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: 10/27/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Joy Catrett-Bell	**Date of Signature:** 10/27/2026

AUDITOR INFORMATION	
Auditor name:	Catrett-Bell, Joy
Email:	jcbell1111@gmail.com
Start Date of On-Site Audit:	10/18/2026
End Date of On-Site Audit:	10/19/2026

FACILITY INFORMATION	
Facility name:	Guadalupe County Correctional Facility
Facility physical address:	1039 Agua Negra Road, Santa Rosa, New Mexico - 88435
Facility mailing address:	PO Box 520, Santa Rosa, New Mexico - 88435

Primary Contact

Name:	Julie Jaramillo Reyes
Email Address:	julie.jaramillo@cd.nm.gov
Telephone Number:	5055496639

Warden/Jail Administrator/Sheriff/Director	
Name:	Matthew Montoya
Email Address:	matthew.montoya2@cd.nm.gov
Telephone Number:	5757079620

Facility PREA Compliance Manager	
Name:	Julie Jaramillo
Email Address:	julie.jaramillo@cd.nm.gov
Telephone Number:	(505) 469-6639
Name:	Jonathan Castillo
Email Address:	jonathan.castillo@cd.nm.gov
Telephone Number:	575-483-3117

Facility Health Service Administrator On-site	
Name:	Amy Baca
Email Address:	amy.baca@wexfordhealth.com
Telephone Number:	5757817242

Facility Characteristics	
Designed facility capacity:	600
Current population of facility:	488
Average daily population for the past 12 months:	487

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	19-76
Facility security levels/inmate custody levels:	III
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	94
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	28
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	22

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:	Jessie Phelps	**Email Address:**	jessie.phelps@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:	
5	• 115.31 - Employee training • 115.33 - Inmate education • 115.34 - Specialized training: Investigations • 115.41 - Screening for risk of victimization and abusiveness • 115.51 - Inmate reporting
Number of standards met:	
40	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-10-18
2. End date of the onsite portion of the audit:	2026-10-19

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Solace Rape Crisis Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	600
15. Average daily population for the past 12 months:	487
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	513
25. 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:	76
26. 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:	11
27. 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:	1
28. 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:	2
29. 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:	12
30. 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:	9

31. 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:	6
32. 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:	0
33. 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:	12
34. 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
35. 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):	The population of inmates meeting the criteria in certain categories was not present.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	116
37. 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:	22

38. 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:	25
39. 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:	Wexford (Medical) Summit (Food Service)

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The Auditor reviewed the roster and selected inmates based upon the above factors.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. 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):	The Auditor began conducting inmate interviews on the first day of the on-site audit. Based on the population at that time, the PREA Auditor Handbook required a minimum of 30 interviews (15 random and 15 targeted). A total of 30 interviews were completed using established DOJ protocols. All interviews were held in a secure private area to ensure privacy. While the process allowed for selecting an alternate inmate from the same housing area in the event of a refusal, there were no instances of selected inmates refusing to be interviewed.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
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".	
47. 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
48. 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:	1

49. 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:	2
50. 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:	1
51. 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:	3
52. 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:	5
53. 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:	1
54. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ 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).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
55. 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:	14
56. 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:	☒ 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. ☐ 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).	Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Auditor began conducting inmate interviews on the first day of the on-site audit. Based on the population at that time, the PREA Auditor Handbook required a minimum of 30 interviews (15 random and 15 targeted). A total of 30 interviews were completed using established DOJ protocols. All interviews were held in a secure private area to ensure privacy. While the process allowed for selecting an alternate inmate from the same housing area in the event of a refusal, there were no instances of selected inmates refusing to be interviewed.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☑ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
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.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	18
63. Were you able to interview the Agency Head?	(●) Yes ( ) No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☑ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	Specialized staff positions were selected and there were no barriers in completing interviews.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The Auditor was provided with full, unimpeded access to all areas of the facility. During the physical plant review, the Auditor observed the facility layout, staff supervision of inmates, security rounds, and staff-inmate interactions. The tour also included a review of shower and toilet areas, search procedures, and the availability of medical and mental health services. Additionally, the Auditor verified the accessibility of PREA information in and adjacent to housing units and observed staff communication within those units. Finally, the Auditor examined the video monitoring system, including camera placement and observation monitors throughout the facility.

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	During the audit review, the Auditor examined employee and inmate files along with documents provided via the PAQ, such as logbooks and institutional forms. The audit focused on compliance with hiring, promotion, and background check procedures for both officers and contract staff. Training compliance was verified by cross-referencing annual PREA training rosters with staff files. The facilitation process for relaying mandated PREA information to new employees and the protocol for annual refresher training was discussed. Regarding inmate documentation, the Auditor reviewed intake procedures, initial screenings, housing assignments, and PREA education verification.

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.

79. 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	0	0	0	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	2	0	2	0

80. 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	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	5	0	5	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

81. 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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	( ) Yes ( ) No (●) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
99. 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)
100. 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)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Investigative Cases were classified as unfounded or unsubstantiated.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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	
103. 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
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
AUDITING ARRANGEMENTS AND COMPENSATION	
108. 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

Standards
Auditor Overall Determination Definitions
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment Policy, Materials, Interviews and Other Evidence Reviewed: GCCF Organizational Charts PREA Compliance Manager PD NMCD-150100-Offender Protection Against Abuse and Sexual Misconduct NMCD-150100.D Reporting Procedures PAQ Employee Training Curriculum

	The New Mexico corrections department PREA policy is a document that serves to unify the agency's approach to implementing the PREA standards policy relative to segregation housing, employee training, inmate housing/programming, and health care. New Mexico policy CD-150100 outlines the facility's approach to implementation of practices covered under the agency PREA policies. NMCD comprehensive PREA policy mandates a zero-tolerance policy on all forms of sexual abuse and harassment. The agency’s PREA Coordinator oversees and coordinates the efforts of NMCD to comply with Federal PREA Standards including development and implementation of policy, staff training, and inmate education. The PC coordinates the collection of data, and the PREA audit preparation for each five-year cycle required by the standards. The PREA Coordinator is responsible for monitoring and aiding the facility’s PREA compliance across all institutional areas, including staff and inmate training, reporting, staffing plans, investigation of PREA allegations, operating procedures, and audit preparation. Each NMCD facility, including Guadalupe New Mexico Correctional Facility(GCCF), has assigned a PREA Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the standards. The Department’s PREA Manager oversees and coordinates the efforts of the NMCD to comply with Federal PREA Standards, including development and implementation of policy, staff training, and inmate education relevant to PREA standards. The institution's PREA Manager coordinates the collection of data in preparation for each three-year cycle of audits required by the standards. Conclusion: Based on the Auditor’s review of policies, memorandums, facility organizational charts, and staff interviews, the auditor determined that GCCF meets the mandate for this standard.

115.12	**Contracting with other entities for the confinement of inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 Contracting with Other Entities for the Confinement of Inmates Policy, Materials, Interviews and Other Evidence Reviewed: Interview with the PREA Manager NMCD-CD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention PAQ Contracts

	Interviews NMCD policy follows Standard 115.12, which requires that confinement of inmates in any new contract or contract renewal include the entity's obligation to adopt and comply with the Prison Rape Elimination Act standards. The NMCD policy requires that contracts include a provision for contract monitoring to ensure the contractor is complying with the Prison Rape Elimination Act standards. There is a provision in the NMCD policy that does not allow the agency to enter a contract with an entity that fails to comply with PREA standards except in emergency situations. In the event of an emergency housing of inmates, the agency is required to document all reasonable failed attempts to find a private agency or other entity in compliance with the PREA standards. NMCD can house inmates in local and regional jails across the state during legal proceedings and allows for the confinement of NMCD inmates in subsequent facilities. Each facility responsible for housing NMCD inmates is required to adopt and comply with the Prison Rape Elimination Act of 2003 and provide all necessary documentation relevant to PREA certification. Conclusion: NMCD contracts and renewals for the confinement of NMCD inmates include the requirements of this standard and require monitoring by agency personnel. The Auditor determined the facility meets the requirements of this standard.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.13 Supervision and Monitoring Policy, Materials, Interviews and Other Evidence Reviewed: Annual Staffing Plan Shift Roster Video Surveillance/Cameras Inmate Roster PREA Rounds Logs NMCD-150100 , Inmate Sexual Abuse/Sexual Harassment Prevention

	NMCD policy CD-150100 states that each facility will complete an annual staffing plan and will continue to review at a minimum of once a year. NMCD policy states that all facilities, including contracting facilities, will complete a yearly staffing plan and submit the report for approval. Policy states the Staffing Plan is maintained by the facility with a copy forwarded to the PC and in circumstances when the staffing plan has deviations, the facility documents, and notes reasons for the deviations. The facility accurately documents justifications for deviations from the staffing plan and most common reasons for deviations are short term disability, emergency medical leave, inmate medical transportation, In-service/training, vacations, and retirements. Interviews with the Warden verified compliance with the standard and safety and security issues are always a primary focus when they review their respective staffing plans. The audit included an examination of video monitoring systems, staff interviews, annual staffing review, and staffing rosters. Supervisory and Executive level staff make unannounced rounds and document. The Auditor observed staff conducting daily rounds to ensure visibility, safety of staff and inmates, and the opportunity for informal access to supervisory staff. When conducting rounds, staff complete a thorough assessment to identify unusual activity, safety concerns, security improvements, directives, and inmate violations. Staff will take necessary, timely, and appropriate action to address any unusual activity or violations. The Warden, Deputy Warden, and supervisory staff conduct and document PREA rounds, and staff are prohibited from alerting other staff members when supervisory rounds will be conducted. Management staff support all efforts to provide adequate staffing levels and make necessary adjustments to comply with the facility's staffing plan requirements. The facility utilizes overtime and draft procedures to fill any vacated critical post during a shift. Daily security staff rosters requested and reviewed by the Auditor reflected changes made and the reason for each change. Review of post assignment rosters identified that correctional staff were able to maintain compliance within the staffing plan requirements. The facility staffing plan is developed with minimum operational staffing levels in mind and the Auditor reviewed a staff roster to ensure adequate staff in accordance with the Staffing plan for critical and non-critical post. Correctional supervisors manage the security staff post assignments. The staffing plan appears satisfactory in the facility’s efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current population of inmates, which include LGBIQ inmates, medical or mental health needs, disabled, and limited English proficient. The Auditor observed cameras in all areas of the facility and observed formal and informal interactions between staff and inmates during the tour. Conclusion: Based on the review of the Staffing Plan, quarterly post assignment, daily post assignment rosters, interviews, review of PREA rounds , the facility meets the

	mandate for the standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.14 Youthful Inmates Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy Directive CD-150100- Inmate Sexual Abuse/Sexual Harassment Prevention Interviews Chapter 32A- Children's Code Age Reports PAQ Youthful Offender Memo NMCD Operating policy states that youthful offenders will not be placed in a housing unit in which the offender will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. The agency assigns youthful inmates to a NMCD specialized unit to meet these requirements unless the assignment would create a risk to the safe, secure, and orderly operation of the institution. The Auditor reviewed NMCD policy, which states that youthful inmates will not be placed in a housing unit in which they would have sight, sound, or physical contact with any adult inmate through a shared dayroom or other common space, shower area, or sleeping quarters. All youthful offenders are to be housed separately from the adult population, with no sight or sound contact. Any activities scheduled for youthful offenders will avoid all contact with the adult population and are scheduled accordingly to prevent any visual or physical contact. Staff interviewed were not aware of any youthful offenders being housed at GCCF. The Guadalupe facility does not house youthful offenders. Conclusion:

	The Auditor reviewed NMCD policies and procedures, interviewed staff, made observations, and determined the facility meets all provisions of this standard.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.15 Limits to Cross-gender Viewing and Searches. Policy, Materials, Interviews and Other Evidence Reviewed: NMCD- 150800 Transgender, Intersex, Gender Non-Conforming NMCD – 130300 Searches Conducted in Correctional Facilities NMCD CD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention Pat Down Search Training Curriculum Training Records- Pat Searches PAQ Opposite Gender Announcement Interviews Search Memo NMCD policy CD-150100 mandates that cross-gender strip or cross-gender body cavity searches are prohibited except in emergency situations or when performed and documented by a medical practitioner. Officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. Policy states that a licensed physician, physician’s assistant, or nurse practitioner must conduct a body cavity search, and medical personnel who perform a body cavity search need not be of the same sex as the inmate being searched. However, all other persons present during the search must be of the same sex as the inmate being searched. Interviews with staff confirmed that they were aware of the prohibition on visual body cavity or strip searches of inmates of the opposite sex, except in exigent circumstances, and never for the purpose of determining the inmate’s genital status. Officers have been trained to conduct cross-gender pat searches and receive annual

	training. The PAQ did not list any cross-gender strip searches or cross-gender visual body cavity searches of inmates had been performed by correctional or medical staff at the facility. Inmate interviews indicated there were no occurrences in which inmates were subjected to cross-gender viewing by staff during a strip search or visual search. The facility confirmed that correctional staff have been trained on how to conduct cross-gender pat searches in a professional and respectful manner that is least intrusive. Routine strip searches or visual body cavity searches occur in authorized areas, and searches based on reasonable suspicion require the Superintendent’s authorization. Female correctional officers may pat-search inmates of both genders, and strip searches are performed exclusively by staff of the same gender. The facility provides training on LGBQ searches and body scanning devices, and training topics and definitions were found to be consistent with PREA standards. Staff stated during interviews that they received PREA training during orientation and annual training sessions. The Auditor was provided training rosters identifying staff completion of the required PREA training. Staff interviewed stated that opposite-gender staff must announce their presence when entering the housing unit, and the Auditor observed this practice during the tour. Inmates acknowledged that when staff entered housing units, the opposite-gender announcement was made. The PM confirmed procedures were developed and implemented to allow inmates to shower, change clothes, and use bathroom facilities without being viewed by staff of the opposite gender. The Auditor toured the facility and confirmed these measures. Conclusion: Based on the review of policies, documents, training rosters, and interviews, the Auditor determined the facility has demonstrated compliance and meets the provisions of this standard.

115.16	**Inmates with disabilities and inmates who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.16 Inmates with Disabilities and Inmates who are Limited English Proficient Policy, Materials, Interviews and Other Evidence Reviewed: CD-150100-Reporting PREA Procedures

	Interviews NMCD-041000 Inmate Orientation On Site Interpreters PREA Brochures English/Spanish Inmate Tablets Language Link Service Reference Guide Inmate Orientation Handbook NMCD directives are written in accordance with Standard 115.16 and states that the PREA manager is responsible for development and distribution of educational materials. The materials are related to the education of inmates regarding the Agency's zero tolerance for sexual abuse and sexual harassment, how to report conduct or threats prohibited by this directives, and Inmates' right to be free from retaliation for reporting or participating in a related investigation. Policy NMCD-150100 states that inmates with disabilities and inmates who are limited English will not be discriminated against, and the facility will provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in the directive. The policy states the facility will take steps to ensure that inmates with disabilities, including those who are deaf, blind or have intellectual limitations, have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. Educational materials include information on treatment, advocacy, and counseling services are provided. NMCD directives state that the facility will provide PREA education in formats understandable by the entire inmate population and if needed, the facility will seek the assistance of Interpreters. Inmate reader assistants will only be utilized in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an inmate's safety. The agency produces a PREA brochure in Spanish and English and publishes their inmate handbooks in Spanish to assist LEP inmates. The Warden confirmed that the agency is taking significant steps to ensure that materials are provided in various formats. Posters displaying PREA reporting information were observed in housing units in English and Spanish and the Auditor verified the translation service, Linguistic. Each inmate entering the facility is provided a written copy and Computer Tablet access of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within 30 days of arriving at the facility. Inmates are required to sign as

	verification of receipt of the inmate handbook, Tablet, and PREA education. Conclusion: The Auditor reviewed the Agency's policies, procedures, Inmate Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, Language services contract, inmate files, and training records. The Auditor determined the facility meets the requirements of this standard.

115.17	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.17 Hiring and Promotion decisions Policy, Materials, Interviews and Other Evidence Reviewed: NCIC Clearance Form Self Declaration Employee Handbook NMCD-037400 Recruitment Selection Contractor List NMCD-025100 Contractor Records/Contracts Policy CD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention NMCD-060200 Citizen involvement and Volunteers Employment Application Staff Promotions Interviews PAQ Background Information Request NMCD150100 directive requires all employees, contractors, and volunteers to have criminal background checks completed. Directives states that the facility will not knowingly hire any new employee, promote any existing employee, or enlist the

	services of any contractor who has contact with inmates that 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), been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in the activity described above. The policy requires that once every five years criminal history checks are processed for employees and the facility can authorize a NCIC check at any time within the five-year period if determined necessary. The five-year criminal history checks will be completed and documented to include a review for personal protection orders and domestic violence offenses. GCCF requires that all applicants apply for positions and complete the employment application packet which includes the required PREA questions. If any of the PREA questions are answered “yes” by the applicant, the application process is stopped. The applicant will be ineligible for employment if an abuse or harassment is confirmed. The application also contains a statement that must be acknowledged by the applicant stating they understand that any false information provided could result in termination or prosecution. Any instances of sexual harassment are used in determining whether to hire or promote anyone or enlist the services of contractors who may have contact with inmates. Each new employee and contractor will undergo a background check and is not offered employment if there is disqualifying information discovered. Any information produced from the criminal history check that has not been previously reported or investigated will be referred to OPM staff for investigation. Checks are conducted on all staff and include criminal background checks through the NMCD Human Resource division. Volunteers and Contractors who have contact with inmates at the facility will have an annual criminal history check processed and any information discovered from a criminal background check that has not been previously reported or investigated will be referred for investigation. The facility does not hire any staff that have engaged in sexual abuse or harassment as stipulated in the standard. The Human Resource Division tracks the required background checks which are conducted at a minimum every five years and are required as part of the promotion process. An applicant applying for a promotion is required to answer the questions regarding any PREA related cases in which they were implicated and are required and documented for each employee during their annual performance review process. The Auditor concluded the facility is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors or promoting staff. Conclusion:

	The Auditor conducted a review of the Agency's policies, procedures, employee records, contractor records, background Investigations, and interviewed staff. The Auditor determined the facility meets the requirements of this standard.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.18 Upgrades to Facilities and Technologies Policy, Materials, Interviews and Other Evidence Reviewed: GCCF Lease Agreement Camera and Door Lock Installation Upgrade Policy Directive NMCD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Facility Camera Placement NMCD Policy-150100 states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, modification, and the facility’s ability to protect inmates from sexual abuse, will be considered. When installing or upgrading the video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect inmates from sexual abuse will be carefully reviewed for implementation of the video system. During interviews with the agency PREA coordinator and facility PM, it was verified that the facility maintenance supervisor and the PM would discuss all projects at the facility prior to a start date to ensure compliance with the PREA standards are appropriately addressed. Surveillance and security electronics were upgraded during the current audit cycle. New monitors and various other surveillance equipment were installed. The Warden and PM stated that when installing or updating the camera system, electronic surveillance system, or other monitoring technology, the facility considers how the enhancements will increase their ability to protect inmates from sexual abuse. Facility staff monitor the cameras to ensure they are operational and to identify any areas that may need additional coverage. Conclusion: The Auditor determined that the facility meets the provisions of this standard.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.21 Evidence Protocol and Forensic Medical Examinations Policy, Materials, Interviews and Other Evidence Reviewed: PREA Certification Letter National SANE Protocol Policy Directive CD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention NMCD-031800 OPS Personnel Investigations and Misconduct NMCD-170100 Medical Clinical Services Investigator Training Coordinated Response Plan MOU-Solace Sexual Assault Service MOU New Mexico State Police (NMSP) Albuquerque SANE Collaborative: ABQ.SANE.org Standard 115.21 Evidence Protocol and Forensic Medical Examinations, stipulates that administrative and criminal investigations are completed for all allegations of sexual abuse/sexual harassment. GCCF investigators and NMSP staff are trained in conducting sexual assault investigations in confined settings-prisons. During review of training documents, it was confirmed that investigators received instruction in conducting sexual assault investigations from the NIC. GCCF policy states that PREA investigations of sexual abuse or sexual harassment will be completed by staff who have received specialized investigator training as outlined in the PREA standards. Facility Investigators are trained using the Crime Scene Management and Preservation training modules and the facility provides documentation of the training. The training included material reference and sources from the U.S. Department of Justice's office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, PREA Audit Reporting, and Crime Scene Management/Preservation and NIC PREA Investigator training. All investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse & Sexual Harassment Investigations protocol.

	Facility trained investigators conduct administrative investigations on allegations of sexual abuse and sexual harassment and the New Mexico State Police conducts investigations and criminal prosecutions on behalf of NMCD. The PREA Manager will serve as an investigative liaison between the NMCD and the facility during an active investigation. During a PREA investigation, facility staff are required to preserve the crime scene until the investigator arrives to collect and process physical evidence from the scene. The facility investigation will be coordinated with the NMSP as necessary to prevent any obstacle for prosecution and to remain informed of the status of the investigation. The facility's investigation will proceed in accordance with NMSP protocol regardless of whether the referral results in criminal prosecution. GCCF has a MOU between Solace Sexual Assault services. Inmates are made aware of the confidential emotional support services available to them through the inmate tablet, and PREA signage in both English and Spanish displayed throughout the facility. A victim advocate from Solace Crisis Center will be available to accompany and support the victim through the forensic medical examination process, investigatory interviews, emotional support, crisis intervention, and referrals. GCCF does not employ SAFE or SANE staff therefore, forensic examinations are provided at by Albuquerque SANE Collaborative. There were no forensic examinations conducted during the past 12 months. Conclusion: Interviews with staff and review of supporting documentation confirmed compliance with this standard. The Auditor determined that the facility meets the requirements of this standard.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.22 Policy to ensure Referrals of Allegations for Investigations Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy CD-150100, Inmate Sexual Abuse/Sexual Harassment PREA Investigation Checklist Investigation Packets New Mexico State Police Memo NMCD Policy CD 031800 OPS Personnel Investigations and Staff Misconduct Reporting

	NMDC PREA Hotline Interviews GCCF directives are written in accordance with Standard 115.22 and require that an investigation be completed for allegations of sexual abuse and harassment. The Warden will ensure that information of allegations of inmate-on-inmate sexual abuse or sexual harassment, employee sexual abuse or sexual harassment, or employee overfamiliarity accusations, are entered into the NMDC database and promptly investigated. Each sexual abuse or sexual harassment investigation has an investigation worksheet completed which include cases reported verbally, in writing, anonymously, or from third parties. The Warden will refer the allegation as soon as possible, but no later than one business day after the report was made. The facility utilizes a tracking system to ensure all required steps of the investigation process are completed timely manner. The facility PM, supervisors and investigators work closely to ensure that allegations of sexual abuse and harassment are investigated promptly and thoroughly. If an inmate alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will make the initial report. The shift supervisor will complete the PREA First Responder Checklist and investigation packet, which will be forwarded to the PM for review. The investigator coordinates with the PM to determine the course of action and the PREA Compliance Manager is notified of the case. The NMSP conducts all criminal investigations for the facility and will be notified if there are suspected potential criminal charges. If the case is prosecutable, a referral for prosecutorial efforts will be made. The information tracked includes the date of the allegation, name of the victim/ perpetrator, SHU placement, monthly reviews, initiate After-action review, protocol, investigation determination, date inmate notified of outcome, and retaliation monitoring review. Once the investigation is closed, the inmate is provided notification of the outcome. A review of training documents confirmed that investigators received specialized training instruction in conducting sexual assault investigations in prisons. Conclusion: The Auditor reviewed investigative files, conducted interviews, and observed daily assignments at GCCF. The Auditor determined the facility is compliant with the provisions of this standard.

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

115.31 Employee Training

Policy, Materials, Interviews and Other Evidence Reviewed:

NMCD – Policy CD-150100, Sexual Harassment Prevention and Intervention

PREA Training In Service

NMCD-031000-Correctional Officer Training and Staff Development Requirements

Staff PREA Signs

PREA Tracking Form

NMCD-032200 Code of Ethics.

NMCD Policy CD 150800 Transgender, Intersex, Gender Nonconforming

NMCD Policy CD-130300 Search Policy

Training and Staff Development

Initial Orientation

Staff Training Roster

Annual Inservice PREA Acknowledgment

PAQ

Interviews

Annual Refresher Training Packet

NMCD requires that facility employees, student assistants, unpaid student interns, and contractors be required to successfully complete service training in accordance with the requirements set forth in policy. In accordance with PREA policy, employees are required to complete PREA training annually and remain current on policies and procedures regarding sexual abuse and harassment. The training includes course acknowledgment documentation to fulfill the requirements of the standard.

The Auditor reviewed the agency's training curriculum used to train staff annually. Staff and contractors are required to participate in 40 hours of in-service training, which includes PREA instruction and online coursework.

The Auditor reviewed the facility’s PREA curriculum, training rosters, employee certificates, and acknowledgment forms.

Staff interviews confirmed that employees have received the required training and

	retained the information. Conclusion: The Auditor determined the facility exceeds the requirements of this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.32 Volunteer and Contractor Training Policy, Materials, Interviews and Other Evidence Reviewed: AD NMCD-150100, Sexual Harassment Prevention and Intervention PREA Fact Sheet Volunteer Training Acknowledgement Forms NMCD Contractor Packet Volunteer Handbook NMCD 060200 Citizen Involvement and Volunteers Interviews Medical Staff PREA Acknowledgement PAQ GCCF provides standardized training for all employees, contractors, vendors, student interns, and volunteers who provide services within facilities. Contractors who have contact with inmates will be monitored by facility staff. All volunteers and contractors are required to review PREA training materials and sign acknowledgment forms indicating their understanding of PREA requirements. The Auditor reviewed training curriculum, rosters, and individual training files, verifying that contractors have received the required training. New contractors and volunteers receive PREA training during orientation before being allowed access to the facility or inmates. Interviews with contract staff verified they were provided training information about respectful interactions with inmates, physical boundaries, and overfamiliarity with inmates. The contractors stated they were aware of their responsibilities to report

	incidences of sexual abuse and sexual harassment, as well as how to respond as a first responder to preserve potential evidence and to whom to report. The facility's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting, and response procedures. Conclusion: The Auditor concluded the facility is appropriately training volunteers, contractors, and staff, to ensure documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, acknowledgment forms, and interviews, that the facility meets the requirements of this standard.

115.33	**Inmate education**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.33 Inmate Education Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy CD-150100, Sexual Harassment Prevention and Intervention PREA Intake Sheet PAQ Policy NMCD-014100 Inmate Orientation Inmate Verification Form Interviews Linguistics Language line Inc PREA Education Pamphlets Inmate PREA Handbook (English and Spanish) PREA Posters (English and Spanish) Inmate File Review GCCF policy is written in accordance with Standard 115.33 and states all inmates will receive comprehensive PREA education during intake and upon transfer from another facility within 30 days of arrival at the new facility. Upon 72 hours of arrival at a

	facility, an inmate will receive educational material on Sexual Abuse Zero tolerance, how to report, PREA Manager contact information, outside PREA reporting, victim advocate services, and emotional support services. In accordance with policy, inmates will receive orientation upon arrival at the GCCF. The NMCD publishes written educational materials that include the PREA brochure, PREA posters, and Inmates Handbook in English and Spanish, and closed captioned PREA video for LEP, deaf, or hard of hearing population. During a tour of the facility, "Zero Tolerance" posters were visible throughout the housing units, common areas of the facility, and medical. During intake processing, inmates receive comprehensive PREA information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Inmates also receive information on how to report incidents or suspicions of sexual abuse. This information is provided in writing and computer Tablet. Topics covered during inmate education include inmates' rights to be free from sexual abuse and sexual harassment, protection from retaliation for reporting, available methods to report, agency PREA policies, and procedures for reporting. Interviews verified that PREA training is provided to inmates during intake by classification staff, correctional staff and medical staff. Staff provide inmates with a PREA brochure explaining the zero-tolerance policy, definitions of sexual abuse and retaliation, how to report sexual abuse, the process following a report, available services for victims, and sexual abuse prevention. During intake processing, classification staff are required to review files to ensure that each inmate receives and documents PREA education. The Auditor reviewed inmate files to verify PREA education was provided in a timely manner. As part of the facility's intake procedures, each new inmate file includes a signed receipt for PREA training. The facility utilizes a language line service to assist in providing PREA information to disabled or LEP inmates. The Warden will develop and maintain an orientation program for newly admitted inmates. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources. Conclusion: The Auditor determined the facility exceeds the requirements of this standard.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.34 Specialized Training: Investigations

	Policy, Materials, Interviews and Other Evidence Reviewed: Student Guides Module Investigator PREA Training Certification Letters NMCD- Policy CD-150100, Sexual Harassment Prevention and Intervention Investigation Packets NMCD-031800 OPS Personnel Investigations and Staff Misconduct Reporting Interviews PAQ GCCF policy is written in accordance with PREA standard 115.34. Policy states that investigations of sexual abuse or sexual harassment will be completed by employees who have received specialized investigator training as outlined in the policy. Investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment investigations portion of the PREA policy and PREA standards. In accordance with the directives, facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings. The facility utilizes the Investigator training manual which provides additional specialized training for investigators to assist in PREA administrative investigations. This NIC investigative course covers PREA topics that include, Dynamics of sexual abuse within confinement settings, Interview techniques for victims of sexual abuse, Preservation of evidence, employee rights, and Garrity and Miranda rights. The evidentiary standard of preponderance of evidence is noted within the training referencing administrative investigations. The facility utilizes training from the National Institute of Corrections (NIC), which includes topics such as sexual abuse dynamics, evidence preservation, and staff rights. The Auditor verified documentation of investigator training. Conclusion: The Auditor concluded the facility has provided appropriate training for its investigators on investigative techniques. The Auditor conducted a review of policies, directives, training curriculum, training records, investigative reports, and conducted interviews with investigators to determine the facility exceeds the requirements of this standard.

115.35	**Specialized training: Medical and mental health care**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.35 Specialized Training: Medical and Mental Health Care Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy CD-150100, Sexual Harassment Prevention and Intervention PAQ NM DOC Module1-5 Staff Training Roster NMCD 1-5 Modules Credentials for Health Service Staff Medical In-service Training PREA Acknowledgement Health Care and Behavioral Health Training Interviews NMCD policy requires all staff to receive PREA training in accordance with Standard 115.31. The policy requires that part-time and full-time mental health and medical staff members receive additional specialized training. Student assistants, unpaid student interns, Agency employees, and contractual employees are required to successfully complete the training in accordance with requirements in policy. The Auditor reviewed the facility training curriculum specific to medical and mental health staff. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility, how to respond to victims of sexual abuse, and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Interviews with the Director of Nursing confirmed medical staff and Behavioral health staff are required to complete PREA specialized training through the NIC. They are required to provide completion certifications of the specialized training and attend “PREA Medical and Mental Care Standards” training which is developed by the National PREA Resource Center. The Auditor interviewed medical staff who were knowledgeable of the training and confirmed having received the general and specialized training A review of their training documentation verified completion of training. Conclusion: Based on review of the agency's policies, inmate records, and interviews, the Auditor determined the facility meets the requirements of this standard.

115.41	**Screening for risk of victimization and abusiveness**

	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.41 Screening for Risk of Victimization and Abusiveness Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy CD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention PAQ SRNS -I-II OMNI(Sexual Risk Needs Screening) Inmate Admissions, Transfers and Discharges List Intake Screening Instrument Policy NMCD 040101 Inmate Records Policy NMCD 04000 Information Technology Medical Referrals Risk Assessment 30 Day Review Documentation Interviews NMCD policy requires that a transferred inmate will be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and risk of sexual victimization and staff will complete the PREA risk assessments in accordance with Standard 115.41. NMCD policy requires inmate reassessments are conducted prior to the 28th day after arrival. The Auditor interviewed classification staff responsible for inmate intake process during their arrival at the facility. Staff verified that within 72 hours of admission, inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior and referrals to medical are made if needed. Inmates stated during interviews they had been asked PREA related questions during intake orientation. The initial assessment is conducted during intake and a reassessment is conducted within 30 days of arrival or if new information is presented. Staff interviews confirmed compliance with screening timelines and procedures. The Auditor reviewed inmate records confirming timely screenings. Conclusion: The Auditor reviewed policies, procedures, inmate records, and conducted interviews. The Auditor determined the facility exceeds the requirements

	of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.42 Use of Screening information Policy, Materials, Interviews and Other Evidence Reviewed: Policy NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention Screening Information Process SRNS Referral Form Policy NMCD-080102 Institutional Classification Inmate Housing Assignments Classification Procedure-Inmate Job Assignments NMCD policy is written in accordance with PREA standard 115.42, Use of Screening Information. The Auditor reviewed inmate classification records to determine housing placements, programming opportunities, work assignments, and other assignments verifying inmates are housed safely at the facility. Staff utilized information obtained during the risk screening to assign facility housing, cell, and work assignments, and to ensure HRSV inmates are protected. Classification staff enter screening information into the facility database to identify inmates at risk of victimization (HRSV) and ensure they are not placed in work or education assignments with those identified as potential abusers (HRSA). The Auditor verified inmate risk screenings are conducted for inmates during the initial intake. The screening tool includes sections for staff to document their perceptions of the inmate. The Auditor conducted interviews with inmates who identified as gay or bisexual, and each confirmed they had not been housed in a designated LGBIO unit. The Auditor toured housing units and observed that living areas allow inmates to shower, change clothes, and use restroom facilities without being viewed by staff of the opposite gender while unclothed. Interviews with staff indicated that placement decisions for LGBIO inmates are made on a case-by-case basis. Review of housing rosters confirmed that LGBO inmates are not placed in isolated units but would be housed throughout the facility in various units.

	GCCF was not under a consent decree, legal settlement, or legal judgment. Conclusion: The Auditor conducted a review of policies, procedures, training curriculum, training records, and conducted interviews. The Auditor determined that the facility meets the requirements of this standard.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.43 Protective Custody Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Policy-150100, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Restrictive Housing Report GCCF Unit Classification Procedure NMCD 141100 Protective Custody Risk Screening Form NMCD Policy-141500 Restrictive Housing Inmate Housing Roster Interviews NMCD policy is written in accordance with PREA standard 115.43. GCCF policy states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse will not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete, and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the inmate may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the inmate will be assigned to temporary segregation for a period not to exceed thirty calendar days.

	Staff at GCCF are knowledgeable of policy and their responsibilities regarding this standard. Staff interviewed stated they would conduct an immediate assessment of available housing alternatives prior to placing inmates in special management housing. Staff must assess and document all available alternatives prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing. The facility uses a tracking method to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. The facility takes adequate measures to ensure individualized inmate safety needs are considered when making any assignments for the inmate. The facility reported that there were no instances of inmates being placed into involuntary segregation for risk of victimization. The Warden stated that segregation would only be used to protect inmates at high risk of sexual victimization if it is the only means of keeping the individual safe. Such placement is limited to a brief period which would be less than 24 hours. The inmate will be reviewed by classification staff for appropriate housing within the facility or decision to transfer to a different correctional facility. Inmates housed in RHU maintain access to recreation, educational programming, and religious programming to the extent administratively feasible and can be safely afforded. In the event of restrictions, the facility is required to document the nature of the restrictions. Staff stated that an inmate identified as high risk would be moved to another facility and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or if the inmate requested protective custody. The PREA manager verified there were no inmates during the audit period that had been placed in restrictive housing involuntarily to separate them from potential abusers. Conclusion: The Auditor reviewed policies, procedures, hosing alternatives, risk assessment forms, made observations, and conducted interviews. The Auditor determined the facility has demonstrated compliance with the provisions and meets this standard.

115.51	**Inmate reporting**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.51 Inmate Reporting Policy, Materials, Interviews and Other Evidence Reviewed:

	MOU Colorado External Party PREA Reporting (NMCDOC.colorado.gov) Staff PREA Course Curriculum NMCD Policy CD-150100 Inmate Sexual/Abuse Harassment Prevention Inmate Handbook(Spanish & English) PREA Signage Interviews Grievance Form NMCD policy is written in accordance with PREA standard 115.51. The standard requires facilities to provide multiple avenues for inmates to privately report sexual abuse, harassment, retaliation, and staff misconduct or neglect. The directive outlines multiple reporting options, including internal and external methods. The directive designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. NMCD policy allows inmates to report incidents anonymously or through written, verbal, or third-party reporting methods. Inmates may use grievance procedures and are not required to report to the staff member involved in the allegation. Grievances related to sexual abuse or harassment are managed separately and are not referred to the staff member who is the subject of the grievance. Inmates are not charged for filing grievances unless filed in bad faith. Inmates interviewed stated they felt comfortable reporting incidents and were aware of PREA resources located throughout the facility. Third party reporting posters and the employee handbook provide information to employees of their responsibility to report sexual abuse or sexual harassment. Staff are provided information referencing the PREA hotline number and website address for anonymous reporting. Staff are required to document and forward all reports to supervisory staff for investigation. Interviews confirmed staff understand their reporting responsibilities. Staff may also report confidentially to supervisors or the Warden. Staff interviewed knew how to privately report sexual abuse and harassment. Conclusion: The Auditor determined the facility exceeds the requirements of this standard.

115.52	**Exhaustion of administrative remedies**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.52 Exhaustion of Administrative Remedies Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Inmate Handbook Advocate List PAQ NMCD 150500 Inmate Grievance Interviews NMDC policy is written in accordance with PREA standard 115.52 and states that the facility has a grievance procedure in place for addressing inmate grievances regarding sexual abuse. The directive states that inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse and are not required to submit a grievance to a staff member who is the subject of the complaint. Inmates may submit a grievance form, and all PREA-related reports are immediately processed and referred. The inmate Administrative Remedies procedure provides a formal process for inmates to obtain resolution of an issue or problem. Facility staff interviewed, understood the procedures for submitting emergency grievances, and supervisors were aware of the time limits for responding to emergency grievances involving imminent risk of sexual abuse. Policy allows inmates to consider the expiration of a response time limit at any stage of the process as a denial, qualifying the grievance for appeal to the next level of review. Conclusion: Based upon the review of documentation and interviews, the Auditor determined the facility meets the requirements of this standard.

115.53	**Inmate access to outside confidential support services**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.53 Inmate Access to Outside Confidential Support Services Policy, Materials, Interviews and Other Evidence Reviewed: NMCD Sexual Assault Helpline MOU Inmate Handbook(English & Spanish) PREA Signage NMCD 100701 Monitoring Form NMCD Policy-150300 Inmate Access to Telephones NMCD Policy- 151200 Correspondence Regulations Interviews MOU- Solace Santa Fe Acknowledgement of Receipt of I/M Handbook Receipt of Computer Tablet NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD policy is written in accordance with PREA standard 115.53. NMCD policy states that GCCF provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility has established a MOU with Solace of Santa Fe and the Central New Mexico Rape Crisis Center for their affiliated services. GCCF also provides information for inmates to notify the CDOC by mail for support services. The Auditor determined the agency and facility work collaboratively to establish relationships with outside support services. Administrative directives require that inmates and staff be allowed to report sexual abuse or harassment confidentially and require that medical and mental health personnel inform inmates of staff limits of confidentiality and interviews with medical and mental health staff confirmed they are aware of their obligations to inform the inmates of the limits of confidentiality with staff. The facility provides PREA resource contact information on inmate bulletin boards in housing units and common areas. Inmates are informed about monitored and unmonitored communication methods. Posted signage advises inmates that certain hotline calls are confidential and not monitored. Inmates are informed of the services during intake, Tablets and PREA brochure issued during orientation.

	Conclusion: Based on policy review, interviews, and correspondence contact, the facility meets the requirements of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.54 Third-party Reporting Policy, Materials, Interviews and Other Evidence Reviewed: PREA Hotline NMCD Policy-150500 Inmate Grievances NMCD CD Policy-151200 Correspondence Regulations Solace of Santa Fe MOU Interviews Inmate Handbook & Tablet PREA Signage CD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention GCCF policy is written in accordance with PREA standard 115.54 which states that inmates may report allegations verbally or in writing to staff, through a hotline, or via third-party reporting. The Auditor reviewed the NMCD policy which state that inmates may report allegations of conduct prohibited and retaliation can be reported verbally or in writing to any facility staff member, PREA Hotline, or third-party avenues. The NMCD website, facility notices, inmate Tablets, and inmate handbook, provide inmates with contact information for reporting any PREA violations. Third-party reporting is supported for staff, inmates, family members, attorneys, and advocacy groups and the agency has a MOU with the Colorado Dept. Corrections as another advocate avenue. The website allows third parties to report allegations on behalf of inmates. Interviews indicated inmates were aware of these methods and felt comfortable using outside resources if needed.

	Conclusion: The Auditor reviewed materials, policies, and made observations during the facility tour and determined the facility meets requirements for the standard.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.61 Staff and Agency Reporting Duties Policy, Materials, Interviews and Other Evidence Reviewed: NMCD 032200 Code of Conduct NMCD-037800 Employee Disciplinary Action for Employees PREA Course Curriculum Staff Response Guide Training Records PREA Investigation packet Interviews NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention GCCF policy is written in accordance with PREA standard 115.61 which requires confidentiality of all information relevant to sexual abuse or harassment beyond what is required to be shared as a part of the report, treatment, or investigation. NMCD directives state that reasonable steps will be taken to ensure the confidentiality of information obtained during the inmate initial risk assessment process. GCCF policy requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed not to discuss the situation/allegation with anyone unless those staff are investigating the allegation, making security decisions, or providing services to the inmate victim. During interviews with staff, the Auditor determined staff understood their responsibility to report any suspicions they have regarding sexual abuse or sexual harassment of an inmate.

	The policy also states that individuals interviewed as part of a PREA investigation should specifically be warned not to discuss the investigation with others and staff that intentionally compromise this confidentiality will be subject to discipline in accordance with the Employee Discipline policy. This does not prevent staff from discussing such matters with their attorneys or in accordance with directive. The Auditor reviewed agency training curriculum for staff, volunteers, and contractors that included training received on reporting sexual abuse and sexual harassment allegations. Each staff member is required to read the agency's PREA policies and sign receipt of attendance on an annual basis. The Auditor verified staff, contractors, and volunteers, had received training, and had reviewed the policies on how to report serious or unusual information related to PREA. Staff understand the need to keep allegation information limited to those that need to know to preserve the integrity of the investigation. Staff interviewed stated that details related to either inmate allegations or staff allegations should remain confidential and would only discuss details with supervisors and investigators. Directives require that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Agency directives require medical and mental health staff to report any knowledge of sexual abuse within an institutional setting and clinicians are required to disclose their duties to report to the inmate. Medical and mental health providers were able to discuss the limits to confidentiality and how they provide that information to inmates during a medical or mental health session. Conclusion: It was determined through review of policies and interviews with the PM, medical and mental health practitioners, the facility meets the provisions of the standard.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62 Agency Protection Duties Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention

	PAQ SIR Report(Serious Incident Report) Critical Incident Review Critical Incident Debrief NMCD 141100 Protective Custody Specialized Medical training Interviews PREA Checklist PREA Investigations NMCD policy is written in compliance with Standard 115.62 which requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. The policy states that when an inmate is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility will take immediate action to protect the inmate by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, work assignment, temporary segregation, reassignment, or transfers. Each decision on reassignments would be determined on a case-by-case basis analysis. The Warden is required to review the proposed actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. Staff interviewed by the Auditor were able to articulate requirements regarding what immediate actions were required if staff learned an inmate was at imminent risk of sexual abuse. Supervisory staff interviewed by the Auditor were knowledgeable of the options they have available to protect inmates which included relocating the inmate to a different housing unit at the assigned facility or transferring the inmate to another facility. Administrative directives require medical and mental health staff to immediately notify the Warden and recommend housing interventions or other immediate action to protect an inmate when it is determined the inmate is subject to a substantial risk. If medical staff determine during an assessment that an inmate is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Warden and classification staff to provide alternative housing placement. Conclusion: The Auditor reviewed directives, procedures, investigative records, conducted interviews, made observations, and determined the facility meets the requirements of this standard.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.63 Reporting to other Confinement Facilities Policy, Materials, Interviews and Other Evidence Reviewed: Screening Instrument Notification Email PAQ Interviews NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD policy is written in compliance with Standard 115.63 which states that when a PREA allegation is received by any location other than a correctional facility, it will be reported using contact information located on the Agency website. This includes any allegation received regarding sexual abuse and sexual harassment at a jail, State correctional facility, Federal prison, or a Juvenile detention facility and any documents related to the allegation must be made available to the PREA manager for review. NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention policy, mandates that when receiving an allegation that an inmate was sexually abused while confined at another facility, the incident will be reported to the PM. The Warden will notify the agency or facility head where the abuse is alleged to have occurred within 72 hours of receiving the allegation. The Warden stated that if an inmate alleges suffering sexual abuse at another facility is received at GCCF, they will place a telephone call followed by an email, to the Warden at the facility of the allegation to complete the notification process. The Warden stated they would notify their facility investigator, and an investigation would be immediately conducted. The PM will maintain documentation of the notification and include all actions taken regarding the incident and copies of this documentation will be forwarded to the PREA Coordinator. The Auditor conducted interviews with facility staff concerning actions they would take if an inmate alleges sexual abuse while confined at another facility. Staff stated they would immediately report the allegation to their supervisor and submit an incident report including the details of the allegation as reported to them by the

	inmate. The Warden and PM stated that if they receive such a notice, they will immediately report the allegation to the Warden at the transferring facility. Conclusion: Compliance with this standard was verified by reviewing directives, interviews with investigators, PREA compliance manager, and Warden. The Auditor determined that the facility meets the requirements of this standard.

115.64	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.64 Staff First Responder Duties Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention C101 Power point Sexual abuse First Responder Duties Staff training Roster Specialized Medical Training Coordinated Response Plan Sexual Assault Checklist Investigator Training Interviews NMCD policy is written in compliance with Standard 115.64 which requires that if the first responder is not a correctional staff member, they immediately notify a correctional staff member to comply with Standard 115.64. NMCD directives require that if the first responder is not a security staff member, they immediately notify a security staff member. The Auditor conducted interviews with non-security personnel and asked what actions they would take following an alleged sexual abuse if reported to them. Staff stated they would ensure the victim remains with them and immediately inform an officer or supervisor.

	The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area where the incident occurred and kept separately in the facility. Staff stated the area of the incident would be secured and no one allowed in the area to disturb the evidence. The victim would be taken to medical for treatment of any emergency needs and transported to the local hospital for a forensic exam if necessary. Medical personnel interviewed stated they would first assess a victim's emergency medical needs and would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the Auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse and the victim would be transported off-site for a forensic exam. The Auditor reviewed the facility's training records for verification that sexual abuse training had been conducted. The training records of staff, contractors, and volunteers confirmed they had received training to appropriately respond to incidents of sexual abuse. The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed as part of this onsite audit were knowledgeable of their responsibilities as a first responder during an allegation of sexual abuse or sexual harassment. Conclusion: The Auditor reviewed policies, procedures, coordinated response plan, investigative reports, interviewed staff and determined the facility meets the requirements of this standard.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.65 Coordinated Response Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Sexual Assault Checklist Staff training NMCD-150102 Coordinated Response Plan Interviews

	NMCD policy is written in compliance with Standard 115.65 which requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse. GCCF has developed its own operating procedures for the coordinated response plan for responding to allegations of sexual abuse. A Sexual Assault first responder checklist has been created which supplements the facility operating procedures and outlines staff duties in response to a sexual assault incident. GCCF policy states each correctional facility will include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse. The plan includes, Staff, Volunteer, and Contractor Responsibilities, First Responder-Security/Non-Security, Shift Supervisor Responsibilities, Medical Response, Investigator, Mental Health, PREA Compliance Manager, and administrative response protocol. The Auditor conducted interviews with staff listed in the facility's coordinated response plan and staff were knowledgeable regarding their specific duties. The Auditor determined the facility has prepared staff to take appropriate actions in response to inmate sexual abuse. The Auditor interviewed the Warden, investigator, medical staff, behavioral health staff, and PM, regarding the initiation of the coordinated response in the case of an allegation of sexual abuse or harassment. Staff understood their responsibilities and stated that investigations are completed in a timely manner. They stated that cases may be referred to for criminal investigation or investigated administratively. Staff stated monitoring for retaliation is conducted, and a case outcome notice is provided to the inmate victim once a determination is made. The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and has appropriately trained their personnel to follow the plan. Conclusion: The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained their personnel to follow the plan. Based on a review of the facility's policies, procedures, coordinated response plan, training records, and interviews with staff, the Auditor determined that facility meets the requirements of this standard.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	115.66 Preservation of Ability to Protect Inmates from Contact with Abusers NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Interviews Council 18 Agreement-AFSCME PAQ Memo A review indicated that there are no collective bargaining agreements that prevent the ability of the facility to remove alleged staff abusers from contact with inmates, consistent with provisions of the standard. Specifically, when warranted, the facility may take actions that include suspension of an employee during an investigation, and this suspension may continue until disciplinary actions are determined. The Warden confirmed that the facility maintains the right to assign staff. This Auditor confirmed that the agency has the right and ability as the employer to remove alleged staff abusers from contact with inmates. Specifically, when warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time when disciplinary actions are determined Conclusion: The Auditor finds the facility compliant with this standard and meets the requirements.

115.67	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.67 Agency Protection Against Retaliation Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Retaliation Monitor List NMCD 150102.2-Retaliation Monitoring Form Interviews NMCD policy is written in accordance with Standard 115.67 which states retaliation by or against any party, staff, or inmate, who participates in a complaint or report of

	sexual abuse or sexual harassment, will be prohibited. Facility directives state both staff and inmates who cooperate with sexual abuse and sexual harassment investigations will be protected from retaliation from staff and inmates. The facility designates a supervisory staff member other than the direct supervisor, to monitor the incident and the staff member assigned will monitor retaliatory performance reviews, reassignments, and other retaliatory actions not substantiated. The directives outline the protection measures available and require the prompt remediation of any type of retaliation. Any use of involuntary segregated housing for the inmate who has alleged to suffer sexual abuse will only be used if there are no other alternatives. Staff interviews verified the PM monitors staff retaliation for up to 90 days and retaliation may be monitored beyond 90 days if warranted and classification staff monitor inmates. If a staff member were involved, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separate from the other inmate. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility. Administrative staff have the authority to move inmates within the facility or to request transfers to other facilities to ensure inmates are not retaliated against. Inmates are not held in the special management housing unless requested by the inmate and the Auditor verified the facility has other housing units where inmates can be placed. Supervisory staff will also monitor disciplinary sanctions, housing program changes, and conduct periodic status checks for inmates who report or have reported alleged victimization. Retaliation will be grounds for disciplinary action and will be investigated. If any individual who cooperates with an investigation expresses a fear of retaliation, the facility will take measures to protect that individual against retaliation, including ninety-calendar day retaliation monitoring if deemed necessary and retaliation monitoring ceases when an allegation is unfounded. Conclusion: Staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The Auditor reviewed documents and determined the facility is compliant with this standard.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.68 Post-Allegation Protective Custody

Policy, Materials, Interviews and Other Evidence Reviewed:

NMCD 141100 Protective Custody

PAQ

Risk Screening

NMCD-141500 Restrictive Housing

NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention

RHU Roster

Interviews

The GCCF's policy is written in accordance with Standard 115.68 which requires the use of segregated housing to be subjected to the requirements of PREA standard 115.43. Facility directives prohibit the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and there are no available alternative means of separation from abusers.

The Auditor determined during document review and interviews, that inmates have not been placed in involuntary segregation due to risk of victimization in the 12 months preceding this audit at GCCF.

The facility PM stated the facility did not place any inmates in protective housing due to being at high risk for sexual victimization during the past 12 months and the facility does not use Protective Housing as a protective measure for a inmate at high risk of sexual victimization unless requested by the inmate. Interviews with supervisory staff confirmed their knowledge of their responsibility to adhere to the standard requirements after a victim's allegation of abuse.

There were no instances where protective custody or restrictive housing was used at this facility and none of the inmates interviewed by the Auditor had been placed in restrictive housing for their protection from sexual abuse.

Conclusion: The Auditor reviewed directives, interviewed supervisory staff, reviewed documentation, and made observations. The Auditor determined the facility meets this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.71 Criminal and Administrative Agency Investigations Policy, Materials, Interviews and Other Evidence Reviewed: NMCD - 031800 Investigations – OPS, Inquiries and Administrative Investigations Interviews Investigator Training Records Closing Letter PAQ NMCD -150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention GCCF policy is written in accordance with PREA Standard 115.71 and states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively to include third party and anonymous reports. NMDC policy states that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, will be investigated. Staff will ensure all allegations are referred to NMSP in accordance with policy and the facility's administrative investigation protocol. Referrals to NMSP will be documented in the facility's investigative report, PREA investigation, and CMIS database. Facility policy requires that all reports, regardless of their source of origination, be referred for investigation and if criminal in nature, referred to the NMSP. GCCF conducts investigations on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, and that each sexual abuse allegation will have PREA sexual abuse investigation forms documented. The Warden will refer the allegation no later than 72 hours after the report was made and create an entry for each alleged incident. It is the responsibility of the facility PREA Manager, with the assistance of the facility investigators to gather and preserve circumstantial evidence, including any physical evidence, and DNA evidence. Investigators will interview alleged victims, perpetrators, witnesses, and review prior reports of sexual abuse involving the parties involved. Policy prohibits the termination of an investigation if an inmate is released, or a staff

	member is terminated or resigns. The New Mexico State Police (NMSP) identified as the primary criminal investigative unit for the NMCD for conducting criminal investigations. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus an additional time in accordance with NMCD directives. A facility investigator acknowledged that investigations are required to be initiated within 72 hours of being reported and facility practice is less than 24 hours. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports, are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrated that the facility responds promptly to allegations and initiates investigations after an allegation is made. Facility policy requires administrative investigations including efforts to determine whether staff actions or failure to act contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative facts or findings. Credibility assessments are conducted as part of the investigative process by the institutional investigators and the assessments are conducted on all parties involved. Conclusion: The Auditor review of policies, interview with facility investigators, and Warden, and determined the facility meets requirements for this standard.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.72 Evidentiary Standard for Administrative Investigations Policy, Materials, Interviews and Other Evidence Reviewed: PAQ NMCD Policy CD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD - 031800 Investigations - Inquiries and Administrative Investigations Investigators’ Certifications Investigations

	Interviews NMCD policy follows the requirements of Standard 115.72 and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The Auditor reviewed PREA allegation reports, including the basis for the determinations which indicated that the investigations are being conducted in accordance with the standard. The PREA directives and the Facility’s investigator training manual specify that the facility's standard of proof is to be the preponderance of the evidence. Interviews at GCCF with the investigator and PM confirmed that staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard. Investigators interviewed were able to articulate what preponderance meant and how they arrive at the basis of case determinations. Conclusion: Based on directives review, investigative file review, and interviews, the Auditor determined the facility meets the requirements of this standard.

115.73	**Reporting to inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.73 Reporting to Inmates Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD 151200 Correspondence Regulations PAQ Closing Letter Notification NMCD-037200- Code of Ethics Interviews The NMCD policy is written in accordance with Standard 115.73 which requires that

	an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. NMCD policy CD-150100 states that following an investigation of sexual abuse of an inmate, the inmate will be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The facility investigator is responsible for preparing the Notification of Outcome of Allegation form and presenting it to the alleged victim for his signature. The inmate receives a copy of the form, and a copy is forwarded to the PREA coordinator. Following an allegation that a staff member committed sexual abuse against an inmate, the facility conducting the investigation will inform the inmate of their determination and such notifications will be documented using the appropriate form. If a notification is unable to be provided, the attempts will be documented as well as the rationale for the inability to notify, and a copy of the form will be maintained. The facility's obligation to provide notification as outlined in this section will terminate if the inmate is paroled, discharged from his/her sentence, vacated, or pardoned. GCCF provided examples of Inmate notification of sexual abuse and sexual harassment investigative findings and action forms. The form verified that inmates are notified regarding the following: Investigative Findings, Sufficient Evidence Findings-Staff Suspect Disciplinary Action, no longer assigned to housing unit, no longer employed at the incident location, indicted on a charge related to the allegation, or convicted on a charge related to the allegation. Conclusion: Interviews with the PM, administrative staff, and investigator verified inmates receive notifications, and the facility meets compliance with the standard.

115.76	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76 Disciplinary Sanctions for Staff Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention PAQ NMCD 037800 Disciplinary Actions NMCD-032200 Code of Ethics NMCD-031800 OPS Investigations and Staff Misconduct Interviews

NMCD policy is written in accordance with Standard 115.76. Staff found guilty of violations are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policy.

The policy requires that staff found responsible for sexual abuse of an inmate should be terminated from employment. Employees who are found to have violated facility policy related to sexual abuse and harassment but not actually engaging in sexual abuse will be disciplined in a manner commensurate with nature and circumstances of the acts.

NMCD policy states that termination is the presumptive action for employees that are found to have a substantiated case of sexual abuse against them. These cases will be referred for criminal prosecution and will be reported to any relevant licensing bodies. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff, and nature of the acts committed.

The Auditor interviewed the Warden who stated that if a staff member is terminated for violating the facility's sexual assault and harassment directives, the case would be referred for criminal prosecution if criminal in nature.

The facility investigator and PM verified that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, the resignation does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature and the facility would still refer the case for prosecution. This includes staff that terminate their employment and would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.

The Auditor observed the facility's directives which included a provision to notify law enforcement agencies of criminal violations of sexual abuse and require the PM notify relevant licensing bodies. The Auditor discussed the requirement for the facility to notify the NMSP and relevant licensing bodies with facility executive staff who were clear on the requirement following a criminal act of sexual abuse.

The Auditor determined the facility has appropriate policies and practices in place, which ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The facility makes termination the presumptive discipline measure for engaging in acts of sexual violence and reports violations of sexual abuse to NMSP and relevant licensing bodies.

Conclusion: Interviews with the Warden, Investigator, and PM, support all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect are investigated and disciplinary actions sanctioned. The Auditor determined the facility meets compliance with the standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.77 Corrective Action for Contractors and Volunteers Policy, Materials, Interviews and Other Evidence Reviewed: PAQ Interviews NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Contractor and Volunteer Training Verification NMCD-060200- Citizen and Volunteers Involvement NMCD-031800 OPS Investigations and Staff Misconduct NMCD-037800 Disciplinary Action for Classified Employees Staff Rosters NMDC policy contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any violation of PREA sexual abuse and sexual harassment policies. Conduct of this nature by volunteers or contractors requires reports to law enforcement and relevant licensing bodies and made include criminal charges. NMCD policy holds both contractors and volunteers to the same standards as employees directly hired by the facility when disciplinary action for engaging in sexual abuse and sexual harassment is conducted. Therefore, any contractor or volunteer engaging in these behaviors would be terminated or prohibited from entering an NMCD facility. All contractual employees' allegations of employee misconduct must be documented, and investigation conducted. The contracting agency may perform a separate investigation and remove the employee from their position. Once an investigation is initiated involving a contractual employee, the contract monitor will be notified. Contractual employees who are the subject of the investigation will be permitted to have a representation during the investigatory interview. The investigator must advise the employee of this and arrange a date and time for the meeting that does not delay the investigation. The contractual employee is responsible for obtaining their representative and that person cannot be an NMCD employee. Whether a contractual employee should remain at a particular facility will be determined by the Warden at that facility and will vary depending on the severity of

	the alleged misconduct. The Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from inmate contact or the facility depending on substantiation of the allegations. Contractors and volunteers found guilty of violating sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Conclusion: The Auditor reviewed documentation, policy, and interviewed staff, and determined the facility meets the standard.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78 Disciplinary Sanctions for Inmates Policy, Materials, Interviews and Other Evidence Reviewed: PAQ Interviews NMCD-040100- Inmate Records NMCD-090100- Inmate Discipline NMCD-176100- Patient rights and Responsibilities Investigative Reports NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention The GCCF has zero tolerance for inmate-on-inmate sexual harassment, assault, or abuse. NMDC directives state that consensual sexual activity among inmates is prohibited and if an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action. If an inmate reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be unfounded. Facility directives state that inmates who engage in consensual sexual activity may be disciplined and sanctioned accordingly. However, the activity will not be considered sexual abuse unless it is determined that sexual contact was the result of coerced consent or protective pairing.

	If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location as determined. A review of facility investigations demonstrates that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. The Auditor found no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. There is consideration by staff for mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. Agency policies direct facilities offering relevant treatment programs address the underlying reasons or motivations for abuse and consider placing inmates in relevant programs. The Auditor reviewed the records of inmates and did not discover any evidence an inmate had been disciplined for making an allegation of sexual abuse. Conclusion: Based on directives reviews and interviews, the facility meets the requirements of this standard.

115.81	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.81 Medical and Mental Health Screenings; History of Sexual Abuse Policy, Materials, Interviews and Other Evidence Reviewed: Behavioral Health Services NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD-176100 Patients’ rights and Responsibilities Rights to Confidentiality Form Behavioral Health Referrals NMCD-040100- Inmate Records Risk Screenings

	NMCD-180200 Behavioral Health NMCD-170100 Medical Clinical Services NMCD-170800 Medical Records Department Interviews NMCD-180201.1-Authorization for Release of Information Form HRSA/HRSV List NMCD policy states that if a PREA risk assessment or review indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure the inmate is referred for a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. An intake screening for the history of sexual abuse is to be completed by staff as part of inmate screening process and Mental Health staff will be made available to provide mental health services. Inmates in need of mental health services are identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning, and follow-up as indicated. HRSA/HRSV inmates identified as having a history of physical or sexual abuse, or who pose a reasonable concern that they may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities, will be referred. GCCF policy states that all inmates will have access to health services, regardless of custody level or security classification. An inmate whose health care needs cannot be met at the facility where they are housed will be transferred to a facility where those needs can be met. GCCF staff will identify and monitor inmates who are at risk of sexual victimization, as well as those who have a history of sexual assaultive behavior (HRSA/HRSV). Staff notify inmates identified as high-risk of sexual victimization and high-risk of sexual abusiveness of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available treatment and programming. Medical staff and mental health staff confirmed that if an inmate reveals previous victimization, they are referred to mental health, and the inmate is offered a follow-up meeting. The mental health provider stated that the 14-day follow-up typically occurs sooner. A review of inmate files indicated the screenings were being conducted in accordance with policy. Fles provided by the facility of inmates who were identified as needing follow-up care, had been offered follow-up care within the 14-day period directed by the standard and confidentiality forms were present.

	The PAQ notes that all inmates who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff. The facility displayed signage throughout the departments, which explains the limitations of confidentiality by medical staff. An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with facility policies. Conclusion: Based on interviews with medical staff, mental health, and document review, the Auditor determined the facility meets the requirements of this standard.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.82 Access to Emergency Medical and Mental Health Services Policy, Materials, Interviews and Other Evidence Reviewed: PAQ Behavioral Health Services Staff Response Guide NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention Risk Screenings SANE Protocol NMCD-170100 Medical Clinical Services Albuquerque SANE Collaborative Interviews The NMCD policy is written in compliance with Standard 115.82 and states that inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with the Health Services PREA policy, inmate victims of sexual abuse will receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.

	If a qualified medical or mental health staff are not on duty at the time an allegation of recent abuse is made, custody staff first responders will take preliminary steps to protect the victim in accordance with the protective custody policy and will immediately provide notification to the appropriate medical and mental health staff. For services that are outside the scope of their experience, the inmate can be treated at the local hospital emergency department or clinic. Qualified forensic nurse examiners located off-site, conduct forensic exams at Albuquerque SANE Collaborative, and a representative is available at the request of the inmate to provide emotional support services Rape Crisis Center of Central New Mexico to accompany the inmate, Solace. If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s), and the facility will document its efforts to provide the examination. A copy of the PREA forensic examination completed at the local hospital and any notes evidencing the facility's efforts will be maintained with the investigation packet. When the incident is alleged to have occurred more than 96 hours previously, a forensic examination is not required. However, the inmate will be referred to health care and mental health services in accordance with directives. Review of facility investigations confirmed that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities. The Auditor noted that inmate victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Inmate victims of sexual abuse while incarcerated will be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. Treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates during the investigation of the incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services and staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health facility staff are available 24 hours per day in case of emergency and/or for crisis intervention services. Psychology staff will initiate contact with the victim and provide evaluation and treatment as required. Conclusion: Staff interviews verified the medical services are provided regardless of the inmates' cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.83 Ongoing Medical and Mental Health care for Sexual Abuse Victims and Abusers Policy, Materials, Interviews and Other Evidence Reviewed: PAQ NMCD-150100, Inmate Sexual Abuse/Sexual Harassment Prevention, and Intervention NMCD-170800 Medical Records NMCD-180200 Behavioral Health Clinical Service Interviews Sane Protocol NMCD-170100 Medical Clinical Services Health Care Manual The policy is written in compliance with Standard 115.83 and states that the facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care. NMCD policy state that 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 practitioner’s judgment. NMDC policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time of a report of recent sexual violence, the first responders will take preliminary steps to protect the victim and will immediately notify the shift supervisor. Forensic and sexual assault exams are to be conducted by a qualified professional.

	Policy states that within 60 days of learning of inmate-on-inmate abusers, the mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. The Auditor reviewed documentation provided by the facility of services and mental health care for inmates identified as victims. First responder staff ensured medical needs would be addressed and no evidence is destroyed. A physician would examine an alleged inmate victim and make appropriate decisions to treat any injuries, infections, STIs, or other medical needs. The Auditor interviewed mental health staff who confirmed that counseling sessions, referrals if appropriate, and follow-up services are provided. The mental health practitioner also creates treatment plans and follow-up treatment plans. The mental health staff verified the requirement to conduct the evaluation within 60 days of learning about the abuse and stated the assessment would be conducted sooner. Conclusion: The Auditor reviewed policies, procedures, inmate records, interviewed inmates, SANE, and medical/mental health practitioners to determine the facility meets the requirements of this standard.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.86 Sexual Abuse Incident Reviews Policy, Materials, Interviews and Other Evidence Reviewed: PAQ SART Incident Review Investigations SIR Review Incident Review Team NMCD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention Interviews GCCF directives require review of all substantiated or unsubstantiated allegations of

	sexual abuse. Agency directives state that the facility PM will coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegations are determined to be “No Evidence/Unfounded.” The review team consists of upper-level custody and administrative staff, with input from relevant supervisors, investigators, medical, and mental health practitioners. Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment the PREA Investigative Unit and NMSP conduct all criminal investigations. The PM stated any recommendations would be implemented, or the reasons for not doing so would be documented. The facility has appointed a team that conducts incident reviews at the conclusion of sexual assault investigations as stipulated by the standard. A written report of the findings is prepared and maintained by the facility PM. The Auditors reviewed incident reviews as required by Standard 115.86. The review team listed included upper-level custody and administrative staff, with input from relevant supervisors, investigators, medical, and mental health practitioners. Staff stated that the review team follows a formatted document to ensure all elements of the standard are considered. An interview with the PM confirmed that a report of the findings, including recommendations for improvement, is completed and submitted in the finale report. The PM stated that the review team would review the investigative report, video, investigation reports, and the Warden reviewed the recommendations. Conclusion: Review of incident review forms and interviews with the Warden, PM, and Incident review team member, confirmed compliance. The facility meets requirements for this standard.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.87 Data Collection Policy, Materials, Interviews and Other Evidence Reviewed: PAQ SSV Allegation Data Base

	NMCD Annual Reports Interviews NMCD-150100 Abuse/Sexual Harassment Prevention and Intervention NMCD Website-www.cd.nm.gov NMCD policy follow the requirements of Standard 115.87 which states that the agency will annually collect uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and complete an annual report based upon the statical data. NMDC policy outlines the data collection process and states that allegations of sexual abuse reported to have occurred within facilities will be entered into their database. The agency PREA coordinator gathers data on each reported incident to aggregate an annual incident report which will include data necessary to complete the SSV. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The Auditor reviewed the Annual Report available on the facility website which includes the comprehensive annual report lists and corrective actions. The report is approved by the agency administrative staff and the PC prior to publishing on the agency's website. Conclusion: Compliance was determined by review of Annual Reports, data collected, and interviews with PC. The Auditor determined the facility meets the requirements of this standard.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.88 Data Review for Corrective Action Policy, Materials, Interviews and Other Evidence Reviewed: PAQ Corrective Action Memo

	NMCD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention NMCD Annual PREA Data Report Website Interviews The facility PAQ confirmed the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policy, and training. The review includes identifying problem areas, taking corrective action on an ongoing basis, preparing an annual report of its findings, and corrective action. A review of the annual reports indicates that the report contains information on GCCF's PREA efforts to include the actions taken in response to the previous year's PREA audits. The interview with the PC indicated that data is utilized to assess and improve the agency's PREA safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization, and the annual review by the Wardens at each facility. This information is then utilized to identify trends and improve procedures and practices. The PC and the PM indicated that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern. The identification of trends, issues or problematic areas are a priority and, if discovered, corrective action is initiated. The PC confirmed that after the report is approved it is published on the agency website. The agency may redact specific material from the report when it presents a clear and specific threat to the safety and security of the facility. A review of the website: HTTP://www.cd.nm.gov verified that the annual report is available online to the public. Conclusion: Based on interviews, reviews of the agency website and documents, the Auditor finds this standard compliant and meets requirements.

115.89	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.89 Data Storage, Publication, and Destruction Policy, Materials, Interviews and Other Evidence Reviewed: NMCD-150100 Inmate Sexual Abuse/Sexual Harassment Prevention and Intervention 1.21.2 NMAC

	NMCD Website Interviews NMCD policy is written in accordance with Standard 115.89 and that data collected pursuant to 115.87 will be made readily available to the public through the agency's website excluding all personal identifiers upon the Director's approval. NMCD policy mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. The policy states that the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The PM and PC stated that all electronic data is maintained in a centralized system, and paper files are secured at the facility. The Auditor reviewed the website and confirmed previous annual reports are available to the public. A review of the annual historical reports confirmed that no personal identifiers were publicly available. The facility PM is responsible for reporting institutional data to the PC and the facility data collected is maintained by the PM. Aggregated sexual abuse data for the agency's annual report is compiled from investigative files, incident reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a username and password. Conclusion: Based on a review of the PAQ, policies, agency website, and information obtained from staff interviews, the Auditor determined this standard is compliant and meets requirements.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 Frequency and Scope of Audits Policy, Materials, Interviews and Other Evidence Reviewed: Interviews Institutional tour Documentation Review The Auditor had access to all areas of the facility and was permitted to receive and copy any relevant policies, procedures, or documents requested. The Auditor

	conducted private interviews and was able to receive confidential information/ correspondence from inmates. Policies and secondary documentation were provided before the onsite tour and during the post audit. The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and the availability to communicate with the Auditors. Prior to the on-site review, emails with the Auditor’s contact information were sent to the facility to be posted in inmates living areas advising of the audit. These notices were sent to the agency and facility staff for posting six weeks prior to the onsite visit and were observed posted in various areas of the facility. Conclusion: The Auditor finds this standard to be compliant and meets requirements.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 Audit Contents and Findings The report for GCCF is publicly available at the NMCD website: https://www.cd.nm.gov

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.)	yes
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?	na
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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 may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to	yes

	consent or refuse?	
	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	yes

	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?	
	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.)	yes
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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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).)	na
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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 Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
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.)	yes
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	yes

	health care practitioners who work regularly in its facilities.)	
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 screening instrument?	yes
115.41 (d)	**Screening for risk of victimization and abusiveness**	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
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 information is not exploited to the inmate’s detriment by staff or other inmates?	yes
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	yes

	being sexually abusive, to inform: Education Assignments?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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 anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
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.	yes
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 this standard.)	yes
	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,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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 abuse or sexual harassment or retaliation?	yes
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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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 response to an incident of sexual abuse?	yes
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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	no
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 of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/ facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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	yes

	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?	
	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 abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	have engaged in sexual abuse?	
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 evidence sufficient to substantiate the allegation?	yes
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).	na
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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
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 §	na

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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 to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
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	yes

	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?	
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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	na

	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.)	
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 (f)	**Audit contents and findings**	
	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.)	yes