 <p>CD-011700</p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;">"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always." Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 02/27/85	REVIEWED: 05/31/17
	EFFECTIVE DATE: 03/06/85	REVISED: 06/09/16
TITLE: NMCD Operational Audits		

AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100*

REFERENCES:

- A. ACA Standards 2-CO-1A-20, 2-CO-1A-21 and 2-CO-1A-22, *Standards for the Administration of Correctional Agencies*, 2nd Edition.
- B. ACA Standard 4-4017 and 4-4018, *Standards for Adult Correctional Institutions*, 4th Edition.
- C. ACA Standard 4-APPFS-3D-07 and 4-APPFS-3D-08, *Standards for Adult Probation and Parole Field Services*, 3rd Edition.
- D. ACA Standards 1-CTA-1A-14, *Standards for Corrections Training Academies*, 1st Edition.

PURPOSE:

To establish an internal operational auditing system.

To establish guidelines and procedures for Quality Assurance staff.

APPLICABILITY:

All Corrections Department staff.

FORMS:

Synopsis Report form (*CD-011702.1*)

ATTACHMENTS:

Quality Assurance Manager/Contract Monitor Annual Monitoring Schedule
Attachment (*CD-011702.A*)

DEFINITIONS:

Operational Audit: The official, methodical examination, review and verification of departmental compliance with applicable standards, policies, procedures, directives, laws and regulations. An operational audit may also involve the examination and review of management and supervisory practices in order to ascertain their effectiveness and/or consistent implementation.

POLICY:


- A. The New Mexico Corrections Department shall conduct internal audits of its operations at least annually in order to accomplish the following: [2-CO-1A-20] [2-CO-1A-21] [2-CO-1A-22]
 1. Determine if applicable professional standards and established policies and procedures are being met.
 2. Provide management personnel with timely information with which to make decisions/plans and correct deficient practices.
 3. Provide a means of measuring progress toward goals.
- B. All Corrections Department staff shall fully cooperate with auditors, provide any information or records requested to the extent allowed by law and allow access to facilities and personnel as may be required to complete each audit.
- C. The Department shall monitor operations and programs through inspections and reviews. This monitoring is conducted by the Warden or designated staff at least annually and by qualified professionals not affiliated with the facility or system at least every three years. [4-4017]
- D. The institutions shall report their activities at least quarterly to the parent agency. These reports are in writing and include major developments in each department or administrative unit, major incidents, population data, assessment of staff and inmate morale, and major problems and plans for solving them. [4-4018]
- E. Institutions shall conduct quarterly self monitoring in all areas specified by the Internal Audits and Standards Compliance Bureau. A report shall be completed and submitted to the Internal Audits and Standards Compliance Bureau by the 5th day of the month following the end of the quarter.
- F. Probation and Parole shall have an internal system to monitor operations and programs at least annually through inspections and reviews by the agency administrator or designated staff. [4-APPFS-3D-08]

- G. The probation/parole department shall have an internal system for assessing and documenting achievement of goals and objectives. Performance is reviewed at least annually, and program changes are implemented in response to findings as necessary. [**4-APPFS-3D-07**]
- H. The New Mexico Corrections Academy shall monitor operations and training programs through inspection and reviews. This monitoring is conducted by the director or designated staff at least annually. [**1-CTA-1A-14**]
- I. Corrections Industries shall monitor operations and programs through inspection and review. This monitoring is conducted by the director or designated staff at least annually.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

05/31/17
Date

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AUTHORITY:

Policy *CD-011700*

PROCEDURES: [2-CO-1A-20/21/22] [4-APPFS-3D-08]

An audit of all operations and programs shall be conducted at least annually.

A. Audit Initiation

1. Request by Management:

All levels of management may request audits of specific operational or administrative areas in order to ascertain the effectiveness of established procedures, compliance with policies, standards, codes, etc. or to measure progress toward goals. Such requests will be routed through the chain of command and must be approved by the appropriate Division Director and Deputy Secretary.

2. Secretarial Directive:

The Secretary or Director of Adult Prisons may direct an audit or review of any area under his/her jurisdiction.

3. Established Schedules:

Schedules for the conduct of specific Operational Audits may be formulated by the Secretary of Corrections or Director of Adult Prisons. The Department shall monitor operations and programs through inspections and reviews. The Warden or his/her designee shall conduct this monitoring at least annually. **[4-4017]**

The institutions shall report their activities at least quarterly to the parent agency in accordance with Policy (*CD-010600*) "**Management Plan & Quarterly Reporting to Central Office**". These reports are in writing and include major developments in each department or administrative unit, major incidents, population data, assessment of staff and inmate morale, and major problems and plans for solving them. **[4-4018]**

B. Audits are conducted in order to provide management with accurate information on the operational status of the area being audited so that timely action can be taken to correct substandard practices, course adjustments can be made to more efficiently achieve goals and planning can be enhanced.

1. The Secretary of Corrections or Director of Adult Prisons may, at his/her discretion, identify persons who have expertise in a particular area and temporarily assign or employ such persons to aid in the conduct of audits.
2. Persons who are independent of the division being audited and who have expertise in the area under audit will be chosen as auditors.
3. When necessary to conduct a comprehensive audit encompassing both administrative functions and operational functions, the appropriate Deputy Secretary will coordinate activities.
4. Except where surprise audits are justified, the appropriate management personnel will be advised of the time and date of the audit and of the area to be audited.
5. Upon completion of an audit, a written report of findings and recommendations will be prepared by the audit team and forwarded to the final authority that ordered the audit.
6. Where findings of scheduled audits indicate corrective action is required, a follow-up audit will automatically be scheduled by the authority that ordered the audit to determine the adequacy of corrective action taken.
7. Files will be maintained on all audits and shall be disclosed only to persons upon approval of the Secretary of Corrections or Director of Adult Prisons.

C. Probation and Parole:

The probation/parole department shall have an internal system for assessing and documenting achievement of goals and objectives. Performance is reviewed at least annually, and program changes are implemented in response to findings as necessary. **[4-APPFS-3D-07]**


1. In a system review, overall performance of the entire field organization in achieving goals and objectives is measured.
2. In a program review, effectiveness of a particular program in the achievement of an immediate objective is measured.

D. Upon receipt of audit results, the chief executive of the area audited, i.e., Warden, Division Director, etc., will prepare a written response detailing the corrective action taken to correct deficiencies. For those items where immediate corrective action is not possible, a time line and plan of action will be submitted to the Secretary or a Deputy Secretary within 30 days following the receipt of audit results, unless otherwise directed.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

05/31/17
Date

 <p>CD-011700</p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
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TITLE: NMCD Operational Audits		

AUTHORITY:

Policy *CD-011700*

PROCEDURES:

A. Quarterly Audit Reports

Quality Assurance Managers will:

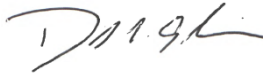
1. Conduct internal audits of each facility's correctional programs and operations at quarterly intervals according to the **Quality Assurance Manager/Contract Monitor Annual Monitoring Schedule** Attachment (*CD-011702.A*). At facilities with multiple units (i.e. PNM, CNMCF, SNMCF), each unit shall be audited individually.
2. Identify any other areas to be audited for purposes of follow-up or corrective action verification.
3. Generate a narrative report to the warden that outlines general findings, specific areas of non-compliance for corrective action.
4. Submit results of scheduled quarterly audits, corrective actions and a completed **Synopsis Report** form (*CD-011702.1*).
 - a. Conduct any additional follow-up audits for areas whose results were less than 90% the previous quarter. Continue audits each quarter thereafter until the area is compliant (90% or above) and submit results.
5. Maintain Facility ACA Accreditation files

B. ACA Accreditation

1. CD and Facility Policy and Procedures will be placed on an 11-month review/revision cycle. This will ensure policy does not exceed the annual review/revision date.
2. The Quality Assurance Staff shall be responsible for ACA training, monitoring and tracking the ACA process and reporting to the Warden.

3. The Quality Assurance Manager will assign each Department Head applicable ACA standards, following review and approval by the facility Warden.
4. The Quality Assurance Manager will ensure that each Department Head maintains a soft file with a monthly sample of documents for each ACA standard.
5. The Quality Assurance Manager will:
 - a. Review soft files on a quarterly basis and report results to the warden
 - b. Submit quarterly reports
 - c. Make rounds of the facility:
 1. Talk to staff
 2. Talk to inmates
 3. Monitor services (Med, MH, Food service, Inmate act....etc.)
 4. Monitor cleanliness
 5. Segregation
6. The Quality Assurance Manager will collect process indicators four times (quarterly) per year and place in the ACA audit folder.
7. The Quality Assurance Staff will maintain ACA audit files as follows:
 - a. Non-mandatory files will be in green/blue 4-part folders, mandatory files will be in red 4-part folders.
 - b. Part 1: Standards Compliance Checklist
 1. Type in the Protocol
 2. Type in the Process Indicator
 - c. Part 2: Sheet of paper with all the review dates of the policy used to support the standard. The policy will be located under the sheet of paper. The policy will have the first page, signature page and any page(s) that pertain to the ACA standard. The procedure will have the first page, signature page and any page(s) that pertain to the ACA standard. All ACA standards will be highlighted in the policy and procedure.
 - d. Part 3: This section intentionally left blank.
 - e. Part 4: Process indicator section will be tabbed and lettered that coincide with the ACA standard and the standards compliance checklist. The Process indicators will have two samples per year for mandatory standards and one sample per year for non-mandatory standards; documentation should be in chronological order ascending. Larger documents: Highlight or color tape on the bottom right hand corner to identify the top of each bi-annual sample. (Any deviation from the file instructions will have to be approved by the Director of Adult Prisons')

1. Lettered tabs shall be affixed to the last page of the previously lettered document.
2. For any weekly sample you will need two consecutive weeks of the sample to show that it is done weekly.
3. Reports (EID, Fire Marshals...etc.) will have corrective action reports attached, to include Final action.
8. Update policy and procedure to include a policy review form prior to a pre-audit, ACA accreditation audit, or an ACA re-accreditation audit.
9. Pass ACA audit.
10. Start a new three-year ACA procedure.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

05/31/17
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NEW MEXICO CORRECTIONS DEPARTMENT
Quality Assurance Manager/Contract Monitor Annual Monitoring Schedule

- Facilities with multiple units must send a report for each unit as applicable. (i.e. PNM, CNMCF, SNMCF)
- Conduct the indicated monitoring for each quarter.
- Along with Self Monitoring Audits turned in by facility staff, complete the % and # columns and a Synopsis Report.
- Ensure a corrective action plan (CAP) is submitted for each non-compliance (less than 90%) area. Include results of CAP from the previous quarter.
- Generate a narrative report for warden's signature that outlines general findings, specific issues of non-compliance, action taken to correct deficiencies and any other issues or deficiencies discovered during monitoring that is not specifically addressed by the monitoring forms.
- Submit completed reports by the 5th day of the month following the end of the quarter or month. Please submit in numerical order, as listed below.

Correctional Programs & Operations			
	Monitoring Topic	Comments	Quarter Due
1	Mandatory ACA File Review	Public Only	Once each Quarter
2	Staffing of Private Facilities	Private Only	Once each Week
3	Inmate Religious Programs		1 st
4	STIU Field Operations		1 st
5	Legal/Privileged Phone Calls		1 st
6	Classification (All Levels)		Once each Quarter
7	Inmate Correspondence		2 nd
8	Clothing, Linen, and Hygiene		2 nd and 4 th Quarter
9	Complete ACA File Review	Public Only	3 rd
10	Inmate Records		Once Each Month
11	Inmate Activity		3 rd
12	Inmate Visits		3 rd
13	Legal Access		3 rd
14	Inmate Grievances		4 th
15	Inmate Discipline		4 th
16	Facility Training		4 th
17	Food Service Inspection		Once each Quarter
18	Fire Safety		1 st and 3 rd Quarter
19	Enviromental Conditions		2 nd
20	Sanitation, Water Supply & Housekeeping		
21	Hazardous Materials		4 th
22	Business Office Meal Ticket Accountability	Public only	Once each Month
23	Special Management Placement		Once each Quarter
24	Control of Drugs, Syringes, Needles and Medical Sharps		Once each Quarter
25	Communications		1 st
26	Instituional Control Centers		1 st
27	Security Documentation Review		1 st
28	K-9 Field Operations		1 st
29	Security Perimeter		1 st and 3 rd Quarter
30	Contraband and Evidence Management		2 nd
31	Search Procedures		2 nd
32	Tool Control (Inventory) (Checkout)		2 nd and 4 th Quarter
33	Key Control (Inventory) (Issue)		2 nd and 4 th Quarter
34	Inmate Counts		3 rd
35	Control of Firearms, Chemical Agents and Security Equipment		4 th
36	Security Manuals & Post Orders		4 th
37	Special Management Units		Once each Quarter

NEW MEXICO CORRECTIONS DEPARTMENT
SYNOPSIS REPORT FOR FACILITY: _____
January, February, March - 1st Qtr of _____

CORRECTIONAL PROGRAMS & OPERATIONS

Synopsis #	Monitoring Area	# of Requirements	NON COMPLIANCE		COMPLIANCE	
			#	%	#	%
1	Mandatory ACA File Review					
2	Staffing of Private Facilities					
3	Inmate Religious Programs					
4	STIU Field Operations					
5	Legal/Privileged Phone Calls					
6	Classification (All Levels)					
10	Inmate Records					
17	Food Service					
18	Fire Safety					
21	Business Office Meal Ticket Accountability - Public only					
22	Special Management Placement					
23	Control of Drugs, Syringes, Needles and Medical Sharps					
24	Communications					
25	Institutional Control Centers					
26	Patrols, Inspections and Logs					
27	K-9 Field Operations					
28	Security Perimeter					
	a. Barrier Fence Systems					
	b. Electronic Detection Systems					
	c. Emergency Power					
	d. Front Entrance Operations					
	e. Lighting					
	f. Sally Port Operations					
	g. Towers					
	h. Vehicle Patrol					
37	Special Management Units					
	Totals			%		%

Completed By: _____ / _____
 Print / Sign

Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
SYNOPSIS REPORT FOR FACILITY: _____
APRIL, MAY, JUNE - 2ND Qtr. _____

CORRECTIONAL PROGRAMS & OPERATIONS

Synopsis #	Monitoring Area	# of Requirements	NON COMPLIANCE		COMPLIANCE	
			#	%	#	%
1	Mandatory File Review					
2	Staffing of Private Facilities					
6	Classification (All Levels)					
7	Inmate Correspondence					
8	Clothing, Linen, and Hygiene					
10	Inmate Records					
17	Food Service					
19	Enviromental Conditions					
20	Sanitation, Water Supply & Housekeeping					
21	Business Office Meal Ticket Accountability - Public only					
22	Special Management Placement					
23	Control of Drugs, Syringes, Needles and Medical Sharps					
29	Contraband and Evidence Management					
30	Search Procedures					
31	Tool Control (Inventory) (Checkout)					
32	Key Control (Inventory) (Issue)					
37	Special Management Units					
	Totals			%		%

Completed By: _____ / _____
 Print / Sign

Date: _____

NEW MEXICO CORRECTIONS DEPARTMENT
SYNOPSIS REPORT FOR FACILITY: _____
JULY, AUGUST, SEPTEMBER - 3RD Qtr. _____

CORRECTIONAL PROGRAMS & OPERATIONS

Synopsis #	Monitoring Area	# of Requirements	NON COMPLIANCE		COMPLIANCE	
			#	%	#	%
1	Mandatory ACA File Review					
2	Staffing of Private Facilities					
6	Classification (All Levels)					
9	Complete ACA File Review					
10	Inmate Records					
11	Inmate Activity					
12	Inmate Visits					
13	Legal Access					
17	Food Service					
18	Fire Safety					
21	Business Office Meal Ticket Accountability - Public only					
22	Special Management Placement					
23	Control of Drugs, Syringes, Needles and Medical Sharps					
28	Security Perimeter					
	a. Barrier Fence Systems					
	b. Electronic Detection Systems					
	c. Emergency Power					
	d. Front Entrance Operations					
	e. Lighting					
	f. Sally Port Operations					
	g. Towers					
	h. Vehicle Patrol					
33	Inmate Counts					
37	Special Management Units					
	Totals			%		%

Completed By: _____ / _____
 Print / Sign

Date: _____


NEW MEXICO CORRECTIONS DEPARTMENT
SYNOPSIS REPORT FOR FACILITY: _____
OCTOBER, NOVEMBER, DECEMBER - 4TH Qtr. _____

CORRECTIONAL PROGRAMS & OPERATIONS

Synopsis #	Monitoring Area	# of Requirements	NON COMPLIANCE		COMPLIANCE	
			#	%	#	%
1	Mandatory ACA File Review					
2	Staffing of Private Facilities					
6	Classification (All Levels)					
8	Clothing, Linen, and Hygiene					
10	Inmate Records					
14	Inmate Grievances					
15	Inmate Discipline					
16	Facility Training					
17	Food Service					
20	Hazardous Materials					
21	Business Office Meal Ticket Accountability - Public only					
22	Special Management Placement					
23	Control of Drugs, Syringes, Needles and Medical Sharps					
31	Tool Control (Inventory) (Checkout)					
32	Key Control (Inventory) (Issue)					
34	Control of Firearms, Chemical agents and Security Equipment					
35	Security Manuals & Post Orders					
37	Special Management Units					
	Totals			%		%

Completed By: _____ / _____
 Print / Sign

Date: _____

 <p>CD-011703</p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
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TITLE: NMCD Operational Audits		

AUTHORITY:

Policy *CD-011700*

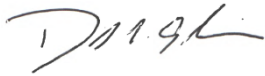
PROCEDURES:

A. ACA Accreditation

1. CD Policy and Procedures will be placed on an 11-month review/revision cycle. This will ensure policy does not exceed the annual review/revision date.
2. The designated ACA Manager shall be responsible for ACA training, monitoring and tracking the ACA process and reporting to the Division Director.
3. The designated ACA Manager will assign each department head/manager applicable ACA standards, following review and approval by the Division Director.
4. The designated ACA Manager will ensure that each department head/manager maintains a soft file with a monthly sample of documents for each ACA standard.
5. The designated ACA Manager will:
 - a. Review soft files on a quarterly basis and report results to the Division Director.
 - b. Submit quarterly reports
6. The designated ACA Manager will collect process indicators four times (quarterly) per year and place in the ACA audit folder.
7. The designated ACA Manager will maintain ACA audit files as follows:
 - a. Non-mandatory files will be in green/blue 4-part folders, mandatory files will be in red 4-part folders.
 - b. ACA number on the tab
 - c. Part 1: Standards Compliance Checklist
 1. Type in the Protocol
 2. Type in the Process Indicator

- d. Part 2: Index sheet of paper with all the review dates of the policy used to support the standard. The policy will be located under the sheet of paper. The policy will have the first page, signature page and any page(s) that pertain to the ACA standard. The procedure will have the first page, signature page and any page(s) that pertain to the ACA standard. All ACA standard numbers will be highlighted in the policy and procedure.
 - e. Part 3: This section intentionally left blank.
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 - 1) Lettered tabs shall be affixed to the last page of the previously lettered document.
 - 2) For any weekly sample you will need two consecutive weeks of the sample to show that it is done weekly.
 - 3) Reports (EID, Fire Marshals...etc.) will have corrective action reports attached, to include Final action.
8. Update policy and procedure to include a policy review form prior to a pre-audit, ACA accreditation audit, or an ACA re-accreditation audit.
9. Pass ACA audit.
10. Start a new three-year ACA procedure.
- B. Central Office, Training Academy, Corrections Industries (CI), and Probation and Parole Division (PPD)**
- 1. Each area of responsibility in Central Office and the Training Academy will maintain soft files for each applicable ACA standard. The soft files will contain monthly samples of documentation.
 - 2. Each of the CI nine program areas will maintain soft files for each applicable ACA standard. The soft files will contain monthly samples.

3. Each PPD Region office (I – IV) will maintain soft files for each applicable ACA standard. The soft files will contain monthly samples from each district office.



David Jablonski, Secretary of Corrections
New Mexico Corrections Department

05/31/17
Date