



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-030100 Employee Orientation	Issued: 03/13/95 Effective: 03/13/95	Reviewed: 4/24/26 Revised: 09/05/23
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

NMSA 1978, Sections 10-9-1 through 10-9-25 and NMSA 1978, Section 30-22-14 and NMSA 1978, Section 33-1-6 through 33-1-20, as amended.

REFERENCES:

- A. ACA Standard 2-CO-1C-01, 2-CO-1C-25 and 2-CO-1D-05, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Expected Practices 5-ACI-1C-24, 5-ACI-1C-01 and 5-ACI-1D-10, *Performance Based Standards and Expected Practices for Adult Correctional Institutions*, 5th Edition.
- C. ACA Standard 4-APPFS-3A-04, 4-APPFS-3A-18, 4-APPFS-3E-02, and, 4-APPFS-3E- 15, *Standards for Adult Probation and Parole Field Services*, 4th Edition.
- D. ACA Standard 2-CI-1A-1, 2-CI-2B-1, 2-CI-6A-9, 2-CI-6C-3, 2-CI-6C-4, 2-CI-6C-6, and 2-CI-6D-4, *Standards for Correctional Industries*, 2nd Edition.
- E. ACA Standard 1-CTA-1C-0, 1-CTA-1C-13 and 1-CTA-3A-09, *Standards for Training Academies*, 1993.
- F. State Personnel Board Rules 1.7.2.25(G) NMAC Training and Development

PURPOSE:

To establish a process for orienting new employees to employment in state government as well as employment with the New Mexico Corrections Department.

APPLICABILITY:

New Mexico Corrections Department (NMCD) employees.

FORMS:

- A. **New Employee Orientation Checklist** form (CD-030101.2)
- B. **Search of Employee Statement of Understanding and Acknowledgement** form (CD-030101.3)
- C. **Cell Phone Policy Acknowledgement** form (CD-030101.4)
- D. **Hostage Acknowledgement** form (CD-030101.5)

POLICY:

The New Mexico Corrections Department shall provide an expanded orientation to employment in New Mexico State government to include specific Department policies and practices.

- A. The Department shall make information available regarding agency staffing, recruitment, promotional opportunities and benefits in the personnel and/or payroll offices located at each facility, PPD Region Office and the Central Office.
- B. All new full-time employees and contract personnel must complete a formalized 40-hour orientation program before undertaking their assignments. [2-CO-1D-05] [2-CI-6C-6] At a minimum, the orientation program should include instruction in the following areas specific to division assignment: [5-ACI-1D-10] [4- PPFS- 3A-05] [2-CI-2B-1] [1-CTA-3A-09]
- The purpose, goals, policies, and procedures for the facility or division and NMCD; [5-ACI-1D-10] [4- PPFS- 3A-05] [1-CTA-3A-09]
 - Security and contraband policies; [5-ACI-1D-10] [2-CI-2B-1] [1-CTA-3A-09]
 - Search of employee(s); [5-ACI-1D-10]
 - Key control; [5-ACI-1D-10]
 - Personnel practices; [1-CTA-3A-09]
 - Prohibitions concerning sexual harassment and sexual abuse, religious prejudice, and minority rights; [5-ACI-1D-10] [1-CTA-3A-09]
 - Appropriate conduct with offenders; [5-ACI-1D-10]
 - Employee rights and responsibilities; [5-ACI-1D-10] [4- PPFS- 3A-05] [1-CTA-3A-09]
 - Code of ethics; [4- PPFS- 3A-05]
 - Working conditions and regulations; [4- PPFS- 3A-05] [1-CTA-3A-09]
 - An overview of the criminal justice system and correctional field; [5-ACI-1D-10] [4- PPFS- 3A-05]
 - Office and field safety; [4- PPFS- 3A-05]
 - Recognizing signs and symptoms of mental illness; [5-ACI-1D-10]
 - Suicide prevention plan; [5-ACI-1D-10]
 - Universal precautions; [5-ACI-1D-10]
 - Occupational exposure; [5-ACI-1D-10]
 - Personal protective equipment; [5-ACI-1D-10]
 - Biohazardous waste disposal; [5-ACI-1D-10]
 - Emergency plan; [5-ACI-1D-10]
 - Sustainable and environmentally responsible practices. [5-ACI-1D-10]

Depending upon the employee(s) and the particular job requirements, orientation training may include preparatory instruction related to the specific job. [4- PPFS- 3A-05]

NMCD Corrections staff and contractors shall acknowledge in writing that they have reviewed facility health, safety, and work rules, ethics, regulations, and conditions of employment and related documents. [2-CI-1A-1] [2-CI-6C-3]

NMCD Corrections staff and contractors shall comply with state and federal workplace regulations and encourage a safe, diverse workplace. [2-CI-6C-4]

NMCD Corrections staff, managers, and appropriate others shall be made aware of all applicable laws governing the sale and transportation of prison-made products. **[2-CI- 6A-9]**

C. A personnel policy manual shall be available for employee reference and, at a minimum, covers the following: **[2-CO-1C-01] [5-ACI-1C-01] [4-APPFS-3E-02] [1-CTA-1C-01]**

- Organization chart (table of organization);
- Job descriptions and responsibilities;
- Recruitment;
- Leave, work hours, and holidays;
- Employee evaluation;
- Promotion;
- Resignation and termination;
- Hostage policy;
- Equal employment opportunity provisions;
- Qualifications;
- Benefits;
- Basis for determining salaries;
- Personnel records;
- Staff development, including in-service training;
- Retirement;
- Physical fitness/wellness policy;
- Employee-management relations, including disciplinary procedures, grievance, and appeal procedures;
- Status relating to political activities; and
- Insurance/professional liability requirements.

New staff is informed in writing of the institution's hostage policy regarding staff roles and safety. The personnel manual should be reviewed annually and updated as needed. A copy of the signed acknowledgement form *CD-030101.5* shall be placed in their personnel file.

D. Staff shall be provided with information that describes their conditions of employment and they acknowledge that they have received this information in writing. A copy of the acknowledgement shall be placed in their personnel file. **[2-CI-6D-4]**

E. All probation/parole part-time employees working less than 35 hours per week shall receive an orientation and training appropriate to their assignment. **[4-APPFS-3A-18]**

F. The State of New Mexico Employee Assistance Program (EAP) shall be available to all staff. **[5-ACI-1C-24] [4-APPFS-3E-15] [1-CTA-1C-13] [2-CO-1C-25]**



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AUTHORITY:

Policy *CD-030100*

PROCEDURE: [2-CO-1D-05] [5-ACI-1D-10] [4-APPFS-3A-04]

- A. All new employees will be given an expanded orientation (minimum four hours) to employment in state government to include specific Department expectations and Departmental policies.
- B. Human Resources staff will ensure that each employee is given the appropriate forms and information to guarantee that the employee understands and enrolls in a benefits package in a timely fashion; and that each employee signs all appropriate forms necessary to complete the personnel and payroll files.
- C. An employee's personnel file will be available to the employee during regular office hours upon appointment.
- D. All employees shall receive, at a minimum, the following information regarding the State of New Mexico Employee Assistance Program (EAP): [5-ACI-1C-24] [4-APPFS-3E-15] [1-CTA-1C-13] [2-CO-1C-25]

NMCD offers employees access to the statewide EAP program offered through General Services Department, Risk Management Division.

- E. All employees shall be informed that personal cellular devices, including cell phones, electronic readers, smartwatches and other like devices, are not permitted in any correctional institution or at any security post and shall acknowledge their understanding by signing the **Cell Phone Policy Acknowledgement** form (*CD-030101.4*). The **Cell Phone Policy Acknowledgement** form shall be kept in each employee's personnel file. Any employee who violates this policy shall be subject to disciplinary action.

1. A cell phone brought in by a staff member, for the purpose of giving the device to an inmate, has committed a felony act, and State Police will be notified. The Office of Professional Standards (OPS) will be notified and an investigation initiated.
2. Employees found to have violated this policy will be required to immediately surrender their device for inspection by an investigator/supervisor. Should the employee terminate service, attempt to erase information from the device prior to the device being returned, or refuse to surrender the device, the Department will presume the device contained incriminating information. This will result in the employee's dismissal.
3. Violations of this policy will have occurred as follows:
 - PNM (North and South), CNMCF (Main), GCCF, NENMCF, SNMCF (Main), WNMCF North, and WNMCF South: At the time the employee attempts to clear the metal detector or their property enters the x- ray machine.
 - PNM (Level II), CNMCF (Level II), SNMCF (Level 2): Upon entry into the facility.
 - SCC, RCC, and CNMCF (Level 1): Anywhere beyond the parking area.
4. Employees found to have brought unauthorized devices into an institution or at any security post shall receive the following sanctions:
 - 1st offense – Five day suspension,
 - 2nd offense – Thirty day suspension,
 - 3rd offense – Dismissal.
5. Within 15 calendar days of the device being confiscated, NMCD shall return it to the employee, unless additional time is necessary as determined by the Director of Adult Prisons.
6. Information from the device that is not relevant to the investigation shall remain confidential.

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Form CD-030101.2

Revised 11/28/16

New Employee Orientation Checklist

Personnel/Payroll Forms

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| <ul style="list-style-type: none"> <input type="checkbox"/> NMCD Organizational Chart <input type="checkbox"/> Mission Statement <input type="checkbox"/> Employee Calendar <input type="checkbox"/> Direct Deposit Form (must attach voided check) <input type="checkbox"/> W-4 Form <input type="checkbox"/> State of New Mexico Union Status <input type="checkbox"/> PERA/ERA Coverage Statement <input type="checkbox"/> PERA/ERA Application <input type="checkbox"/> PERA/ERA Beneficiary Forms <input type="checkbox"/> PERA/ERA Handbook(s) <input type="checkbox"/> Benefits Eligibility Acknowledgement <input type="checkbox"/> Insurance Contribution Schedules <input type="checkbox"/> Life Insurance Flyer and Beneficiary Designation Form <input type="checkbox"/> RMD New Hire Benefits Orientation Acknowledgement | <ul style="list-style-type: none"> <input type="checkbox"/> RMD's Privacy Policies & Procedures (HIPAA) <input type="checkbox"/> Notice of Privacy Practices (HIPAA) <input type="checkbox"/> Notice of Continuation Coverage Rights <input type="checkbox"/> Premium Only Plan (POP) <input type="checkbox"/> Employee Assistance Program <input type="checkbox"/> PERA SmartSave Deferred Compensation <input type="checkbox"/> Social Security Notice (SSA-1945) - Correctional Officer Series Only <input type="checkbox"/> FICA Statement - Correctional Officer Series Only <input type="checkbox"/> Acknowledgement of Conditions of Appointment <input type="checkbox"/> Conditions of Employment - Emergency Situations <input type="checkbox"/> Prison Rape Elimination Act (PREA) Factsheet and Acknowledgment |
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Policies and Acknowledgements

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| <ul style="list-style-type: none"> <input type="checkbox"/> Employee Performance Evaluations Policy (CD-032100) <input type="checkbox"/> Overtime Compensation Policy (CD-035100) <input type="checkbox"/> FLSA Coverage Memo (CD-035101.1) <input type="checkbox"/> Overtime Statement (CD-035101.2) <input type="checkbox"/> Employee Reporting Responsibilities Policy and Acknowledgement (CD-030600 & CD-030601.B) <input type="checkbox"/> Worker's Compensation Policy (CD-032300) <input type="checkbox"/> Code of Ethics Policy and Acknowledgement (CD-032200 & CD-03221.A) <input type="checkbox"/> Governor's Code of Conduct and Acknowledgement <input type="checkbox"/> Outside Employment Acknowledgement <input type="checkbox"/> Drug & Alcohol Free Workplace Policy and Acknowledgement (CD-037900 & CD-037901.A) <input type="checkbox"/> Drug & Alcohol Abuse Acknowledgement (CD-037901.1) <input type="checkbox"/> Employee Grievance Policy (CD-032000) <input type="checkbox"/> Grooming and Physical Appearance Policy (CD-030400) <input type="checkbox"/> Leave Request and Approval Policy (CD-032800) <input type="checkbox"/> Family and Medical Leave of Absence Policy (CD-030900) <input type="checkbox"/> Unlawful Discrimination/Sexual Harassment Policy and Acknowledgement (CD-033200 & CD-033201.2) <input type="checkbox"/> Sexual Harassment is Illegal Notice <input type="checkbox"/> Information Technology Management Policy and Acknowledgement (CD-044000 & CD-044001.1) | <ul style="list-style-type: none"> <input type="checkbox"/> Accountability for Dept. Property Policy and Acknowledgement (CD-020400 & CD-020401.1) <input type="checkbox"/> Use of State and Privately Owned Motor Vehicles and Acknowledgement (CD-022000 & CD-022001.3) <input type="checkbox"/> Meal Privileges for CD Employees Policy (CD-034600) <input type="checkbox"/> American with Disabilities Act Policy and Acknowledgement (CD-030800 & CD-030801.2) <input type="checkbox"/> Employee DWI/DUI Policy and Acknowledgement (CD-038300 & CD-038301.A) <input type="checkbox"/> Smoking Policy (CD-160400) <input type="checkbox"/> Telework and Alternative Work Schedules Policy (CD-032500) <input type="checkbox"/> Employee Orientation Policy, Checklist and Acknowledgement (CD-030101 & CD-030101.2) <input type="checkbox"/> Search of Employee Statement of Understanding and Acknowledgement (CD-030101.3) <input type="checkbox"/> Cell Phone Policy Acknowledgement (CD-030101.4) <input type="checkbox"/> Hostage Acknowledgement (CD-030101.5) <input type="checkbox"/> ID Badge Policy (CD-031500) <input type="checkbox"/> COVID-19 Direct Threat Employee Policy (CD-036400) <input type="checkbox"/> Appointments Policy (CD-037300) and Condition of Employment (CD-037300.B) - Management Positions Only |
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Other - To be completed with Human Resources Staff

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| <ul style="list-style-type: none"> <input type="checkbox"/> I-9 <input type="checkbox"/> Personal Data Form <input type="checkbox"/> W-9 | <ul style="list-style-type: none"> <input type="checkbox"/> Fingerprint Registration <input type="checkbox"/> Response to Person Hanging Policy and Acknowledgement (CD-070300 & CD-070301.A) - Facility Staff Only |
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**NOTE: The forms/acknowledgments highlighted above must be returned to my Human Resources representative upon my first day of employment.*

I, _____ acknowledge that I have received the above information and that it has been discussed with me. It is my responsibility to read and comply with these policies and recognize that violations of such may result in disciplinary action. If I have questions, or I do not understand any provisions of such policies, I will ask my supervisor for assistance.

Signature

Date

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Search of Employee Statement of Understanding and Acknowledgement

STATEMENT OF UNDERSTANDING

It is a violation of state law for any person to introduce into the institution any article of contraband including deadly or explosive materials, currency, weapons, ammunition, intoxicants, tobacco or controlled substances. All vehicles and/or persons entering or on facility grounds are subject to search **at any given time on a random basis** in accordance with the 4th Amendment and case law. All employees entering a facility will be required to pass through a metal detector. All packages and items carried into the institution are subject to search by institutional employees and/or state, local or county law enforcement officials.

Where there is a reasonable suspicion that a particular employee is attempting to introduce contraband into an institution, the warden or designee on duty at the facility may order at any time that the employee be subjected to a more thorough search. An employee may be requested to remove their clothing to submit to an **unclothed** search where the warden or designee determines that there is probable cause to believe that the particular employee possesses contraband. In such an instance the search may be conducted only by an employee of the institution of the same sex as the employee, in an area that provides the employee the greatest possible privacy.

It is **required** that you print or type and sign your name below, attesting that you understand all of the above.

Failure to comply will result in disciplinary action up to and including dismissal.

ACKNOWLEDGEMENT

I HAVE READ, OR HAVE HAD READ TO ME, AND UNDERSTAND ALL OF THE ABOVE.

Signature: _____

Print Name: _____

Date: _____

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Cell Phone Policy Acknowledgement

I, _____, acknowledge that I have received
(print name)
notification in regard to no cellular devices, including cell phones, electronic readers, smartwatches
and other like devices, being permitted into an institution or at any security post and that it is my
responsibility to comply with this policy and recognize that violations of this policy may result in
disciplinary action. I further acknowledge that if I have questions, or if I do not understand any
provisions of this policy, I will ask my supervisor for assistance.

Employee Signature

Date

Personnel Officer/Supervisor Signature

Date

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Hostage Acknowledgement

From Policy CD-071900 *Emergency Preparedness System*:

- S. Negotiation and/or the appropriate level of force shall be utilized as circumstances dictate to resolve a hostage situation. **[5-ACI-1C-01]**
1. A staff member taken hostage has no authority, regardless of his or her rank.
 2. Decision-makers shall not negotiate directly.
 3. The following items are non-negotiable:
 - a) Weapons;
 - b) Freedom / escape / keys / transportation;
 - c) Additional hostages; and
 - d) Amnesty or immunity from criminal prosecution.
 4. Upon release, any staff hostage will receive a minimum of three days of mandatory administrative leave with pay and shall not be required to report to the facility. A second psychological screening will be required prior to the employee returning to work.

Employee Signature

Date

Personnel Officer/Supervisor Signature

Date