE program external medical providers will be utilized. Forensic medical examinations are offered without any financial cost to the victim. The same dispatch is available 24 hours and is contacted by medical staff and/or designee. The facility does not have the ability to conduct forensic medical exams. According to the pre-audit questionnaire in the last audit, one forensic exam was conducted.

f, g.

Based on review of the memo from the Department of Public safety which is responsible for investigating criminal allegations of sexual abuse, the investigating agency follows the requirements of paragraphs (a) through (e) of this section. The facility has four trained investigators who are responsible for conducting administrative investigations of allegations of sexual abuse and harassment. The

	<p>facility provided copies of certificates of completion of specialized investigative training.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance and exceeds this standard.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 031800 22 Office of Professional Standards [OPS] Personnel Investigations and Staff Misconduct Reporting</p> <p>DPS Criminal Investigations</p> <p>The Investigation Process NMCD website</p> <p>PREA Coordinator</p> <p>Agency Head</p> <p>Investigators</p> <p>a.</p> <p>Agency policies and procedures outline the process for investigating and documenting incidents of sexual abuse the facility warden is responsible for ensuring an administrative and or criminal investigation is completed for all investigations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations on all allegations of sexual abuse and sexual harassment. State Police are responsible for conducting criminal investigations of allegations of sexual abuse.</p>

According to information reported on the PREA questionnaire, in the past 12 months there were nine allegations of sexual abuse or sexual harassment reported, and one referred for criminal investigation. In an interview with the Agency Head, he indicated all criminal investigations are conducted through the state police and are referred immediately upon notification. He described the workflow of the investigation, the database, the Office of Professional Standards unit and the public website which has information on the standard process for the department.

b.

If an allegation of sexual abuse or sexual harassment appears to be criminal, the facility director or the officer of the day will immediately report the allegation to the New Mexico State police in all referrals are documented. The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on their website. In interviews with the facility trained investigators, they knew to refer any allegations that appear to be criminal to the state police for investigation and how to document allegations. The auditors verified this information through interviews with the investigators, inmates and document review while on site and by viewing the public website; [The_Investigation_Process.pdf \(nm.gov\)](#).

c.

New Mexico investigators are not certified law enforcement officers and therefore cannot conduct criminal investigations the OPS investigators conduct all administrative investigations. The facility ensures that all allegations of sexual abuse and sexual harassment are administratively investigated per policy CD1 50100. If the allegation is criminal, the facility is required to call the New Mexico State police to conduct the investigation. An administrative investigation will be completed once the New Mexico State police has completed their investigation so that the criminal investigation is not jeopardized.

New Mexico policy one 031800 governs the conduct of administrative investigations within the agency. On page 17 it states when during the course of an investigation, the investigations officer becomes aware that the facts discovered indicate a violation of criminal law, the investigations officer shall immediately report the violation to the Bureau chief of OPS, in the appropriate disciplinary authority and Cao, the Bureau chief of OPS OPS shall consult with a New Mexico Corrections Department General Counsel to determine whether reasonable cause exists to believe that a violation of state or federal criminal law has occurred and, if so, shall immediately notify the law enforcement agency with the appropriate jurisdiction.

The policy is available for all inmates in the library of all facilities and is also available

	<p>on the agency public website. The policy states allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potential criminal behavior. All such referrals will be documented. The policy also states all allegations of criminal conduct including criminal sexual penetration of an inmate by a staff member must be reported to the appropriate law enforcement authorities by the investigations officer.</p> <p>d. e.</p> <p>The auditor is not required to audit these provisions.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150800 Transgender Intersex, and/or Gender Nonconforming policy</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>PREA staff training PowerPoint</p> <p>PREA staff In-Service Curriculum</p> <p>Observations During Site Visit</p> <p>PREA Zero Tolerance Poster English</p> <p>PREA Zero Tolerance Poster Spanish</p> <p>PREA Training Acknowledgement Forms</p> <p>Staff</p> <p>Training Coordinator</p> <p>PREA Compliance Manager</p>

a.

The policy outlines zero tolerance regarding all forms of sexual abuse, sexual misconduct and sexual harassment. The affirmation of the zero-tolerance policy is also contained in the lesson plan. The agency trains all employees who may have contact with incarcerated individuals on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained in how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. The agency requires PREA training for all staff every year during in-service training, which is beyond the requirement of this standard.

The auditor reviewed [22] employee records, and all had signed forms acknowledging their understanding of the training. Interviews with randomly selected staff confirmed their knowledge of the topics covered in the agency's PREA training. An interview with the facility training coordinator verified the material presented at hire, transfer and annually.

The auditor was provided a copy of the PowerPoint and lesson plan for the PREA training. The auditor was also provided with a copy of a poster directed towards staff which explains the staff's duty to report, staff who are required to report and the zero-tolerance policy. The auditors observed the poster posted in multiple areas throughout the facility during the site review.

b.

The PREA training lesson plan contain sections regarding the dynamics of both male and female offenders, as well as a separate portion on juvenile dynamics. An interview with the facility training coordinator confirmed that all staff are trained on both male and female gender-specific information regardless of the gender of the facility that they are assigned to. An interview with PREA Compliance Manager verified all staff, if they transfer from the NMDOC female facility receives a facility-specific orientation which includes a gender specific refresher for GCCF.

The auditors review documentation of employee signatures or electronic verification validating comprehension of the training for staff, contractors and volunteers. The auditor received training records for staff selected from a list of staff hired during the 12-month review period. The auditor also received training records for contractors and volunteers selected from the list provided and verification of their training was provided.

c.

	<p>The facility provides PREA In-Service on an annual basis and covers the Zero tolerance policy every year which is above and beyond the standard expectations.</p> <p>d.</p> <p>The facility requires all staff who have completed training to sign an acknowledgement form, this was discussed with the facility training director during the onsite visit interview and was also validated during the documentation review.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which exceeds this standard.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>PREA Volunteer Training PowerPoint</p> <p>HR Website Contractors and Volunteers</p> <p>PREA Fact Sheet Revised</p> <p>NCIC volunteer Background Information</p> <p>Volunteer Training Acknowledgement forms</p> <p>Code of Ethics Signature form</p> <p>PREA Compliance Manager</p> <p>Observations During Site Visit</p> <p>a. b. c.</p>

	<p>Policy clearly establishes that prior to contact with any inmate, any employee, volunteer and/or contractor will have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The auditor reviewed the training PowerPoint for PREA Volunteer/Contractors and found the PREA standards and the facilities zero tolerance is covered and includes the policy, their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Additionally, they are required to read and sign an acknowledgment of their understanding of the policy and the training received. The facility reports 11 individuals approved for admittance to the facility who qualify as volunteers and 31 contractors have completed the required training. The facility also provided a spreadsheet indicating dates on which the training was completed. Individual records and subsequent interviews confirmed that the contractors and volunteers had been trained on their responsibilities under the agency's policies and procedures, had been notified of the agency's zero-tolerance policies regarding sexual abuse and sexual harassment, and trained on how to report these incidents. This was discussed with the facility training director and the PREA Compliance Manager during the onsite visit interviews and was also validated during the documentation review.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 041000 Inmate Orientation</p> <p>Orientation Verification Signature</p> <p>Orientation Quick Reference Guide</p>

Booklet Don't Touch Me

Education Book Ending Silence

Interpreter Resource Memo

Language Line Instructions

PREA Posters

Sign Language Interpreting Service Contract

Inmate PREA Handbook English

Inmate PREA Handbook Spanish

PREA Playing Cards

Victim Support Services Poster

Inmates

Intake staff

PREA Compliance Manager

Observations During Site Visit

a.

The facility indicated in response to the pre-audit questionnaire that inmates receive information at the time of intake regarding the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment. In the past 12 months, 100% of newly admitted inmates were given this information at intake. Policy states GCCF provides thorough education to inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the specific agency policies and procedures for responding to such incidents. Policy also states the facility must also ensure key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. This information shall be communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at a facility. Information will be made available to inmates, as needed to include those who are Limited English Proficient, deaf, visually impaired, otherwise disabled and limited in reading skills.

Within the first few hours of their arrival, new intakes are told about the zero-tolerance for sexual abuse and sexual harassment, receive the PREA brochure and will see the posters which are in the intake area. During the onsite audit phase, the

auditors observed the intake process, and the education/orientation provided for inmates. The facility provides a handbook at intake and orientation to the inmates which explains their rights and has definitions and resources outlined.

Posted information is displayed throughout the intake unit and is supplied to all incoming inmates in their preferred language and/or language line interpreter services are utilized. Intake staff distribute handbooks and brochures, answer questions, and reach out if accommodations are needed to assist with the someone needed the language, an interpreter or assistance due to a disability. The auditors observed the PREA posters in English and Spanish throughout the facility, including the intake area. Interviews with the intake staff confirmed that incoming new arrivals are typically processed within a few hours but always within 24 hours of arrival. The facility reported the number of inmates admitted during the past 12 months who were given this information at intake is 719.

The Auditor reviewed (34) files of inmates who arrived within the prior 12 months and found signed documentation that all received information about the zero-tolerance and how to make a report at intake within 24 hours. These records and interviews with the inmates and the PREA Compliance Manager affirms they meet with incoming inmate within the first 24 hours to review the PREA information and to let them know they are the PREA Compliance Manager for the facility and can assist with any questions or concerns related to PREA.

b.

The facility indicated in the response to the pre-audit questionnaire in the past 12 months 100% of inmates received comprehensive education on the rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on the agency policies and procedures for responding to incidents within 30 days.

The policy establishes that facility staff must provide information to inmates about sexual abuse, sexual harassment and sexual assault including prevention/intervention; rights to be free from sexual abuse, sexual harassment and retaliation for reporting such; self-protection; how to report; zero-tolerance; reporting sexual abuse/assault; and counseling.

The facility reported that 611 individuals were admitted during the past 12 months

(whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

The inmates interviewed indicated they were aware of the PREA [rules] and who the PREA staff was [Compliance Manager] at the facility. The auditors randomly selected inmate records to review for evidence of education acknowledgment while onsite. Each of the file reviews contained evidence that the inmates received the Inmate Handbook, PREA brochure, and PREA training and all were dated the same date of the inmate's respective admission.

c.

All inmates receive PREA education within the first week of arrival. The policy states all information shall be communicated orally and in writing, in a language clearly understood by the offender, upon arrival at a facility. Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment hands to be free from retaliation for reporting such incidents , and regarding policy sees and policies and procedures for responding to such incidents in addition to providing such education , the agency shall ensure that key information is continuously and readily available or visible to inmates through posters inmate handbooks or other written formats.

d.

The facility indicated all inmates received PREA education within the first week of arrival and this was verified through document review of inmate files. The policy includes direction for staff to assist individuals as needed in understanding orientation and PREA materials. This includes translations or alternative formats for individuals identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. This information shall be communicated orally and in writing, in a language clearly understood by the inmate, upon arrival at a facility. Information will be made available to inmates, as needed to include those who are Limited English Proficient, deaf, visually impaired, otherwise disabled and limited in reading skills. Participants who cannot speak/understand English will be provided the information using a

	<p>qualified interpreter. The agency publishes the PREA hotline poster, zero tolerance poster, and PREA brochure in Spanish, and English; the auditors observed these posters on bulletin boards and walls of housing and in communal areas throughout the facility during the site review. All inmates at the facility were proficient in English. The interviews with staff and incarcerated individuals, as well as document reviews and observations during the site visit did not contradict the facility's claim that they do not house these targeted individuals.</p> <p>The auditor reviewed the Inmate Handbook, which contains pertinent information regarding the individual's rights to be free from sexual abuse and how and to whom to make a report. During the site visit, the auditor observed posters in all the housing units and in other communal areas throughout the facility. Inmates mentioned the abundance of PREA posters in the facility during the interviews. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, handbooks, or other written formats. Interviews with random inmates confirmed the PREA information is always available to them.</p> <p>e.</p> <p>The auditors reviewed documentation of inmates' participation in comprehensive education sessions and through document review observed verification of inmate signatures that corresponded with their intake dates. GCCF ensures pertinent information about the agencies PREA policies are available and visible through handbooks, posters, brochures, other written formats, in English and Spanish, and posted throughout the facility in multiple formats for inmates to observe and have individuals copies of materials.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	The auditors reviewed and interviewed the following to determine compliance:

CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting

Department of Public Safety PREA Letter 2022

Office of Professional Standards Investigator Class PowerPoint

OPS Module One Student Guide

OPS Module Two Student Guide

Investigator Certificates

a.

The facility acknowledged all investigators are trained with specialized PREA training on the pre audit questionnaire and provided certificates for all investigators. The policy outlines the training requirements. The auditor reviewed the training curriculum which has components regarding policy, sexual safety, interviewing, trauma, and report writing.

The investigators were interviewed during the onsite portion of the audits and indicated they primarily complete administrative PREA investigations. They each indicated they had initial in person training and ongoing regular refresher training regarding administrative investigations. The investigators remembered topics regarding interview techniques, evidence collection, documentation, what to do if there's an urgent need, understanding advocacy and providing trauma informed care, understanding special needs groups and LGBTQTI survivors.

Policy ensures Investigative staff must take the training class for their respective specialized areas concerning PREA. There are 6 agency investigators at GCCF who have completed the Specialized Investigation Training. The facility provided training records for the designated facility investigators (6) indicating they have all completed the required training and the advanced course, Module 2, exceeds the training requirements for this standard. The auditor's review of the case files confirmed that investigations were completed by a specially trained investigator. The auditor reviewed the curriculum for the training and found that the training met and exceeded the standard.

b.

The specialized training curriculum includes the proper use of Miranda and Garrity, Weingarten, 5th Amendment rights, New Mexico Corrections Department Secretary

	<p>Statutory authority, the crime scene, examinations, first responder responsibilities and what it takes to prosecute. The class also goes into detail regarding effective interviews, understanding the difference between an interview and an interrogation, understanding the preponderance of evidence and articulating and defining findings for the investigation. The class includes lecture individual activities, reading assignments, guided instruction and scenario building. There are two modules, and each module is approximately 40 hours of training.</p> <p>c.</p> <p>The auditors reviewed the training records of investigative staff and certificates showing completion of specialized training for each of the GCCF investigators.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which exceeds this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>NM DOC module 1 handouts JDI Specifics Medical and Mental Health</p> <p>NM DOC module 2 handouts Standards and Reporting</p> <p>NM DOC module 3 handouts Effective Response to Abuse</p> <p>NM DOC module 4 handouts Respectful Communication with LGBTI Prisoners</p> <p>NM DOC module 5 handouts Forensic Services in New Mexico</p> <p>Training Director</p> <p>Information Obtained from Interviews</p> <p>Observations During Site Review</p> <p>PREA Compliance Manager</p>

	<p>a. c.</p> <p>According to policy, in addition to the general training provided to all employees, GCCF ensures all full and part time healthcare professionals and mental health professionals who work with in meats receive specialized medical training. Medical and mental health practitioners complete a learning management system consisting of modules 5 modules which is a standard condition of employment and the onboarding process.</p> <p>b.</p> <p>The medical department does not conduct forensic medical examinations.</p> <p>d.</p> <p>The auditor reviewed the training content and found the elements required for the specialized training were present. Both mental health staff training and medical records indicated that they have been trained. During interviews staff were able to articulate the responsibilities and understanding of how to detect and assess signs of sexual abuse and harassment in addition how to preserve evidence of sexual abuse, how to respond effectively and professionally the victims and how to report and whom to report allegations or any suspicions of sexual abuse and harassment staff indicated they were comfortable with the training and that they receive regular refreshers annually and during staff briefings and in services.</p> <p>During the interview, the training director responded that the agency maintains documentation in the learning management system and has a test-out during the module completion. The training director tracks who have completed training according to their hire date. This auditor cross-referenced a random sample of training records, and all staff had received the required training in accordance with this provision.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150800 Transgender Intersex, and/or Gender Nonconforming policy</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p>

Procedures

SRSV Assessment Tool

Completed Tools,

30-day Review Examples.

Information Obtained from Interviews

Observations During Site Review

Randomly selected Inmate files

PREA Compliance Manager

Medical and mental health staff

Staff responsible for Screening

Random selected inmates

a. b.

Policy mandates that all inmates must be screened with the standard objective screening tool within 48 hours of arrival at the facility and reassess within 25 days after arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.

Based on staff interviews and the review of inmate files it was determined by this auditor the initial screening process is completed within the 72-hour standard requirement and the 48-hour policy requirement. The intake process and screening process was observed during the onsite review by the auditor.

Staff reported inmates are interviewed quickly upon intake and arrival, typically within two hours. Staff also reported any identified risk would be reported up the chain of command and would be immediately followed upon. Inmates also reported being seen immediately upon intake and having the screening tool read to them sometimes through a translator if necessary and in a secluded area.

c. d. e.

The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included as part of the risk screening form. NMCD does not detain individuals solely for civil immigration

	<p>purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse to assess an individual's risk of being sexually abusive. Assessments are evaluated through direct conversation with the individual and a review of the individual's prior criminal history and institutional record. Interviews were conducted with the PREA compliance manager, the staff responsible for screening intake staff and medical staff.</p> <p>Staff indicated they had medical information on a need-to-know basis. The forms were complete and details matched intake dates and had comments by the screeners.</p> <p>f. g.i.</p> <p>Policy states that inmates must also be reassessed 25 days after their arrival. Inmates are also reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information of an inmate's risk of sexual victimization or abusiveness. The facility provided a SNRS report that indicated that (234) inmates received their follow-up screening within 30-days of intake. The Auditor's review of sample files determined that reassessments are completed within 25 days. The auditor interviewed case managers and confirmed that they are notified through CMIS when a reassessment is due. It alerts them to complete the reassessment within 25 days according to policy. The PCM explained that after a PREA incident, they conduct a reassessment on both the victim and perpetrator, where indicated. The auditor reviewed 25 inmate files and found all within compliance. All files were maintained in the secure password controlled electronic system.</p> <p>h.</p> <p>Policy establishes inmates shall not be disciplined for refusing to participate in the screening process. None of the inmates interviewed by the auditors reported being disciplined for refusing to participate in the screening process.</p> <p>Based on analysis and evaluation of the evidence reviewed, the agency and facility have demonstrated compliance with all provisions of this standard. GCCF conducts the initial risk screening within 48 hours of arrival, which exceeds the requirement for this standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditors reviewed and interviewed the following to determine compliance:

CD 150800 Transgender Intersex, and/or Gender Nonconforming policy

CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting

SRSV Assessment Tool

Information Obtained from Interviews

Observations During Site Review

Targeted Inmate files

PREA Compliance Manager

Staff Responsible for Screening

Random selected inmates

Randomly selected Inmate files

PREA Compliance Manager

The agency has formed a Transgender classification committee which of adult prisons the health services director and the behavioral health committee will meet and discuss the needs of the transgender inmate's potential placement. All inmates go through central intake and are screened through this process if they have any indication or have a request to have a transfer.

During the interview with the Acting PREA Coordinator, she indicated she is also on the new Governor's board of The Director of House Memorial 40/Senate Memorial 37 Compliance with Federal Prison Rape Elimination Act (PREA) Legislative Task Force Summary of Current and Future Work. The Goals of HM 40/SM 37: provide recommendations for policy and legislative changes—if any are necessary—to improve compliance with the federal Prison Rape Elimination Act of 2003 in New Mexico. This collaborative work will enhance many of the standards in communication with partners and stakeholders throughout the state and all the facilities regarding the standard implementation and needs of transgender individuals.

a.b. Policy establishes that housing and program assignments will be made using information obtained during the risk screening. The PCM, case managers, and medical

staff explained that the facility uses information obtained in the risk screening for housing, bed, work, education, and program assignments with the goal of keeping separate individuals at high risk of being sexually victimized from those at high risk of being sexually abusive. Interviews confirmed that there is open communication among the Unit Managers, security, and case management staff, who talk regularly to discuss current issues that are going on in their respective areas of supervision. The facility uses CMIS to identify inmates who scored high on their screening instrument which automatically creates a "Risk" flag that will be reviewed by necessary staff when deciding, work, and programming assignments.

c. g

The auditor interviewed the acting PREA Coordinator who described their Transgender Policy and how it is implemented at all sites. They explained the Transgender Advisory Group considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The statewide policy prohibits the placement of lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in dedicated facilities, units, or wings solely based on such identification or status. Through site observation and discussion with the PREA compliance manager this auditor was able to confirm GCCF does not place lesbian, gay, bisexual, transgender, gender non-conforming, or intersex individuals in units, or wings solely based on such identification or status. A review of the housing roster compared to the list of inmates identifying as LGBTI showed no pattern to indicate this is occurring. Additionally, interviews with inmates from this targeted category also confirmed they had never been housed in dedicated facilities, units, or wings solely on the basis of such identification or status.

d.e,

Policy insures programming and individual placement for transgender inmates must be screened every six months. Additionally, a transgender or intersex inmate's own view with respect to their own safety shall be given consideration. Policy also states any transgender inmates who wish to shower separately in facilities with dorm style showers must request to do so in writing to the Warden. The Warden will designate, by memo, two shower times where the individual making the request can shower privately during count time. There is a direct line of sight into the bathroom/shower shared area for officers to observe as inmates come and go into the area. During interviews on site staff confirmed there were no inmates who had made a request to shower in a separate area. Interviews with inmates, security supervisors, security line staff, and the PREA compliance manager confirmed that transgender inmates are allowed to shower separately from other individuals upon request.

	Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 141100 Protective Custody Policy</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>CD 141500 Restrictive Housing</p> <p>Targeted inmate files</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>Segregation staff</p> <p>Random selected inmates</p> <p>Observations During Site Review</p> <p>a.b.c.</p> <p>According to agency policy, any placement of inmates at high risk of sexual victimization in involuntary segregated housing is prohibited, unless an assessment of alternatives has been made and is the last resort. If any inmate would be placed in segregation for protection, they would be offered privileges to the extent possible.</p> <p>GCCF reported zero inmates were held in restrictive housing during this audit period for the purpose of placing an inmate at high risk for sexual victimization in involuntary segregation. GCCF did not have any completed forms to review as no inmates at substantial risk of victimization had ever been placed in segregated</p>

	<p>status. An interview with the Warden and with a staff member who supervised inmates in segregated housing confirmed they had not observed anyone being placed in segregation during the during their duty for the purpose of meeting in assessment in being at high risk for sexual victimization.</p> <p>GCCF reported zero inmates were held in restrictive housing during this audit period for the purpose of protecting an inmate at high risk for sexual victimization, therefore there were no files to review specific to this provision.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which meets this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>MOU Colorado External Party Reporting</p> <p>PREA Reporting Sign Spanish</p> <p>PREA Reporting Sign English</p> <p>Inmate PREA Handbook English</p> <p>Inmate PREA Handbook Spanish</p> <p>PREA Poster</p> <p>PREA Staff Education Signs</p> <p>Inmate files</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p> <p>Random selected inmates</p> <p>Observations During Site Review</p>

a.

GCCF provides several methods to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape Crisis Center from any inmate phone at *9999; calling the NMCD PREA Reporting line from any inmate phone at *8888 or (505) 827-8524; writing directly to the PREA Compliance Manager or Warden; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance or sick call slip; reporting to the PREA Coordinator; by having a family member or friend report it to the facility or email PREAReporting@statenm.us. Inmates are also informed they may make a report on behalf of someone else. The auditor confirmed during interviews with the inmates they knew there were many options to report something should the need arise. Those interviewed could explain multiple ways of reporting sexual abuse or sexual harassment. They also understood the PREA compliance manager would meet with them if they asked, and several inmates stated they knew they could reach out to her if they needed anything. Most of the individuals stated that they would feel comfortable reporting directly to a staff member. The auditor placed a test email from a fake account and a test call to these lines from a randomly selected phone on a housing unit successfully.

b.

Policy establishes that inmates may also report an allegation of sexual abuse or harassment to the Colorado Corrections Department, an office that is not part of the NMCD, by writing to PREA, Colorado Corrections Department. The PREA, Colorado Corrections Department will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to the Agency PREA Coordinator for review and investigation. An inmate may request that the PREA Colorado Corrections Department allow them to remain anonymous, and the PREA Colorado Corrections Department will not include their name in the report.

c.

Policy requires staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Any verbal reports are to be promptly documented and forwarded for investigation. This information is also covered in the Prison Rape Elimination Act training that is mandated for all staff prior to assuming any duties for the NMCD. Case files indicate all that were reported directly to a staff member, either in writing or verbally, staff immediately notified the Shift Commander who immediately made

	<p>required notifications which included the facility Investigator. An incident report was completed for all reports, verbal and written.</p> <p>D.</p> <p>Policy instructs employees to report misconduct to a higher authority if their direct supervisor may be involved or if the report has not been given appropriate attention at the reported level. Multiple channels will be made available for reporting including, but not limited to, other disciplinary authorities such as the Warden, Regional Managers or OPS. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which exceeds this standard.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>MOU Colorado External Party Reporting</p> <p>PREA Reporting Sign Spanish</p> <p>PREA Reporting Sign English</p> <p>Inmate PREA Handbook English</p> <p>Inmate PREA Handbook Spanish</p> <p>PREA Poster</p> <p>PREA Staff Education Signs</p> <p>Inmate files</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p>

Random selected inmates

Observations During Site Review

a.

GCCF provides several methods to report sexual abuse and sexual harassment. Reports can be made anonymously. Options include calling the Rape Crisis Center from any inmate phone at *9999; calling the NMCD PREA Reporting line from any inmate phone at *8888 or (505) 827-8524; writing directly to the PREA Compliance Manager or Warden; reporting to any staff, volunteer, contractor, or medical or mental health staff; submitting a grievance or sick call slip; reporting to the PREA Coordinator; by having a family member or friend report it to the facility or email PREAReporting@statenm.us. Inmates are also informed they may make a report on behalf of someone else. The auditor confirmed during interviews with the inmates they knew there were many options to report something should the need arise. Those interviewed could explain multiple ways of reporting sexual abuse or sexual harassment. They also understood the PREA compliance manager would meet with them if they asked, and several inmates stated they knew they could reach out to her if they needed anything. Most of the individuals stated that they would feel comfortable reporting directly to a staff member. The auditor placed a test email from a fake account and a test call to these lines from a randomly selected phone on a housing unit successfully.

b.

Policy establishes that inmates may also report an allegation of sexual abuse or harassment to the Colorado Corrections Department, an office that is not part of the NMCD, by writing to PREA, Colorado Corrections Department. The PREA, Colorado Corrections Department will receive and immediately forward reports of sexual abuse, sexual harassment, and unauthorized relationships to the Agency PREA Coordinator for review and investigation. An inmate may request that the PREA Colorado Corrections Department allow them to remain anonymous, and the PREA Colorado Corrections Department will not include their name in the report.

c.

Policy requires staff to accept reports of sexual abuse, sexual harassment, and unauthorized relationships made verbally, in writing, anonymously, and from third parties. Any verbal reports are to be promptly documented and forwarded for

	<p>investigation. This information is also covered in the Prison Rape Elimination Act training that is mandated for all staff prior to assuming any duties for the NMCD. Case files indicate all that were reported directly to a staff member, either in writing or verbally, staff immediately notified the Shift Commander who immediately made required notifications which included the facility Investigator. An incident report was completed for all reports, verbal and written.</p> <p>D.</p> <p>Policy instructs employees to report misconduct to a higher authority if their direct supervisor may be involved or if the report has not been given appropriate attention at the reported level. Multiple channels will be made available for reporting including, but not limited to, other disciplinary authorities such as the Warden, Regional Managers or OPS. Staff interviews confirmed that they are aware they may go outside of their chain of command and report misconduct privately through this method.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which exceeds this standard.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150300 Access to Telephones, Telephone Monitoring, Attorney Phone Calls</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>CD 151200 Correspondence Regulations</p> <p>MOU Colorado External Party Reporting</p> <p>PREA Reporting Sign Spanish</p> <p>PREA Reporting Sign English</p> <p>Solace Sexual Assault Services Advocacy PDF</p> <p>Inmate PREA Handbook English</p> <p>Inmate PREA Handbook Spanish</p>

PREA Poster

Inmate files

Information obtained from interviews

PREA Compliance Manager

Observations During Site Review

Inmate files

Local resources for advocacy and support

Observations During Site Review

a. b.

Policy states inmates are allowed to make privileged and confidential unmonitored telephone calls as an exception to their attorney and to local Rape Crisis centers with whom the facility has a memo of understanding. Inmates shall be allowed limited privileged correspondence with certain classes of persons who are not attorneys consistent with policy CD 151200. Sexual abuse advocacy services are available or made available to victims of sexual abuse through local resources. If requested by the victim, the investigator or shift supervisor will call a victim advocate. The prior brochure contains advocate information along with the pre brochures and the handbook. The facility also displays contact information on posters throughout the common areas and in the living units throughout the facility. Based on the auditor's interview with the agencies designated advocate services they would respond within 24 hours to assess the need of the victim.

c.

New Mexico Corrections Department has a phone number of *99 which is available to call from all inmate telephones throughout the agency. This call is free and unrecorded unmonitored to the entire inmate population. This phone number leads to the local Rape Crisis center. Postings of this phone number are in all housing areas and general areas where inmates have access to phones. The New Mexico sexual assault coalition also provides a list to each inmate upon release to the community of all the local mental health providers who specialize in sexual assault there is a listing for the entire state of New Mexico. They also provide outside victim advocates who are available both while incarcerated and also upon release.

New Mexico Corrections Department has entered into a memo of understanding with La Pinon Center Which states that they will make involvement of Rape Crisis advocates 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. They will provide

	<p>inmates with the mailing address and telephone numbers, including toll free hotlines were available of the local and state victim advocacy and Rape Crisis organizations. The institution will enable reasonable communication between inmates and these organizations and agencies with confidentiality to the greatest extent possible. Hotline calls will not be made as collect calls. They will respond to the facility for advocacy meetings and respect the nature of privileged communication between a Rape Crisis advocate a client and maintain confidentiality in accordance with policy. When the facility opened, they entered into a memorandum of understanding with Solace Crisis Treatment Center who provides inmates with confidential emotional support services related to sexual abuse. A review of records indicated this referral process clearly meets the standards.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 151200 Correspondence Regulations</p> <p>Public website PDF</p> <p>Inmate PREA Handbook English</p> <p>Inmate PREA Handbook Spanish</p> <p>PREA Reporting Sign Spanish</p> <p>PREA Reporting Sign English</p> <p>PREA Poster</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>MOU Colorado External Party Reporting</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p> <p>Observations During Site Review</p>

	<p>a.</p> <p>The agency has established a method to receive third-party reports of sexual abuse and sexual harassment by providing a toll-free PREA Hotline at 505-266-7711, and callers may remain anonymous. Additionally, third parties can email PREAReporting@state.nm.us, or contact an outside agency by writing to Colorado Department of Corrections, 1250 Academy Park Loop Colorado Springs, CO 80910.</p> <p>Posters are posted throughout the facility in areas where incarcerated individuals and visitors have access and are published in both English and Spanish. Information on third party reporting is made public on the department website by accessing the following drop-down menus: Division\Administrative Support\Office of Inspector General\Prison Rape Elimination Act. Interviews with inmates confirmed they are aware they can have a relative or friend make a report of abuse, sexual harassment on their behalf, and anonymously through third-party reporting. This auditor conducted a test of the third-party reporting e-mail from a private anonymous e-mail and within three hours received a response saying the test was valid.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which exceeds this standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Course Curriculum 2022</p> <p>CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting</p> <p>Corrections 101 PREA PowerPoint Training</p> <p>PREA staff signs</p> <p>Random staff</p> <p>Observations During Site Review</p>

a.

Policy states all employees are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All reports shall be forwarded to applicable disciplinary authority such as the Warden, Region Manager, Bureau Chief, or Division Director and the Office of Professional Standards [OPS]. The auditor's interviews with staff confirmed a clear knowledge of their duty to immediately report such incidents. 115.61(b):

b.

Policy includes the requirement for staff to maintain all confidentiality information related to reports of sexual abuse and requires apart from reporting to designated supervisors or officials, staff shall not reveal information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. interviews with random staff confirmed knowledge of confidentiality and that release of this information outside of official need is a violation of agency policy.

c.

Medical and mental health staff interviewed by the auditors confirmed that the mandatory reporting of incidents of sexual abuse and sexual harassment that occur during incarceration is a requirement and is not affected by any Federal, State, or local law to be withheld for confidentiality purposes. Medical and mental health staff are mandatory reporters. During the interview process with inmates, medical and mental health staff inform all individuals of the limitations of confidentiality prior to delivery of services. This information is conveyed in writing through their release form 180201-1.

d.

The facility does not house inmates under the age of 18.

e.

The policy clearly explains that all allegations of sexual abuse and sexual harassment including any third party and anonymous reports our report started to the facilities designated investigators. Through interviews with randomly selected staff, they were able to identify who the investigators at the facility were and how to report multiple

	<p>methods such as anonymously or through a third party and/or through the chain of command.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>CD 141100 Protective Custody Policy</p> <p>Warden</p> <p>Agency Head</p> <p>Acting PREA Coordinator</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p> <p>Observations During Site Visit</p> <p>a.</p> <p>Policy states offender protections against abuse and sexual misconduct whenever staff or the agency believe an inmate is at substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. This policy is applicable and requires all staff, vendors, contractors, volunteers and is thoroughly trained upon initial hire and during the onboarding process.</p> <p>The protective custody policy states in addition the policy of New Mexico Corrections</p>

	<p>Department 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.</p> <p>GCCF has had no investigations in which it learned that an inmate was subject to a substantial risk of imminent sexual abuse, therefore no immediate action was necessary to document. When a facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it should take immediate action to protect the inmate. During the interview with the prior compliance manager this was clearly articulated and is reviewed with the ongoing training that is conducted with a PREA compliance managers on a regular basis and also during their ongoing mock audits and team discussions.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>Acting PREA Coordinator</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>a.b.c.</p> <p>The policy states if an inmate reports any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in another facility, that warden of the facility that received the information just immediately no later than 72 hours, report it to the warden of the facility where it is alleged to have occurred. If the incident is alleged to have occurred at an agency other than the New Mexico Corrections Department, that report should be forwarded to the agency be a</p>

	<p>coordinator, who will immediately notify the outside agency no later than 72 hours. The facility must maintain documentation of all notifications to other facilities. The PREA coordinator will maintain all documentation of external notifications.</p> <p>d.</p> <p>There have been no reports from outside agencies made to GCCF during this audit period.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.64 Staff first responder duties	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>PREA Course Curriculum 2022</p> <p>Corrections 101 Agenda</p> <p>Sexual Abuse First Responder Duties</p> <p>GCCF Coordinated Response Plan</p> <p>First Responder Duties Memo</p> <p>Observations During Site Review</p> <p>a.</p> <p>Policy and the Sexual Abuse First Responder booklet clearly identify a step-by-step process for first responder protocols which support the standard response for an incident of sexual abuse. These steps include to place the affected unit on a lock-down and suspension of program services for an appropriate time; upon identification of the victim and assailant(s), the facility or program administrator will assure the separation of the victim from his or her assailant(s).</p> <p>The staff interviewed both security and non-security insured that the alleged victim would not take actions that might destroy evidence prior to notifying security staff. Staff were able to articulate step by step responses needed to be taken as a first</p>

	<p>responder Such as not showering not brushing their teeth, not changing clothes.</p> <p>The facility reported there were [1] allegations that an inmate was sexually abused in the last 12 months. The first security staff member to respond to the report separated the alleged victim and abuser in all cases. The Sexual Abuse Prevention and Response training is mandatory for all staff and includes specific training in first responder duties. Many staff interviewed had the PREA First Responder Pocket Card issued by the facility, which provides step-by-step instructions for a First Responder. All security and non-security staff interviewed were knowledgeable of their first responder duties. The auditor conducted interviews with random security and non-security staff and found all to be knowledgeable about their first responder duties. Training records confirmed that staff received this training during their initial and annual in-service.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>PREA Course Curriculum 2022</p> <p>Corrections 101 Agenda</p> <p>Sexual Abuse First Responder Duties</p> <p>GCCF Coordinated Response Plan</p> <p>First Responder Duties Memo</p> <p>Observations During Site Review</p> <p>a.</p> <p>The GCCF Coordinated Response Guide is placed in the master control security</p>

	<p>manual along with all the emergency plans for the facility. Staff who are assigned to master control are made aware of the manual and know the emergency plans are placed there. Training for first responders is conducted during orientation and annual in-service training by the training director and also during the PREA orientation classes and onboarding. The first responder cards are also given to all new staff during onboarding. All staff who have our role as a member of the coordinated response team have training with the PREA compliance manager on a monthly basis.</p> <p>Policy reinforces the importance of first responder duties along with the coordinated response plan which is a comprehensive guide. The coordinated response plan provides Guadalupe County Correctional Facility (GCCF) staff a clear, organized, and attainable method of guidance to follow when there is an allegation of sexual abuse/sexual harassment.</p> <p>The following actions will be taken promptly by the coordinated response team. Response team includes (as applicable to incident): First Responder, Shift Custody Supervisor, Medical and Behavioral Health Practitioners, PREA Compliance Manager, Warden, Rape Crisis Advocate, Law Enforcement, Transport Officer and Classification Officer. Follow through and clear communication by each team member is imperative throughout an allegation of sexual assault or sexual harassment. Staff shall not reveal any information related to the incident other than on a need-to-know basis. It is the victim's right to disclose or not disclose information.</p> <p>The guide includes individual directions for each responder on sexual abuse allegation responses for first responders, shift custody supervisors, compliance managers, the warden, medical staff, behavioral health practitioners, transport staff, investigators, classification officers, it also has individual responses for the same staff regarding all sexual harassment allegations. It includes appropriate responses for shift supervisors and also resources for interpreter resources, victim advocacy, sexual assault nurse examiners, how to preserve evidence, and also a listing of important numbers.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which meets this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>AFSCME council 18 New Mexico Agreement</p> <p>Warden</p> <p>Agency Head</p> <p>Human Resources</p> <p>Information obtained from interviews</p> <p>PREA Compliance Manager</p> <p>Observations During Site Visit</p> <p>a.</p> <p>Based on the interviews with human resources, the Warden, PREA Compliance Manager and a review of the labor agreement in place with the agency, the Appointing Authority may place an employee who is the subject of a disciplinary investigation on investigatory leave with pay provided a reasonable basis exists to warrant such leave. A review of the investigation files indicated there were no allegations against a staff member that warranted removal from contact with incarcerated individuals pending the outcome of the investigation within the prior 12 months.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which meets this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>CD 150102.2</p>

Inmate files

Acting PREA Coordinator

PREA Compliance Manager/Investigator/Person Responsible for Monitoring

Warden

Observations During Site Review

Information obtained during interviews

a.

The policy states any employee, inmate or other person who in good faith reports abuse or sexual misconduct will not be subject to retaliation. Information will be kept confidential. The warden or their designee will monitor those who report sexual abuse or cooperate with investigations for 90 days and take appropriate steps to protect individuals from retaliation, including periodic status checks on inmates. When the outcome of an investigation results in substantiated or unsubstantiated the case is placed on a calendar reminder for retaliation monitoring to occur at a minimum of 30 days 60 days and 90 days or beyond have indicated upon further discussion. At each review, the assigned investigator will look at the inmate's disciplinary history, work history and location within the facility. In addition, the PREA compliance manager will have a face-to-face visit with the inmate and document if any noted retaliation is occurring. If there are changes in any of the above areas an e-mail or phone call will be made to the facility to inquire about the circumstances of the change. If it is determined that a change is due to retaliation, the investigator will take steps to rectify the situation, whether it be dismissal of a report, Brian reinstating a job or programming adjustments to the inmates housing. During the retaliation monitoring, if the inmate has transferred to another facility, outreach to the facility where the inmate was moved is contacted for continued retaliation monitoring. All points of monitoring are entered into the pre management system. Continued communication among the facilities and within the facility management and supervisors of the living units isn't the ongoing responsibility of the PREA coordinator and the PREA compliance managers.

The PREA Compliance Manager at GCCF investigates the allegations and is responsible for all retaliation monitoring. During our interview we reviewed her organization and method of tracking her investigations and the process of following investigations from beginning to end through initiation of an allegation and continued retaliation monitoring.

b.

	Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which meets this standard.
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 141100 Protective Custody Policy</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p>Inmate files</p> <p>Segregation Staff</p> <p>Shift Supervisor</p> <p>Warden</p> <p>Major</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>Policy states under protection against sexual abuse and sexual misconduct that the placement of inmates determined to be at a high risk of sexual victimization into special management shall cite the basis for the facilities concerned for the inmate safety and the reason why no alternative placements are appropriately consistent with the policy. Further additional policy states protective custody 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. GCCF had no inmates placed in protective custody during the audit period.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with which meets this standard.</p>

115.71	Criminal and administrative agency investigations
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 1374 376">The auditors reviewed and interviewed the following to determine compliance:</p> <p data-bbox="256 488 1390 521">CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting</p> <p data-bbox="256 555 1366 633">CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting</p> <p data-bbox="256 667 456 701">OPS Template</p> <p data-bbox="256 745 735 779">Sampling of Investigative Reports</p> <p data-bbox="256 813 608 846">Acting PREA Coordinator</p> <p data-bbox="256 880 639 913">PREA Compliance Manager</p> <p data-bbox="256 958 443 992">Investigators</p> <p data-bbox="256 1025 512 1059">PREA Coordinator</p> <p data-bbox="256 1104 719 1137">Observations During Site Review</p> <p data-bbox="256 1171 807 1205">Information obtained during interviews</p> <p data-bbox="256 1317 347 1350">a. f. g.</p> <p data-bbox="256 1462 1453 1664">The OPS Policy states, OPS Investigators shall gather and preserve (or cause to be gathered and preserved) direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.</p> <p data-bbox="256 1675 1477 1832">This Policy also states, when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.</p> <p data-bbox="256 1944 1461 2056">The assigned investigator will complete the investigation report, form (CD-031801.2) within 23 calendar days. Based on an interview with the PCM/Investigator, cases at the local level will be completed within 23 calendar days unless it requires longer to</p>

complete a thorough investigation. Additionally, the PCM/Investigator explained that all allegations, regardless of how they are received, will be investigated thoroughly, objectively, and promptly, including third-party and anonymous reports.

There were 11 inmates at the facility during the site visit who had reported sexual abuse or sexual harassment, and the auditor interviewed 6. The auditor reviewed all 11 case files and verified that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

b.

NMCD OPS policy and OPS training for investigators cover practices for prompt, thorough and objective investigation for all reports. NMCD Policy also requires that all investigators, OPS Investigators and Investigations Officers shall attend such requisite Department approved training as the OPS Bureau Chief directs. Specifically, at a minimum all OPS Investigators and Investigations Officers shall complete a 40-hour administrative investigations training course conducted by the NM Corrections Department Training Academy (NMCTA); PREA training for investigators; civil rights training for investigators; and labor relations training. Unless exempted or extended by the OPS Bureau Chief, all such training must be completed within six (6) months of assignment, promotion or other qualifying event.

c.

The policy states all usable evidence is available to use during the investigation to hold the perpetrator accountable. The investigators are able to utilize the information provided in the investigation to determine whether it be criminal or strictly administrative to proceed with their findings. The investigators interviewed described gathering evidence including records, physical evidence electronic evidence, reports video and any other item that would help to provide material documentation for their investigative reports. The review of the investigative files showed clear documentation of exhibits and interviews, which included a systematic approach which followed the training template that was also provided as a foundation and baseline for the standard.

d. h.

Policy states if probable cause exists the Bureau chief of OPS shall conduct a review to determine the admissibility of any compelled statements. If capture a review the investigator believes a referral should be made, then one is made after consultation

with the New Mexico Corrections Department general counsel. The facility indicated 1 allegation of sexual misconduct occurred and was referred.

This was a recent investigation, and it was still under investigation at the time of the site review.

e.

The policy clearly states the credibility of an alleged victim, suspect or witness will be assessed on an individual basis and will never be determined by the person's status as an inmate or staff. The policy does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with the investigation. The auditors review of investigations confirmed credibility assessments were conducted and included in the investigation file and supported policy and there was no indication a polygraph was ever used. Interviews with the investigators and the PREA compliance manager affirmed they have never used a polygraph exam.

i.

The auditor observed the storage areas of investigative files and PREA related documentation which is collected and maintained by the facility. These are secured and have limited access and are stored in a locked file cabinet within a locked office. Behavioral health and medical also have their own separate storage areas which are locked file cabinets within locked offices. All computer systems and electronic databases are secured on encrypted password protected systems which have passwords that are on a regular scheduled extremely sensitive continually changing password protected device.

The policy states all written reports pertaining to any investigation of sexual abuse or sexual harassment are to be retained for as long as the abuser is incarcerated or employed by the agency, plus five years at a minimum. The policy includes that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with the PREA acting coordinator and the PREA compliance manager confirmed the retention schedule and storage systems for all records in compliance with the standards.

j.

Policy states the employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law

	<p>enforcement for consideration for prosecution. These referrals must be made even if the employee resigns or retires during or prior to the department's investigation. All investigations will be reviewed by the deputy secretary of operations or deputy secretary of administration as necessary in the event there is an investigation regarding any allegation that may be construed as a potential criminal investigation.</p> <p>I.</p> <p>During the investigation, all referrals to the state police are documented in the database. During this auditor's interview with the warden and with the PREA compliance manager they both described maintaining regular contact with local law enforcement [State Police] and having a good relationship with clear communication for investigations. The auditor reviewed the one referral which was forwarded to the state police for investigation.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.72 Evidentiary standard for administrative investigations	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting</p> <p>Office of Professional Standards Investigator Class PowerPoint</p> <p>OPS Module One Student Guide</p> <p>OPS Module Two Student Guide</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>PREA Compliance Manager</p> <p>Investigators</p>

	<p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.</p> <p>The policy establishes there is no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. The facility indicated compliance with these provisions and provided the policy and training materials which are exact in wording to the standard. In discussion with the investigators and the PR EA compliance manager they are well versed in understanding the true meaning of what preponderance of evidence means and we're able to give examples of how it applies in an investigative conclusion process.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.73	Reporting to inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>Selected Investigations</p> <p>PREA Compliance Manager</p> <p>Investigators</p> <p>Memo</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p>

	<p>a.c.d.e.</p> <p>The agency policy clearly requires the inmate to notify the inmate of the outcome of all investigations, both criminal and administrative both regarding allegations against other inmates and allegations against staff. This auditor reviewed all nine investigations and there was clear documentation indicating all victims had been notified in a timely fashion.</p> <p>Staff interviewed reported that the inmates were always notified in writing and the practice was to give the written notice in person and documented in the investigative findings database. This auditor in discussion with PREA compliance manager discussed the value of credibility assessments and ongoing training recommended a newer PREA Resource Center Credibility Assessment in Investigations Guide and as a refresher for all investigators at the facility.</p> <p>b.</p> <p>Policy mandates all investigations of criminal conduct must be reported to appropriate law enforcement authorities by the investigator. The investigator serves as the primary liaison between New Mexico Corrections Department and the appropriate law enforcement agency during the course of any continuing investigation. The investigator is responsible for obtaining relevant information from the investigative agency, [the state police], in order to inform the inmate. One allegation investigation was forwarded during this audit period.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 032200 Code of Ethics</p> <p>CD 037800 Disciplinary Action for Classified Employees</p>

	<p>CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting</p> <p>Selected Investigations</p> <p>PREA Compliance Manager</p> <p>Investigators</p> <p>Memo</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.b.c.d.</p> <p>Policy states 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. Termination is the presumptive disciplinary sanction for any staff who engage in sexual abuse, and staff engaging in sexual conduct with inmates will be reported to any relevant licensing body. All disciplinary sanctions for violations of any agency policy relating to sexual abuse or harassment shall be commensurate with the nature and circumstances of the act committed, the staff members disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. The agency indicated there were no related cases and therefore no disciplinary actions taken. Discussion with the warden and the PREA compliance manager confirm there had only been one current investigation which occurred just prior to the on-site visit which is open and ongoing.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The auditors reviewed and interviewed the following to determine compliance:

CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures

CD 031800 Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting

CD 060200 citizen involvement and volunteers

CD-037800 Disciplinary Action for Classified Employees

Selected Investigations

PREA Compliance Manager

Observations During Site Review

Information obtained during interviews

a.b.c.d.

NMCD Policy states Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, 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. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body.

Policy states if during an administrative or criminal investigation, the Disciplinary Authority, CAO or Bureau Chief of OPS 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 either temporarily placed on paid Administrative Leave subject to the procedures set forth in Policy (CD-037800} Disciplinary Action for Classified Employees; or 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.

In addition, the Citizen Involvement and Volunteers policy states that any volunteer

	<p>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.</p> <p>The GCCF had one case of a contractor/visitors engaging in sexual abuse or sexual harassment within the audit period.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 040100 Inmate Records</p> <p>CD 180200 Behavioral Health Reception and Diagnosis Center [RDC]</p> <p>CD 176100 Patient Rights and Responsibilities</p> <p>Rights to Confidentiality and Release</p> <p>PREA Compliance Manager</p> <p>Discipline Unit Staff</p> <p>Selected Inmate Files</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.</p> <p>Policy sets forth inmate disciplinary sanctions for formal processes regarding inmate-on-inmate sexual abuse or harassment following a criminal finding of guilt. The policy</p>

outlines the parameters for those sanctions which are in alignment with these provisions. In the inmate disciplinary handbook substantiated incidents state that inmates shall be subject to disciplinary sanctions pursuant to a formal process following administrative findings that the inmate engaged in inmate-on-inmate abuse. In the past 12 months the facility had no administrative findings of inmate-on-inmate sexual abuse that occurred in the facility. In the past 12 months the facility had no criminal findings of guilt for inmate-on-inmate sexual abuse.

b.

In the disciplinary handbook, substantiated incidents state that they shall have come commensurate sanctions with the nature and circumstances of the abuse committed, the inmates discipline history and the sanctions imposed for comparable offenses by other inmates with similar histories.

c.

Staff interviewed during the on-site portion stated any inmate-on-inmate sexual abuse would be considered a major rule violation and might result in disciplinary sanctions which would be reviewed by the disciplined supervisor.

d.

Staff interviewed reported therapy counseling and multiple counseling services are available, yet they are not mandatory and do not require that they participate as a condition of access to any behavior management system slash programming requirement.

e.

An interview with the warden and with the PREA compliance manager indicated the facility had no incidents that occurred for this provision. The facility will discipline an inmate 4 sexual contact with the staff upon finding that the staff member did not consent to such contact.

f.

The policy states any employee inmate or person who in good faith reports abuse or misconduct will not be subject to retaliation by staff or inmates. Information will be kept confidential and will be monitored for retaliation. Wardens or their designers will monitor for a minimum of 90 days and take appropriate steps to protect those individuals. Failure to report or to knowingly submit a false report may result in discipline action according to policy.

g.

The inmate handbook, orientation training and policy clearly outlines any sexual

	<p>activity between inmates is prohibited and subject to disciplinary action.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 180200 Behavioral Health Reception and Diagnosis Center [RDC]</p> <p>CD 176100 Patient Rights and Responsibilities</p> <p>Rights to Confidentiality and Release</p> <p>CD 040100 Inmate Records</p> <p>PREA Compliance Manager</p> <p>Staff Responsible for Screening</p> <p>Selected and Random Inmate Files</p> <p>Selected Inmates</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.</p> <p>Policy states that an inmate identified as high risk for sexually assaultive behavior or who has a history of sexually assaultive behavior will be assessed by a mental health or other qualified profess professional but then 14 days of learning of such abuse history and offered treatment as appropriate by a mental health practitioner in addition policy also states that all transferred inmates will also receive an initial</p>

	<p>mental health screening at the time of admission to the facility.</p> <p>A review of the screening forms used by GCCF demonstrates how the intake staff, medical and mental health document the follow up services were those who disclose prior victimization during the screening process and any additional notes or findings. The staff who conduct the screening were interviewed and reported that they work closely with behavioral health and medical staff and the PREA compliance manager generating referrals and follow up, as necessary. This auditor conducted a review of the inmate files which reflected their current practices and follow-ups were in compliance with the standards and GCCF policy according to the inmate's intake date and screening process.</p> <p>b.</p> <p>The agency reported 100% of the inmates who have previously perpetrated sexual abuse were offered a follow up with a mental health practitioner. A review of the inmate files reflected this accurately.</p> <p>c.</p> <p>The screening staff were interviewed regarding referrals to mental health and had a thorough understanding of the policy. This auditor interviewed inmates during their on-site review and most of them recall the being offered follow up services.</p> <p>d.</p> <p>Policy establishes any information related to sexual victimization or abusiveness which occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans, security and management decisions including housing, bed, work, education and programming assignments or as otherwise required by federal state or local law. The form used by the practitioners ensures that the inmates are advised of the limitations of confidentiality prior to any services being provided. The facility provided examples, this auditor reviewed them for accuracy, and they all were within the provisions of the standard.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditors reviewed and interviewed the following to determine compliance:

CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures

CD 170100 Medical Clinical Services

PREA Compliance Manager

Inmates who Reported a Sexual Abuse

Medical and Behavior Health Staff

Selected and Random Inmate Files

Selected Inmates

Observations During Site Review

Information obtained during interviews

a.b.

Policy clearly states offender protection against abuse and sexual misconduct procedures all victims receive necessary immediate and ongoing medical mental health and support services.

The policy, on page 16, also states the warden or designee will ensure that victims of sexual assault are promptly transferred under appropriate security provisions by EMS or emergency medical services, or state personnel as is medically appropriate our community healthcare facility for treatment and for gathering of evidence. This will be at no charge to the inmate. The information is also available to inmates in the PREA resource guide at each of the facilities and provided to all inmates. Each facility has a coordinated response plan located at master control for all staff supervisors as an outline of first responder activity and notification guidelines for mental health staff and victim advocates as an easy quick resource. Interviews with the PREA compliance manager and the medical staff affirm they are notified and directly involved in all sexual abuse allegations and provide the necessary services dependent upon the needs of the individuals. The PREA compliance manager stated she has a relationship with community services, advocacy and local mental health providers to provide the counseling and advocacy services. This auditor affirmed this relationship during the communication with the local resources.

	<p>c.d.</p> <p>Policy requires all staff to notify medical staff and/or behavioral health staff if they believe an inmate is actively experiencing a mental health crisis. Notification would also be made to the staff and facility supervisor. The staff who were interviewed by the auditors reported a clear understanding of the policy and explained the necessary steps to take for an alleged victim and how to make a proper referral.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>CD 170100 Medical Clinical Services</p> <p>CD 180200 Behavioral Health Reception and Diagnosis Center [RDC]</p> <p>CD 80100 Behavioral Health Clinical Service</p> <p>PREA Compliance Manager</p> <p>Inmates who Reported a Sexual Abuse</p> <p>Medical and Behavior Health Staff</p> <p>Selected and Random Inmate Files</p> <p>Selected Inmates</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p>

	<p>a.b.c.</p> <p>The coordinated response is sexual assault policy states the examiner will perform a sexually transmitted infection evaluation and provide for treatment. The examiner will also perform a pregnancy risk evaluation and schedule a follow up care, for female residents [GCCF does not house female inmates] The examiner will provide follow up instructions and release the victim for discharge. The policy also says the facility medical director will initiate the 48-hour medical treatment review of the victim and the facility mental health professional will perform an evaluation to us access the need for any crisis intervention and long term follow up. Policy for clinical services, addresses victims of sexual assault and states the specific procedures on how to proceed.</p> <p>The facility reported there were no allegations of inmate sexual abuse requiring medical treatment, follow-up services or referrals for continued care. At the time of the audit there were no inmates who reported sexual abuse at the facility, therefore no inmates were interviewed specific to this provision.</p> <p>The staff interviewed reported all referrals and follow-up services would be provided with prompt intervention and documentation to meet the needs of each individual. Both the PREA compliance manager and medical and behavioral health staff described ongoing support services provided to inmates at the facility should the need arise and counselors available to provide treatment to inmates.</p> <p>d.e.</p> <p>GCCF does not house female inmates, and this was verified through records checks.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>Sexual Assault Review Team [SART] Review Forms</p>

	<p>CD 170100 Medical Clinical Services</p> <p>PREA Compliance Manager</p> <p>Warden</p> <p>SART Members</p> <p>Selected Inmate Files</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.b.c.d.e.</p> <p>Policy reporting procedures on page 34, states the warden in 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 determined to be unfounded</p> <p>Within 30 days the conclusion of an investigation cases that are determined to be substantiated or unsubstantiated will have a sexual abuse incident review. The review team generally includes the PREA compliance manager, upper management, medical, mental health, other supervisors, and line staff. Each participant will sign the sexual abuse or sexual incident review team form as well as signing a confidentiality agreement which is included in the packet. This exceeds the standard as a review team reviews all substantiated and unsubstantiated investigations, not just for abuse but also for sexual harassment investigations. The standard requires only abuse investigations to have a review. GCCF had seven investigations which met those criteria during this audit period. This auditor reviewed all the files and found they were within the provisions.</p> <p>Through interview with the warden and the PREA compliance manager the completed review is conducted on a regular basis as needed and if any changes or immediate implementation of a procedure needs to be modified it would be done quickly and as an administrative and team decision. All improvements and or reviews are documented clearly on the forms and signed off by the team members.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which exceeds this standard.</p>
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115.87	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The auditors reviewed and interviewed the following to determine compliance:

2022 NMCD PREA Annual Report

2023 NMCD PREA Annual Report

Allegation Database Sample

The 2022 Survey of Sexual Victimization; New Mexico Corrections Department

Public website PDF

CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures

PREA Coordinator

PREA Compliance Manager

Observations During Site Review

Information obtained during interviews

a.b.c.d.e.f.

Policy clearly states the agency must publish all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts on its public website. The annual assessments for the year beginning in 2019 are available on the attached website document. The assessments do not contain any personal identifiers. The 2022 and 2023 annual assessments are attached to illustrate that all personal identifiers are removed. A thorough review by this auditor of both the 2022 and the 2023 annual reports clearly demonstrate provisions a. b. c. d. e. & f. are all being met thoroughly, objectively and regularly through the public website and this reporting system.

The facility securely collects data in a database which is called IApr, access to the database is strictly limited to those with a legitimate need to know and access to this data and all the PREA information contained within must be authorized through the of Corrections. The individuals who have access to this information are the OPS investigators, the Secretary of Corrections, the legal department, and the PREA coordinator. All documents maintained in the electronic system will not be purged and can be maintained and the entirety of the retention schedule

The PREA coordinator also maintains an access database. There are only two

	<p>individuals with access to the database, the PREA coordinator and an assistant. The PREA database, contains all the investigations, all the hotline calls, the transgender monthly assessments, warden toward notifications and all confidential memos. All data collected in both databases includes the information from allegations which were reported in the contracted facilities as well as all of the public facilities. Both systems were made available to this auditor to review while on site.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which meets this standard.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>2022 NMCD PREA Annual Report</p> <p>2023 NMCD PREA Annual Report</p> <p>RE_ 2022 PREA Annual Report for Review_Comment_Approval DRAFT</p> <p>Public website PDF</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>PREA Coordinator</p> <p>Agency Head</p> <p>PREA Compliance Manager</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>a.b.c.d.</p> <p>The agency securely collects data in the database that's called IApr. The access is</p>

	<p>limited to those with a legitimate need to know and access and all the information contained and must be authorized through the Secretary of Corrections. The information contained within the system is managed by the agency's retention schedule. New Mexico corrections department publishes all aggregated sexual abuse data, under the direct control in private facilities with which it can contracts with on its public website. Please see the attached documentation. The annual assessment beginning year 2019 through 2023 are available on the website. During the interview with the agency head he stated he reviews and approves the annual reports written as per the standard. He stated that the PREA coordinator along with the Inspector General review this material on a monthly, quarterly and as needed basis as investigations, trends and needs arise. Currently the annual PREA reports are available on the website. During the review, the annual reports were examined by the auditor and found to comply with all aspects of the standards. There was no corrective action noted.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which meets this standard.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>CD 150100 Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures</p> <p>Title 1 chapter 21 Part 2 General Government Administration Functional Records Retention and Schedule</p> <p>Memo</p> <p>PREA Compliance Manager</p> <p>Observations During Site Review</p> <p>Information obtained during interviews</p> <p>PREA Coordinator</p> <p>Agency Head</p>

	<p>a.b.c.d.</p> <p>The agency securely preserves its data on the New Mexico Corrections Department website including agency data from multiple calendar years including through 2023. Interviews with the PREA coordinator and the agency had confirmed access to any data is restricted to the inspector general's office for operational use and is highly confidential and monitored. The data posted on the public website has all personal identifiers redacted and was verified by this auditor.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which meets this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The auditors reviewed and interviewed the following to determine compliance:</p> <p>New Mexico Corrections Department has ensured that each three-year period since August 2019, all facilities have been on a rotating schedule to be audited. These audits are on the public website as final reports.</p> <p>The auditors were provided unfettered access to all areas of the facility during all shifts. The auditors were provided with copies of requested documentation and information during all phases of the audit in a prompt and professional manner, this included copies of information stored electronically or in written format. The auditors were provided private settings to conduct all interviews with inmates and staff. The auditors were allowed to choose all individuals who were interviewed Without any influence of the facility staff or agency. The auditors observed during the site review notices both in Spanish and in English posted throughout the facility and housing units, common gathering spaces such as the gym, the intake area, visiting, work sites and random interviews conducted with inmates affirmed the postings had been posted for over five weeks. Some inmates who were interviewed were able to describe the notice of the audit and stated they understood they could write a letter to the auditor in a confidential manner both before the audit and after the in-person site review. An interview conducted with the mailroom staff also affirmed their knowledge of any correspondence to the auditor being considered legal mail and would not be opened by any staff.</p>

	Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance which exceeds this standard.
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>All documentation is on the public website.</p> <p>Through review of documentation, site review and interviews the auditors have determined the facility has demonstrated compliance with this standard.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.12 (a)	Contracting with other entities for the confinement of inmates	
	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
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

115.14 (a)	Youthful inmates	
	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).)	na
115.14 (b)	Youthful inmates	
	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).)	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).)	na
115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	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
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	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
115.18 (a)	Upgrades to facilities and technologies	
	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
115.18 (b)	Upgrades to facilities and technologies	

	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.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	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
115.21 (b)	Evidence protocol and forensic medical examinations	
	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.)	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.)	na
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	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
115.32 (b)	Volunteer and contractor training	
	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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	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
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	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
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

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

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	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
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	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
115.41 (i)	Screening for risk of victimization and abusiveness	
	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	yes

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

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	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
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	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.	no
115.52 (b)	Exhaustion of administrative remedies	
	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
	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
115.52 (c)	Exhaustion of administrative remedies	
	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	yes

	this standard.)	
	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
115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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
115.52 (f)	Exhaustion of administrative remedies	

	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
	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
	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
	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
	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
	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
	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
115.52 (g)	Exhaustion of administrative remedies	
	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
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	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
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	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
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	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
115.61 (e)	Staff and agency reporting duties	
	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
115.62 (a)	Agency protection duties	
	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
115.63 (a)	Reporting to other confinement facilities	
	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
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	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
115.65 (a)	Coordinated response	
	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	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	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
115.68 (a)	Post-allegation protective custody	
	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
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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).)	
	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
115.71 (b)	Criminal and administrative agency investigations	
	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
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	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
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	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
115.71 (j)	Criminal and administrative agency investigations	
	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
115.71 (l)	Criminal and administrative agency investigations	
	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
115.72 (a)	Evidentiary standard for administrative investigations	
	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
115.73 (a)	Reporting to inmates	
	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

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

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	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
115.78 (a)	Disciplinary sanctions for inmates	
	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
115.78 (b)	Disciplinary sanctions for inmates	
	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
115.78 (c)	Disciplinary sanctions for inmates	
	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
115.78 (d)	Disciplinary sanctions for inmates	
	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
115.78 (e)	Disciplinary sanctions for inmates	
	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
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	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
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	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
115.82 (d)	Access to emergency medical and mental health services	
	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
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	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
115.87 (d)	Data collection	
	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
115.87 (e)	Data collection	
	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
115.87 (f)	Data collection	
	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
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	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?	
115.88 (b)	Data review for corrective action	
	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
115.88 (c)	Data review for corrective action	
	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
115.88 (d)	Data review for corrective action	
	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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	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
115.401 (a)	Frequency and scope of audits	

	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	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
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>