



# NEW MEXICO CORRECTIONS DEPARTMENT

Secretary  
Alisha Tafoya Lucero

CD-051100 PPD Periodic Audits/Monitoring by Region Managers and District Supervisors Alisha Tafoya Lucero, Cabinet Secretary	Issued: 2/21/94 Effective: 2/21/94	Reviewed: 4/24/26 Revised: 6/29/23
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## AUTHORITY:

NMSA 1978, Section 31-21-7, as amended.

## REFERENCE:

- A. ACA Standard 4-APPFS-3A-27, 4-APPFS-3D-08, 4-APPFS-3D-08, 4-APPFS-3D-09, 4-APPFS-3D-11, 4-APPFS-3D-12 *Performance Based Standards for Adult Probation and Parole Field Services*, 4<sup>th</sup> Edition.
- B. ACA Standard 5-ACI-1A-1 *Performance-Based Standards and Expected Practices for Adult Correctional Institutions*. 5th Edition

## PURPOSE: [4-APPFS-3D-08]

To establish a method to monitor and audit the operations of the Probation and Parole Division (PPD).

## APPLICABILITY:

The Probation and Parole Division Director and all Probation and Parole staff.

## FORMS:

- A. **Case Audit** form (*CD-051101.1*)
- B. **District Office Function Audit** form (*CD-051101.2*)
- C. **Field Call Skills Audit** (*CD-051101.3*)

## DEFINITIONS:

- A. Action Plan: A written outline of what measures are to be taken to correct operational deficiencies along with a schedule of the time frames needed for those corrections.
- B. Audit: A periodic review of PPD documents, procedures, and equipment to assure compliance with PPD policy and procedures.

## POLICY:

The Director or his designee(s) will conduct periodic audits to monitor field operations and programs through inspections and reviews to assure compliance with existing policies and procedures to evaluate the effectiveness of existing policies and procedures.

- A. The Department shall provide for an internal system to monitor operations and programs through inspections and reviews that are conducted at least annually by the Division Director or designated staff. **[4-APPFS-3D-09][5-ACI-1A-17]**
- B. The Division Director is required to submit a report to the Secretary, at least biannually, that includes goals objectives, outcome measures, programs, budget, major developments, and plans, as well as services furnished to the courts, releasing authority, offenders, and the community. **[4-APPFS-3D-08]**
- C. Staff is provided with equipment necessary to perform their assigned duties. All equipment is maintained in good working order and is replaced as needed. There is a review of needs at least annually. **[4-APPFS-3D-12]**
- D. The Department provides adequate facilities for all Division operations. Facility needs are reviewed at least annually. **[4-APPFS-3D-13]**
- E. Field supervision shall be systematically reviewed by the supervisor from both an administrative and case-management perspective. The reviews include case reviews, observation, and the provision of feedback to field staff. **[4-APPFS-3A-27]**



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## AUTHORITY:

Policy *CD-051100*

## PROCEDURES:

- A. Internal audits will be performed on an ongoing basis in all PPD offices statewide. Audits will be conducted at three different levels by District Supervisors, Region Managers, and Special Audit Teams (if one is called for). The audit will review the practices of the officers and the office using the guidelines that have been enumerated in the forms attached and Interstate Compact policies and procedures, other Corrections Department policies and procedures, and applicable ACA Standards. **[4-APPFS-3D-08]**
- B. The district supervisor will conduct monthly administrative, operational and case-management audits in the PPD-Case Audit workflow in the Offender Management System. Focusing on such items as completion of the reassessment form, appropriateness of the supervision classification, and the frequency of contact relative to the contact standards set for each supervision level, and compliance with policy and procedure. The following procedures will be applicable to audits by the district supervisor. **[4-APPFS-3D-09] [4-APPFS-3A-27]**
  1. The supervisor will audit at least one case of each officer using the PPD-Case Audit workflow in the Offender Management System. The **Caseload Audit Form** (*CD-051101.1*) will be used as a guide for these audits. Specialized programs may use audit forms designed for that specific program. The Director will approve all audit forms.
  2. The selection of the cases to be audited should include those that have been reassessed the previous month (if found deficient the previous month).
  3. The case audit may include the supervisor accompanying the officer on a field visit to the offender's residence or employment. The field portion of the audit will be documented on the **Field Call Audit Form** (*CD-051101.3*)
  4. If in the judgment of the supervisor the audited case is unsatisfactory and/or there are major deficiencies, the supervisor will audit a minimum of two (2) more cases of the same supervision level from the same officer. All three (3) cases will be audited again the next month to ensure that they have been brought up to standards.
  5. The district supervisor will maintain an electronic administrative file of completed audits by month.
  6. Cases being transferred will be audited before case files are transferred utilizing the PPD-

Case Audit workflow in the Offender Management System, the **Audit Form (CD-051101.1)** will be used as a guide for these audits.

- C. Region Managers shall perform audits of the operations of each district office under their supervision at a minimum of once a year but can perform audits more frequently if they deem appropriate. The Region Manager will audit case files, field visits, offender reporting practices, district case audits, court report procedures, practices governing conditions of probation and parole, collection practices governing the receiving, accounting, and disbursing of fees, fines ordered by the court or the Parole Board and any other procedure in line with the duties of a probation and parole officer and district office normal work practices. Region Managers shall also conduct a systematic review of all equipment needs and/or equipment replacement, as needed. The Region Managers will use the following procedures in conducting district office audits. **[4-APPFS-3D-09]**
1. The Region Manager shall ensure that adequate facilities are available for all field agency operations. Deficiencies or requests to meet space requirements shall be made to the Director. **[4-APPFS-3D-13]**
  2. The Region Manager will attempt to work around the district office work schedule and, if possible, avoid audits during the first week of the month.
  3. The district supervisor of the office to be audited will be notified of the audit 24 hours before the audit is to commence.
  4. The Region Manager will randomly select at least two (2) cases from each supervising officer in the district.
  5. The audit will be conducted using the **Caseload Audit** form (CD-051101.1), **District Office Function Audit** form (CD-051101.2) and the **Field Call Audit** Form (CD-051101.3).
  6. The Region Manager will choose the audit team for district audits, to include staff members from different Regions. The audit team will be approved by the Director or designee.
- D. Auditors approved by the Director or designee may perform audits to review compliance with policies and procedures and any special audits as ordered by the Division Director or designee. **[4-APPFS-3D-09]**
- E. The Region Manager and/or other auditors shall conduct a brief exit interview with the district supervisor upon completion of the audit. A cover memo outlining observed strengths and weaknesses of the district audit will be forwarded to the Director within 30 days of the audit. Upon review by the Region Manager, the audit forms and any suggested changes will be returned to the district office for review and implementation as necessary. **[4-APPFS-3D-09]**

Auditors finding deficiencies in a district office and/or officer caseloads will make written recommendations for correcting the deficiencies. The district supervisor will submit an action plan to the Director through the Region Manager within 30 days of receipt of a written audit report. The district supervisor will implement the action plan upon approval by the Region Manager and Director. The Region Manager or designee may assign a follow up audit to ensure the deficiencies have been corrected. **[4-APPFS-3D-09]**

**NEW MEXICO CORRECTIONS DEPARTMENT  
PROBATION/PAROLE DIVISION  
CASE AUDIT FORM**

OFFENDER NAME: \_\_\_\_\_ OFFENDER NUMBER: \_\_\_\_\_

**DEMOGRAPHICS**

- |  |                          |     |                          |    |                          |     |
|--|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. NAME AND ALIAS ENTERED              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 2. BASIC INFO/BIRTHDATES ENTERED       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 3. ADDRESS ENTERED                     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 4. FAMILY/HOUSEHOLD MEMBERS ENTERED    | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 5. EMERGENCY CONTACT ENTERED           | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 6. VERIFICATION OF EMPLOYMENT          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 7. EMPLOYMENT ENTERED                  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 8. TATTOOS/SCARS/MARKS ENTERED         | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 9. VERIFICATION OF VEHICLES            | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 10. VEHICLES ENTERED                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 11. FBI # ENTERED                      | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 12. INSURANCE ENTERED                  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 13. SOCIAL SECURITY NUMBER ENTERED     | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 14. DRIVER'S LICENSE/ID NUMBER ENTERED | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 15. PHOTO UPDATED IN OFFENDER SYSTEM   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 16. PHOTO IN M-DRIVE                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 17. DNA COLLECTED AND ENTERED          | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 18. ORIENTATION HANDBOOK               | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 19. FIREARMS NOTIFICATION              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 20. GANG INFORMATION                   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 21. PROPERTY ACKNOWLEDGMENT            | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |

**COURT/PAROLE BOARD INFORMATION**

- |                                     |                          |     |                          |    |                          |     |
|-------------------------------------|--------------------------|-----|--------------------------|----|--------------------------|-----|
| 1. P&D                              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 2. POLICE REPORT/CRIMINAL COMPLAINT | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 3. J&S                              | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 4. J&S REVIEW                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
| 5. ORDER OF PROBATION               | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | N/A |
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- 6. ORDER REVOKING PROBATION  YES  NO  N/A
- 7. AMENDED ORDER OF PROBATION  YES  NO  N/A
- 8. INSTITUTIONAL PAPERWORK  YES  NO  N/A
- 9. PAROLE CERTIFICATE  YES  NO  N/A
- 10. ORDER OF PAROLE  YES  NO  N/A
- 11. TRIPLE I  YES  NO  N/A
- 12. PRE-SENTENCE REPORT  YES  NO  N/A
- 13. FLASH  YES  NO  N/A
- 14. FINGERPRINTS (FRONT AND BACK)  YES  NO  N/A
- 15. CORRECT COURT INFORMATION  YES  NO  N/A
- 16. CORRECT LEGAL STATUS  YES  NO  N/A
- 17. CORRECT LOCATION STATUS  YES  NO  N/A
- 18. SEPARATE FILES FOR DUAL CASES  YES  NO  N/A
- 19. DOCUMENT FOLDER ON THE M-DRIVE  YES  NO  N/A
- 20. MERGED DOCUMENTS ON THE M-DRIVE  YES  NO  N/A

PROGRAMMING

- 1. VERIFICATION OF COUNSELING  YES  NO  N/A
- 2. PROGRAMMING ENTERED  YES  NO  N/A
- 3. PRESCREEN  YES  NO  N/A
- 4. CORE  YES  NO  N/A
- 5. CASE PLAN  YES  NO  N/A
- 6. CASE SUPERVISION REVIEW  YES  NO  N/A
- 7. STATIC 99 ASSESSMENT SUITE  YES  NO  N/A

SUPERVISION

- 1. PROGRAM PHASES  YES  NO  N/A
  - 2. OFFICE VISITS PER SUPERVISION LEVEL  YES  NO  N/A
  - 3. FIELD CALLS PER SUPERVISION LEVEL  YES  NO  N/A
  - 4. COMPLIANCE WITH CONDITIONS  YES  NO  N/A
  - 5. BEHAVIORAL CONTRACT  YES  NO  N/A
  - 6. SEX OFFENDER REGISTRATION  YES  NO  N/A
  - 7. NCIC FORMS COMPLETED  YES  NO  N/A
  - 8. APPROPRIATE TRAVEL PERMITS  YES  NO  N/A
  - 9. GPS/ALCOHOL MONITORING AGREEMENT  YES  NO  N/A
  - 10. CURRENT SUBSTANCE TEST  YES  NO  N/A
  - 11. UP TO DATE CASE NOTES  YES  NO  N/A
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FINANCIAL

- 1. LIABILITIES IN PROPER ORDER  YES  NO  N/A
- 2. RESTITUTION PLAN  YES  NO  N/A
- 3. RESTITUTION COLLECTED  YES  NO  N/A
- 4. COURT ORDERED FEES COLLECTED  YES  NO  N/A
- 5. DNA FEES COLLECTED  YES  NO  N/A
- 6. PROBATION/PAROLE COSTS COLLECTED  YES  NO  N/A
- 7. GPS/ALCOHOL MONITORING FEES COLLECTED  YES  NO  N/A

VIOLATIONS

- 1. ALL VIOLATIONS REPORTED  YES  NO  N/A
- 2. OFFICER WARRANTS AND CANCELLATIONS  YES  NO  N/A
- 3. BENCH WARRANT/BOARD WARRANT ISSUED  YES  NO  N/A
- 4. WARRANT IN NCIC  YES  NO  N/A
- 5. WARRANT ENTERED IN OPERATING SYSTEM  YES  NO  N/A
- 6. ABSCONDER REQUEST FOR ASSISTANCE  YES  NO  N/A
- 7. ABSCONDER NOTIFICATION FORM (PAROLEE)  YES  NO  N/A

INTERSTATE COMPACT

- 1. ISC PROGRAMMING  YES  NO  N/A
- 2. ICOTS INFORMATION ACCURATE AND UPDATED  YES  NO  N/A
- 3. PROGRESS REPORTS  YES  NO  N/A
- 4. TIMEFRAMES MET  YES  NO  N/A

**OVERALL COMMENTS:**

AUDITOR: \_\_\_\_\_

DATE OF AUDIT: \_\_\_\_\_

PPO: \_\_\_\_\_

DATE DUE: \_\_\_\_\_

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**NEW MEXICO CORRECTIONS DEPARTMENT  
PROBATION PAROLE DIVISION  
District Office Function Audit**

**REGION:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

	<b>AREAS TO EVALUATE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1.	Is the District Office orderly and well kept?				
2.	Are the dress code requirements being adhered to?				
3.	Is the Mission Statement posted in the lobby?				
4.	Is there a place in the lobby with current community resources?				
5.	Are there any derogatory items posted in a general area or in any office that a reasonable person might deem offensive?				
6.	Are the PPO offices set up in a safety conscious way?				
7.	Have steps been taken to maximize security?				
8.	How many vehicles are assigned to the office?				
9.	Are the vehicle logs being maintained and current?				
10.	Have the vehicle monthly reports been submitted and are they complete?				
11.	Are the vehicle maintenance requirements being adhered to and documented on the maintenance log?				
12.	Are the vehicles clean and well kept?				
13.	Do the radios in the vehicles work?				
14.	Do the handheld radios work?				
15.	Is there a District first aid kit accessible and fully stocked? (one in the district office and in each car)				

	<b>AREAS TO EVALUATE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
16.	Is there an AED machine that is updated and accessible?				
17.	Are supplies being kept in an orderly fashion and in sufficient quantities?				
18.	Is the general on-line inventory being maintained by the support staff? Does the supervisor have access?				
19.	Is there an annual inventory sheet per officer reviewed and signed in the employee's soft file?				
20.	Do the firearm and Taser serial numbers match the employee online inventory?				
21.	Is there an evidence/property log of all confiscated property using the property control number and follow up destruction? (NMCD 050700)				
22.	Are training logs current and being maintained?				
23.	Is the arrest log current and maintained?				
24.	Is the supervisor conducting monthly staff meetings and keeping minutes?				
25.	Is there a current & signed EEP on each staff member?				
26.	Is the Supervisor maintaining soft files on each employee?				
27.	Is the Supervisor performing random case audits on a monthly basis?				
28.	Are deficiencies on case audits being documented and corrected?				
29.	How is the Supervisor ensuring substance testing is being done on offenders?				
30.	Is the Supervisor monitoring liabilities' collections? How?				

	<b>AREAS TO EVALUATE</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
31.	Are Triple I's being done within 24-hours of the request (per DPS rules)?				
32.	Are closed files being archived per policy?				
33.	Is assigned staff maintaining GPS inventory?				
34.	Is assigned staff maintaining Alcohol Monitoring Equipment inventory?				
35.	Are PPOs entering GPS/ Alcohol Monitoring costs into Liabilities?				
36.	Are Taser spark tests being conducted according to policy? Are they tracked?				
37.	Is the Employee notification board updated and does it include minimum wage and notice of accident documents?				
38.	Is the Supervisor maintaining and updating a DR log? Are assignments being completed according to policy?				

### AUDIT AREA -- FIELD SKILLS

Officers Name: \_\_\_\_\_

District Office: \_\_\_\_\_

Auditors Name: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_

Date: \_\_\_\_\_

No	TASK	Auditors comments
<b>1</b>	<b>Home Visits</b>	
	Has appropriate equipment: vest, handcuffs, OC spray, flashlight, Taser, cell phone, and/or hand held radio, badge, and ID (if certified by the Department- approved firearm)	
	No equipment not issued by the Department	
	Parks vehicle away from home if appropriate	
	Approaches home with awareness of surroundings	
	Can identify cover and concealment	
	Uses proper positioning and ranging when officer is primary officer and backup officer	
	Uses proper tact and maintains professional, clear and effective communication with offender, family, and collateral contacts	
	Uses good judgment when encountering violations or potential threats	
	Summons law enforcement assistance when appropriate	
	Maintains focus and is not distracted	
	Aware of surroundings and potential danger areas	
	Drove state vehicle appropriately and safely	
	Dressed appropriately for field work	

Displayed knowledge of the location of their offenders' homes	
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No	TASK	Comments
2	<b>Communication Procedures</b>	
	Uses radio/cell phone appropriately, makes notification to dispatch prior to arrival at residence and upon departure	
	Communication device is available during home visit	
	Uses proper radio/cell phone procedures	

Note: (Tasks 3, 4 and 5 only relevant if situation arises)

No	TASK	Comments
3	<b>Arrest Tactics</b>	
	Can demonstrate proper planning of an arrest	
	Chooses most safe tactic for effecting an arrest	
	Demonstrates arrest techniques	
	Demonstrates proper use of restraints	
	Seeks approval before conducting an arrest & documents approval appropriately	
	Verifies the arrest warrant	
	Properly processes warrant	
No	TASK	Comments
4	<b>Search and Seizure</b>	
	Uses restraints before searching subject	
	Can identify reasonable suspicion	
	Uses proper search techniques when searching individual	
	Demonstrates correct search practices when searching a residence	
	Seeks approval before conducting a residence search and documents approval appropriately	
	Knows when collateral persons in a residence may be searched	
	Effectively deals with collateral persons in a residence	
	Demonstrates proper pat search and when to use it	
	Identifies elements of probable cause	
	Uses property receipt if contraband or evidence is seized	
	Knows when to summon Law Enforcement if “fruits of a crime” is discovered	
Labels evidence and secures it properly		

No	TASK	Comments
5	<b>Transporting Offenders</b>	
	Demonstrates proper transportation procedures	
	Demonstrates proper application of all restraints	
	Demonstrates proper seating in vehicle in various situations	
	Demonstrates proper subject observation techniques while driving	
	Demonstrates proper weapons control during transport	
	Conducts search of vehicle before and after transport	
	Demonstrates proper weapons control at the jail	
	Demonstrates proper booking procedures at the jail	

Overall office observations and comments:

Auditor: \_\_\_\_\_

C0-Auditors: \_\_\_\_\_

Reviewed with District Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_