**PREA AUDIT REPORT**  ☑ Interim  ☑ Final

**ADULT PRISONS & JAILS**

**Date of report:** May 10, 2017

<table>
<thead>
<tr>
<th>Auditor Information</th>
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<tbody>
<tr>
<td><strong>Auditor name:</strong> Amanda Rasmussen</td>
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<td><strong>Address:</strong> 24499 SW Graham’s Ferry Road, Wilsonville, OR 97070</td>
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</tr>
<tr>
<td><strong>Telephone number:</strong> 503-569-8378</td>
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**Date of facility visit:** February 28-March 2, 2017

<table>
<thead>
<tr>
<th>Facility Information</th>
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<tbody>
<tr>
<td><strong>Facility name:</strong> Penitentiary of New Mexico (PNM)</td>
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<tr>
<td><strong>Facility physical address:</strong> 4311 State Road 14, Santa Fe, New Mexico 87504</td>
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<tr>
<td><strong>Facility mailing address:</strong> (if different from above) PO Box 1059, Santa Fe, New Mexico 87501-1059</td>
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<tr>
<td><strong>Facility telephone number:</strong> 505-827-8201</td>
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<tr>
<td>☐ Private not for profit</td>
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<tr>
<td>☑ Prison</td>
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<td>☐ Jail</td>
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**Name of facility’s Chief Executive Officer:** German Franco

**Number of staff assigned to the facility in the last 12 months:** 350

**Designed facility capacity:** 861

**Current population of facility:** 767

**Facility security levels/inmate custody levels:** Level II, Levels IV-VI

**Age range of the population:** 19-72

| Name of PREA Compliance Manager: Clarence Olivas |
| Title: Deputy Warden |
| **Email address:** Clarence.Olivas@state.nm.us |
| **Telephone number:** 505-827-8293 |

<table>
<thead>
<tr>
<th>Agency Information</th>
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<tbody>
<tr>
<td><strong>Name of agency:</strong> New Mexico Corrections Department</td>
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<tr>
<td><strong>Governing authority or parent agency:</strong> (if applicable) Click here to enter text.</td>
</tr>
<tr>
<td><strong>Physical address:</strong> 4337 State Road 14, Santa Fe, New Mexico 87504</td>
</tr>
<tr>
<td><strong>Mailing address:</strong> (if different from above) PO Box 27116, Santa Fe, New Mexico 87504</td>
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<tr>
<td><strong>Telephone number:</strong> 505-827-8293</td>
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<tr>
<th>Agency Chief Executive Officer</th>
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<tr>
<td><strong>Name:</strong> David Jablonski</td>
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<tr>
<td><strong>Email address:</strong> <a href="mailto:david.jablonski@state.nm.us">david.jablonski@state.nm.us</a></td>
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<tr>
<td><strong>Title:</strong> Secretary of Corrections</td>
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<tr>
<td><strong>Telephone number:</strong> 505-827-8884</td>
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<th>Agency-Wide PREA Coordinator</th>
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<tr>
<td><strong>Name:</strong> Jillian Shane</td>
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<tr>
<td><strong>Email address:</strong> <a href="mailto:jillian.shane@state.nm.us">jillian.shane@state.nm.us</a></td>
</tr>
<tr>
<td><strong>Title:</strong> PREA Coordinator</td>
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<tr>
<td><strong>Telephone number:</strong> 575-523-3303</td>
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AUDIT FINDINGS

NARRATIVE

Amanda Rasmussen, a U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult Facilities, conducted the Prison Rape Elimination Act (PREA) on-site audit of the Penitentiary of New Mexico (PNM) in Santa Fe, New Mexico on February 28, March 1 and 2, 2017. PNM is operated by the New Mexico Corrections Department (NMCD). The audit was conducted with the assistance of one support staff, Ericka Sage, who is also a USDOJ Certified PREA Auditor for Adult Facilities. Rasmussen conducted the documentation review, informal interviews with staff and inmates, specialized interviews with staff and authored this report. Sage conducted random interviews of staff and inmates.

The auditor provided the facility with a Notification of Audit on December 19, 2016, to be posted no later than January 16, 2017. The notification contained information on the upcoming audit and stated that any inmate or staff member with pertinent information should send a letter containing this information to the auditor. The auditor instructed the facility to post this notification in all housing units and throughout the facility at least six weeks prior to the onsite audit. The auditor was not provided with a dated and timestamped photograph indicating the audit notice was posted in a timely manner. During the facility tour, the auditor observed the posting in all housing areas and throughout the facility in the Level II and South in inmate-accessible areas. The notice was observed to be posted in areas only accessible to staff, providing them the opportunity to contact the auditor. The postings in the North facility were not in an area that would allow inmates to access the information or contact the auditor. Staff provided the audit notice to all inmates in the North facility while the auditor was still onsite. Prior to the onsite review, the auditor received one letter from an inmate at the facility. After the onsite review, the auditor received six additional letters from inmates at the facility.

On January 13, the auditor received a flash drive containing all relevant documentation pertaining to the audit, including, but not limited to: the pre-audit questionnaire, policies, procedures, memorandum of understanding and training documents. A hard copy of the PREA policy and two compact discs with training presentations were included with the flash drive. Brochures related to sexual abuse advocacy were provided, as well. The auditor reviewed the questionnaire, all documentation and the training presentations. On February 9, the auditor held a conference call with the Agency PREA Coordinator and the facility PREA Compliance Manager (PCM) to discuss follow-up questions and concerns, based on the review of the documentation. Additional information was provided to the auditor after the conference call. The auditor reviewed PNM’s 2014 PREA Audit Report and NMCD’s 2015 Survey of Sexual Victimization.

An entrance meeting was held on February 28 with the following persons in attendance: Warden German Franco; Deputy Wardens Alisha Tafoya-Lucero, Gary Maciel, Clarence Olivas (PNM PCM), and Aaron Vigil; Unit Managers Leon Martinez, Vince Vigil, Jessica Vigil, Patrick Lovato, Art Suazo, Jessalyn Eaton, and Wendy Perez; Captains Mike Baca, David Garcia, David Gonzales, Armando Rael and Daniel Salazar; Major Mike DeLaTorre; Executive Assistant Robin Bruck; Office of Professional Standards representative Bernadette Deats; and statewide PREA Coordinator, Jillian Shane.

After the entrance meeting, the auditor was given a tour of all areas of the facility, including the outlying buildings where inmates may be assigned for work. The Warden, statewide PREA Coordinator and PCM were present for the tour. Deputy Wardens, Unit Managers, Case Managers and Captains joined the tour as the auditor reviewed their respective areas. The auditor spoke informally with staff and inmates during the tour and paid particular attention to the facility’s camera placement and monitoring capabilities. On the second day of the audit, the auditors interviewed specialized staff, random staff, specialized inmates and random inmates. Interviews were conducted with staff assigned to Administrative (day) and Evening (graveyard) Shifts. On the third day of the onsite review, the auditors concluded the remaining staff and inmate interviews and conducted an exit conference with agency officials.

PNM employs approximately 287 security staff. Security staff are assigned to 12-hour shifts, with four days on and three days off. A total of 34 staff interviews were conducted, with at least one staff member interviewed from each interview category. The auditor selected names for random staff interviews by using a roster provided by the facility on the first day of the onsite review. Additional staff were randomly selected as the audit team toured. Staff interviews were conducted with staff assigned to both shifts, and with both security and non-security personnel. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency’s zero tolerance policy, reporting mechanisms available to staff and inmates, response protocols when allegations of sexual abuse and/or sexual harassment are made, first PREA Audit Report
responder duties, data collection processes and other pertinent PREA requirements. The auditor reviewed personnel files for ten randomly selected staff members to determine compliance with training mandates and background check procedures.

The inmate population on the first day of the onsite review was 767. A total of 33 inmate interviews were conducted, with at least one inmate interviewed from each interview category and each housing unit. The facility did not have any inmates who identified as transgender or intersex to be interviewed, or any inmates who alleged they had been placed in segregation after alleging sexual abuse. The auditor selected names for random inmate interviews by using a roster provided by the facility on the first day of the on-site review. Additional inmates were randomly selected as the audit team toured. Case files for 15 inmates in the facility were reviewed to evaluate screening and intake procedures, and inmate education. The auditor requested to review investigative report file information for the last 18 months, but was only provided with seven reports. The PAQ provided by the PCM indicated there were 16 investigations of alleged inmate sexual abuse that were completed by the agency in the past 12 months.

All interviews were conducted one at a time, in a private and confidential manner. All staff and inmates were approachable and open to speaking with the audit team. The staff were professional and the inmates were respectful. It was apparent during the interviews that staff and inmates felt comfortable reporting allegations up to and including the Warden.

During the physical plant review, the auditor observed the facility configuration, locations of cameras and security mirrors, staff supervision of inmates, the housing unit layout including shower/toilet areas, placement of posters and other PREA informational resources, security monitoring, inmate intake, and search procedures. The auditor noted that shower and restroom areas allow inmates to attend to bodily functions without being in view of opposite gender staff. Minor recommendations about security mirrors, removing physical barriers and labeling staff/inmate restrooms were made during the physical plant review and corrected by facility staff prior to the end of the onsite portion of the audit. The only area found to be without camera coverage and of significant concern was the lower level of the Warehouse, where the staff member stated he was occasionally stationed with only one inmate worker. To mitigate risk in this area, the Warden issued a written directive stating that at least two inmates must be present at all times. There did not appear to be any areas of the facility that had been newly renovated.

On the third day of the onsite review, prior to the exit conference, the audit team met with the Agency PREA Coordinator and her support staff to discuss PNM’s compliance with the PREA standards. The PCM was not present at this meeting or the exit conference. Areas of non-compliance were discussed and a reasonable and achievable corrective action plan was mutually agreed upon.

The exit conference was conducted at the end of the third day of the onsite review. The auditor provided a summary of the audit and thanked the staff for their hard work and commitment to PREA. Agency administration and staff were very open and receptive to an honest discussion of areas where PREA compliance could be strengthened and the PREA compliance team began corrective measures while the auditor was still present onsite. Both the Agency PREA Coordinator, Jillian Shane, and the PNM PCM, Clarence Olivas, have attended Department of Justice Auditor Training. This is an example of the agency’s commitment to the Prison Rape Elimination Act. All levels of agency leadership, from the Secretary of Corrections to the Warden, were supportive of PREA and dedicated to enhancing the sexual safety of the facility.

The auditor spoke with Josie Jaramillo, of the Solace Treatment Crisis Center, via phone to discuss and confirm the agreement in place with NMCD to provide sexual abuse crisis intervention services to incarcerated survivors. She stated that PNM inmates are utilizing the hotline in place at the facility to obtain advocacy services and sexual assault resource information. She estimated that the center receives one call per month. The auditor also spoke with Connie Monahan, Statewide SANE Coordinator for the New Mexico Coalition of Sexual Assault Programs, to discuss and confirm the agreement in place with NMCD to provide SANESAFE services available at Solace Treatment Crisis Center or Christus St. Vincent’s Hospital. Ms. Monahan oversees ten sexual assault programs in the state. She verified that all SANES receive 64 hours of adult/pediatric training that meets the national training standards. SANES are available at Solace and Christus St. Vincent’s Hospital 24-hours each day.

PREA Audit Report
After the onsite audit, the auditor utilized the Auditor Compliance Tool for Adult Prisons and Jails as a guide in determining compliance with each standard. In order to determine compliance, the auditor used the information and documentation provided during the pre-audit, information obtained through staff and inmate interviews, as well as observations during the onsite review. The auditor and the Agency PREA Coordinator collaborated on a reasonable and achievable plan for corrective action, prior to the auditor leaving PNM.

The interim report reflected five standards that were not met at PNM, and PNM entered into a period of corrective action for sixty days. During the corrective action period, PNM Warden German Franco was promoted to Director of Adult Prisons, and Ms. Alisha Tafoya Lucero has been appointed Acting Warden. Additionally, Captain Robert Page has been appointed as PNM's PREA Compliance Manager. PNM completed the required corrective actions, to bring the facility into full compliance with the PREA standards. Documentation of the actions was sent to the auditor on Friday of each week. The auditor reviewed all documentation. At the end of the corrective action period, the auditor and the Agency PREA Coordinator met telephonically to discuss the documentation and the direction of PNM's PREA program.

The chart below displays the result from the interim audit report and compares it with the number of standards in compliance at the close of the 60-day corrective action period. The chart reflects PNM's achievement of 100% compliance with federal PREA standards, as of the date of this final report.

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<tr>
<th>Category</th>
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<th>Final Report Total</th>
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<tr>
<td>Number of Standards Exceeded</td>
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<td>1</td>
</tr>
<tr>
<td>Number of Standards Met</td>
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<tr>
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<tr>
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DESCRIPTION OF FACILITY CHARACTERISTICS

The New Mexico Corrections Department is a state agency incarcerating 7303 inmates in six publicly operated and five privately operated facilities. The mission statement of NMCD is "We commit to the safety and well-being of the people of New Mexico by doing the right thing, always".

The Receiving & Diagnostic Center (RDC) for NMCD is located in Los Lunas, New Mexico. The RDC processes newly admitted inmates, evaluating them based on mental health, education, security threat group affiliations, medical, and security factors. The classification staff assigned to RDC enter an initial custody designation based on factors listed in risk assessment policy and procedure. These factors include severity of current conviction, history of escape or institutional violence, prior felony convictions and their severity, substance abuse, current age and security threat group affiliations within the last ten years. The RDC conducts the initial PREA screening for all inmates, and recommends housing assignments. This screening is completed again upon arrival at the next facility.

The mission statement of the Penitentiary of New Mexico (PNM) is, "The Penitentiary of New Mexico, as an integral part of criminal justice system, provides protection to the public, staff and inmates by operating a secure and safe institution by maintaining custody control, supervision, programs and services for offenders with professionalism, progressive management and fiscal responsibility."

PNM maintains its national accredited status by the American Correctional Association, and provides a "balanced system" approach to corrections from incarceration to community-based supervision with training, education, programs and services that provide opportunities for offenders to transition to communities. The level system within NMCD requires that inmate who cannot be managed in or function in general population, due to criteria established policy, will be separated from the general population. Management of such inmates is based upon behaviorally based step programs, in which increased privileges are granted for inmates who demonstrate appropriate behavior for a specified period.

PNM is located along the historic Turquoise Trail, 14 miles south of Santa Fe. It is the department's only maximum-security facility, originally opened in 1956. A section of the facility, referred to as "Old Main" was closed in 1998, and is no longer used to house inmates. The closure was as result of the termination agreement of a federal court order known as the Duran Consent Decree, but continues to serve as a multi-agency tactical training area. The site consists of a large complex of buildings that sit on 426 acres of land. The buildings situated on the complex include housing for the Department's administrators, housing for security staff, and the New Mexico Adult Parole Board. Support buildings for PNM include a supply warehouse, automotive garage, mailroom, tag plant, canteen warehouse and administrative buildings. Three facilities house Level II, Level IV, Level V and Level VI offenders. PNM-North and PNM-South house Special Management offenders (the highest custody level offenders in NMCD).

The Level II facility was opened in 1990 and is designed for minimum-restrict offenders to be housed in a dormitory setting. Offenders at this facility participate in various vocational, educational, and treatment programs. The Level II facility provides food service for the entire complex through its kitchen, which has a dining hall attached. PNM-South and PNM-North are provided satellite food service out of the kitchen. The perimeter of the Level II facility is a two-fence system; the outer fence is topped with concertina wire, with a stun fence directly behind it, and the inner fence is topped with concertina wire. Offenders at the Level II facility have less than four years remaining until their projected release date. The facility has two units of dormitory housing, and program access within its confines.

The PNM-South facility was opened in 1988 and currently houses Level IV, V and VI offenders. Level IV is a close custody classification level for those who have transitioned out of Special Management units or who have scored 18 or more points on the custody level scale. PNM-South offenders are special management offenders who have moved to a less restrictive environment through their positive behavior changes and having met criteria established by the Department. All offenders are assigned to single occupancy cells, with limited movement and activities. The facility has three buildings with two units in each building, and multiple housing pods of 12 inmates within each unit.

The PNM-North facility was opened in 1985 and currently houses administrative segregation and Predatory Behavior Management Program offenders that have been placed in this status through the Level VI placement criteria. Placement criteria include a system that identifies and monitors the movements and activities of offenders who pose a significant PREA Audit Report
concern to the safety, security and orderly management of the institution. This system ensures that appropriate staff are made aware of these offenders and that procedures exist to ensure information is current and communicated in a timely fashion. Although the death penalty in New Mexico was repealed on July 1, 2009, there are currently two offenders sentenced to death (with a conviction prior to 2009) housed in PNM-North. All offenders are assigned to single occupancy cells, and not allowed to congregate with other offenders. The facility has three buildings with two units in each building, and housing pods of 12 inmates within each unit.

PNM contracted with Computer Assets to upgrade their existing analog surveillance system with a Next Level/Panasonic IP surveillance system. The system includes 12 Next Level Security System Gateway 4000 recording stations and storage, and 535 Panasonic IP surveillance cameras, viewing software and stations, data switches, uninterruptible power supplies, monitors and CAT6Plenum cable runs. This system has data storage capabilities for six months or more. Digital cameras are located indoor and outdoor, with zoom/pan/tilt zoom capabilities. Large, high definition monitors that are capable of displaying camera footage are located in control centers and administrative offices, and are accessed frequently by intermediate and higher-level staff.

PNM houses male inmates ranging in age from 19-72 years old, with an average sentence length of six years. Approximately 66 percent of the population is Hispanic in origin. The average daily population is 795 inmates.

The following vocational and educational opportunities are available to offenders at PNM:

- **Corrections Industries (CI):** CI contributes approximately $3 million per year to the NM economy through purchases from local suppliers and payment of staff salaries. With wages earned through CI work opportunities, inmates contribute to the Crime Victims Fund, Family/Child Support, Legal Financial Obligations, Court-ordered Restitution, Court costs and Mandatory Savings, for use upon release. CI provides inmate work opportunities in canteen and the warehouse, and in Food Services, to include a Bakery Program.

- **Education:** The Education Bureau provides quality educational/vocational programs and library services to inmates. Basic academic skills instruction and preparation for GED testing, including career/technical, college readiness, Special Education and adult literacy programs are available. Cognitive Behavioral Therapy Programs and courses assist inmates in recognizing destructive behavior patterns and developing positive, pro-social thinking habits in all areas of their lives. Inmates may pursue college education under their own funding through an accredited post-secondary institution. Family reunification course are provided, including Inside Out Dad, Fathers as Readers, and P.S. I Love You. A pre-release, instructor-led course is provided to prepare inmates who are within six months of release with processes to assist their reintegration back to their communities.

- **Vocational:** A variety of programs are offered, designed to increase an inmate’s ability to find a viable career upon release, to include automotive, Barbering, C-Tech (Network Cabling), Residential Electrical Wiring, and HVAC.

**SUMMARY OF AUDIT FINDINGS**

Click here to enter text.

Number of standards exceeded: 1

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 0
Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☑ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) NMCD Policy CD-150100 (Policy, Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 4, “The NMCD has a ‘zero tolerance’ policy regarding abuse, sexual misconduct and sexual harassment direction towards offenders.” This policy, combined with NMCD Policy CD-150101 (Procedures to Offender Protection Against Abuse and Sexual Misconduct Reporting Procedures, PREA) and NMCD Policy CD-150102 (Procedures for Coordinated Response to Sexual Assaults), outlines the agency’s comprehensive approach to preventing, detecting and responding to sexual abuse and sexual harassment. The Inmate Handbook, provided to each inmate upon arrival at PNM, contains information about zero-tolerance on pages 9-13. The zero-tolerance policy is observable throughout the facility, as evidenced by inmate informational postings and handbooks, and zero-tolerance signs painted directly on housing unit walls. Interviews with both staff and inmates indicate they are knowledgeable of the zero-tolerance policy.

(b) In 2015, Deputy Secretary of Administration, Mark Myers, issued a memorandum appointing Jillian Shane as the NMCD PREA Coordinator and granting all of the rights, authority and responsibility necessary to effectively perform the duties of the position. This position is reflected in both agency and facility organizational charts. The PREA Coordinator reports directly to the agency head, Secretary David Jablonski. For day-to-day matters, Ms. Shane reports to the Deputy Secretary. When interviewed, Ms. Shane indicated that she has the time and authority required to manage her responsibilities. Ms. Shane has 11 PREA Compliance Managers that report directly to her for PREA matters from six public facilities and five privately operated facilities.

(c) Deputy Warden Clarence Olivas is designated as the PREA Compliance Manager for PNM. When interviewed, Olivas indicated that he has the time to manage all of his PREA-related responsibilities. He acknowledged that managing these responsibilities in conjunction with his position as a deputy warden was difficult at times. The facility is currently in the process of training at least one captain to assist Deputy Warden Olivas in these duties and provide backup coverage. It should be noted that the PCM was not available to the auditor after the morning of the second day onsite at PNM, and he has not communicated with the auditor since that time. All communication about compliance concerns since that time has been with the Agency PREA Coordinator.
Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a) This auditor reviewed NMCD’s contract with Corrections Corporation of America, which was entered into on July 1, 2016. This contract includes language that states, “Contractor shall house NMCD inmates in the Facility in full compliance with the Standards, Codes, Court Orders, and NMCD Policies set forth in paragraphs 2-6 below, as same may be applicable to the care and custody of NMCD inmates at the Facility, and shall operate, maintain and manage the Facility in compliance with all applicable federal and state Constitutional requirements and laws.” Paragraph three, as referenced, states, “Codes: All federal, state and local codes applicable to the Facility, to include the Prison Rape Elimination Act (PREA).” NMCD’s contract with Otero County was reviewed, which was signed on January 11, 2013. This contract includes language that states, “The County shall house NMCD inmates in the Facility in full compliance with the Standards, Codes, Court Orders, and NMCD Policies set forth in subsection 1.1 through 1.5, below, as same may be applicable to the care and custody of NMCD Inmates at the Facility, and shall operate, maintain and manage the Facility in compliance with all applicable federal and state constitutional requirements and laws.” Subsection 1.6 is in addition to subsections 1.1-1.5, which states, “The County must comply with the Prison Rape Elimination Act (hereinafter ‘PREA’) to protect the welfare of all NMCD inmates.”

(b) Both contracts include provisions for contract monitors, who will monitor compliance with the contract by observation, interviews, reviewing facility records, inmate files, budget documents and attending staffing meetings or hearings. Each facility has a contract monitor on site, supervised by Internal Audits & Standards Compliance Acting Bureau Chief, Orion Stradford. When interviewed, Mr. Stradford indicated that he meets with the contract monitors on a monthly basis, and discusses PREA compliance. The results of those meetings are provided to Agency PREA Coordinator.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a) NMCD Policy CD-150100 (Policy, Offender Protection against Abuse and Sexual Misconduct Reporting Procedures, PREA) directs that each facility will develop, document, and make best efforts to comply on a regular basis with a staging plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. These procedures address each enumerated factor that must be considered by the facility.

(b) Warden Franco submitted a memo stating that PNM did not deviate from the staff plan within the last year. When
interviewed, he stated that he recalled one deviation during his time as warden. In order to address the staffing shortfall at that time, he activated the Corrections Emergency Response Team (CERT) to provide coverage. That deviation did not take place within the last year.

(c) The same policy states, “At least one time per year, the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing plan, the facility’s deployments of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. At the conclusion of the meeting, documentation of the review shall be forwarded to the Agency Level PREA Coordinator for review.” Documentation of the staffing plan review held on January 29, 2016 was reviewed. This documentation indicated there were no findings of inadequacy by any agencies or oversight bodies. In areas that video surveillance is unavailable (inmate bathrooms/boiler rooms), the facility has implemented operational procedures to mitigate risk, to include restricting access or deploying additional security staff. The facility has a vacancy rate of approximately 25%, but uses overtime to cover shift openings. In an attempt to fill vacancies, the Inspector General, Director of Adult Prisons and the Warden of the Penitentiary of New Mexico have recommended increasing the compensation for correctional officers, which has been demonstrated to increase recruitment and retention at the Lea County Correctional Facility, the Otero County Prison Facility and the Penitentiary of New Mexico. They also recommended increasing professional development opportunities at the New Mexico Corrections Academy, to include a correctional officer certification process similar to law enforcement officer certification. There are 32 dwellings available for occupancy by security staff onsite at PNM. Security staff agree to be available for shift coverage in exchange for their housing.

(d) NMCD Policy CD-150101 (Procedures for Offender Protection against Abuse and Sexual Misconduct Reporting Procedures, PREA) states on page 1, “Shift supervisors shall make unannounced rounds in housing units to deter staff sexual abuse. Staff members are prohibited from alerting other staff members that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.” The policy is currently under revision, and the auditor verified the draft version includes these rounds are also to deter staff sexual harassment. While onsite, intermediate and higher-level supervisors were interviewed, and verified they conduct unannounced rounds on all shifts, in order to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment. These rounds are documented by the control center officer of the housing unit, and in the shift supervisor log. Multiple areas were spot-checked to ensure these rounds are conducted and documented on all shifts over time.

Standard 115.14 Youthful Inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150100 (Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 6, “Inmates under the age of eighteen (18) years old will not be assigned to housing in the same housing unit as adult offenders but will be housed in the Youthful Offenders Management Unit at Central New Mexico Facility. Offenders under the age of eighteen (18) will have direct sight/sound contact with staff in areas outside of the housing unit.” Deputy Warden Olivas submitted a memorandum indicating that PNM does not house youthful inmates. The auditor reviewed PNM population reports for the last 12 months, sorted by age, and did not find any inmates under the age of 18 listed. The daily population report provided for February 28 did not include any inmates under the age of 18. No interviews of staff or inmates indicated a youthful inmate may have been housed at PNM.
Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a and b) NMCD Policy CD-130301 (Search Policy) states on page 1, “Female inmates will only be pat searched by female officer [sic], with the exception of an emergency.” It also states, “Strip searches must be done by an officer of the same gender as the inmate and in an area that affords a reasonable degree of privacy, except in emergency circumstances. Visual inspections of inmate body cavities shall only be conducted by a trained officer of the same sex, in private, and based on a reasonable belief that the inmate is carrying contraband or other prohibited material.” This auditor reviewed the NMCD Lesson Plan for Searches (Correctional Officer), which clearly reiterates that strip and officers of the same gender as the inmate must conduct visual body cavity searches. The NMCD power point presentation for the Prison Rape Elimination Act was reviewed. This presentation reinforces the policy and prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Both of these educational pieces are provided to all PNM staff at In-Service/Orientation, and in the NM Corrections Training Academy. All security staff attend the Corrections Training Academy, while non-custody staff attend Corrections 101 training. Each employee prints and signs their name on a sign-in sheet. After training on PREA, staff sign an acknowledgment form indicating they have received and understand the training.

(c) PNM does not house any female inmates. All strip searches are documented. Documentation of these strip searches was spot-checked and the auditor did not find any evidence indicating female staff have conducted strip searches of male inmates. Interviews with 14 random staff and 25 random inmates did not indicate cross gender searches are occurring.

(d) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 7, “Staff members of the opposite sex of the inmate population in their facility must announce their presence when entering an inmate housing unit. These announcements must be logged into the housing unit daily log for that unit.” The facility has painted reminders of the announcement requirement on the entrance doors to facilities and housing units/pods. The main entrance to some housing units leads into the common area containing showers and toilets, and a second door leads into the residential and common areas for inmates. Because an announcement at the main door may not be heard past the second door, PNM staff are required to make an announcement at each door. This practice was observed while onsite. However, some interviews of staff and inmates indicated these announcements might not always be taking place. Warden Franco issued a written memorandum to all PNM staff, reminding them of their responsibility to announce when entering a housing unit. One shower area in the Level II facility had shower curtains that were several inches lower than the others were. The shower rod was raised to the appropriate level prior to the end of the onsite review. While conducting the physical plant review, the auditor believed two cameras might show inmates in a state of undress while being searched and processed into the facility. Warden Franco contacted IT, who digitally blocked out the area of concern on the camera. The auditor verified the block on the camera.

(e) NMCD Policy CD-130300 (Search Policy) states on page 4, “Facilities shall not search or physically examine a transgender or intersex offender of the sole purpose of determining the offender’s genital status. If the offender’s genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.” The policy later indicates under what circumstances a strip search will be conducted, such as when entering/exiting the facility or before/after a significant opportunity to pass or receive contraband. NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, “Transgender and intersex inmates shall not be
searched or examined by non-medical staff for the sole purpose of determining the inmate's genital status. Genital status shall be determined by interviews or medical records reviews." There were no inmates who identified as transgender or intersex assigned to PNM at the time of the audit.

(f) NMCD Policy CD-150100 (Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 7, "The agency shall train security staff in how to conduct cross-gender pat down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." NMCD Policy CD-130300 (Search Policy) states on page 3, "Derogatory remarks of any kind, relating to the searches of inmates, will not be tolerated by the Department. Disciplinary action may be taken when it is established that derogatory remarks have been made." The NMCD Lesson Plan for Searches (Correctional Officer) was reviewed. It outlines the proper way to conduct a pat or strip search on a transgender inmate. The lesson plan includes the information about not searching transgender or intersex inmates for the sole purpose of determining an inmate's genital status, and all searches must be performed professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. This auditor reviewed the NMCD power point presentation for the Prison Rape Elimination Act, which reinforces the same information, in multiple places. Interviews with staff indicated they are knowledgeable of their responsibility to interact with transgender and intersex inmates in a professional and respectful manner. There were no inmates who identify as transgender or intersex assigned to the facility at the time of the audit to be interviewed.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, "The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills." On page 7, it states, "Inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment." PNM provides inmates with a PREA Inmate Handbook, which is available in English and Spanish. Spanish is the primary second language of those incarcerated at PNM. The PREA Coordinator is currently working with the Nevada Department of Corrections to have some educational materials translated into braille. Currently, inmates with low vision are able to hear the educational video, and case managers will sit and read other information to them, if necessary. Case managers and BHS staff are trained to communicate with these developmentally delayed inmates, and would sit with them individually to provide information, as verified through interviews. The PREA Inmate Handbook was written at third grade level, as the population literacy averages at a third to fifth grade level. While onsite, this auditor observed written postings and PREA-related information painted directly on walls. Many of the paintings utilize an eye-catching animated emoji character, holding a stop sign. The postings consisted of typed information on a regular-sized sheet of paper. The auditor recommends these postings be enlarged to allow the information to be more readily available from a distance.

(b) Deputy Warden Olivas provided a memorandum indicating there are 12 staff members at PNM that are fluent in Spanish, and may be used as interpreters to assist in any PREA issues. He also provided a memorandum indicating the location of two TTY mobile phones, and the personnel who are trained to utilize them. The State of New Mexico has a current contract in place with Corporate Translation Services Language Link, to provide 24-hour service, 365 days a year for Limited English Proficiency clients.

(c) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states PREA Audit Report 11
on page 7, "The use of inmate interpreters to assist disabled or limited English proficient inmates in participating in efforts to prevent, detect and respond to sexual abuse and sexual harassment, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first responders, or the investigation of the inmate's allegations, is prohibited." Interviews with random inmates and all levels of staff indicated that staff are used to translate, and no instances of inmate translators were noted. Staff translation services were utilized during at least one interview with a LEP inmate.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a) NMCD Policy CD-037400 (Recruitment) indicates they will not hire or promote applicants or contractor applicants who have engaged, been convicted of, or civilly or administratively adjudicated to have engaged in any of the prohibited activity outlined in the standard. Ten randomly selected employee files were reviewed to determine if the proper criminal record background checks had been conducted, and the questions regarding past conduct were asked and answered.
(b) The policy states the agency will consider incidents of sexual harassment in determining whether to hire or promote anyone, or enlist the services of any contractor, who may have contact with inmates. There were no incidents noted in any of the files reviewed.
(c) The policy states the agency will directly ask all applicants and employees who may have contact with inmates about the prohibited misconduct in written applications, hiring/promotional interviews and in any interviews/self-evaluations conducted as part of a current employee's review. This auditor reviewed forms submitted by new employees, and verified the questions regarding prohibited conduct. NMCD uses a standardized form to request PREA-related information on employment candidates who previously worked in institutions. A human resource manager conducts these background checks, as verified through her interview and a review of documentation. While onsite, the personnel files of ten randomly selected staff were reviewed and the criminal background check information was verified. Within the last 12 months, there were no new hires or transfers from other correctional facilities. The PREA Coordinator provided me with a copy of an information request form for an officer transferring from a public NMCD facility to private NMCD facility, to verify the process is being utilized.
(d) Criminal background checks for contractors are conducted at PNM annually. PNM employs contract staff (such as food service workers), who have a criminal background check conducted every three years. Documentation for contractors was reviewed to verify these checks are conducted as required.
(e) Although the standards indicate background checks shall be conduct at least every five years, NMCD conduct such checks every three years. Every employee or contract staff member hired prior to 2016 has received a background check, to ensure there were no gaps.
(f) NMCD Policy CD-037400 (Recruitment) states that employees have a continuing affirmative duty to disclose any such misconduct. Applicants are required to sign a background information request referencing PREA, as well as a second document asking directing if they have engaged in any of the prohibited conduct outlined in this standard.
(g) Applicants and employees certify that their responses on the PREA questionnaire are true, under penalty of forfeiting their right to any employment in the service in the State of New Mexico.
(h) Documentation from the PCM and my interview of the Human Resource Supervisor indicated that PNM had not been requested to provide information on any staff who previously worked at PNM to another confinement facility.

PREA Audit Report
Standard 115.18 Upgrades to facilities and technologies

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct: Reporting Procedures, PREA) states on page 8, “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect the inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.” Deputy Warden Olivas supplied a memorandum indicating NMCD has not expanded or modified any existing facilities, nor installed any new monitoring or surveillance systems since 2014. Interviews with the Warden, Deputy Warden and Agency PREA Coordinator indicated they were all aware of the requirement to consider PREA when installing or upgrading. The 2014 modifications were approximately 98% complete during the onsite portion of PNM’s previous PREA audit, as noted in that audit report. During the onsite review, cameras were observed internally in hallways, common areas and entrances to buildings. No cameras were placed in showers, toilet areas or in single cells. Surveillance in areas where inmates may be in a state of undress is digitally blocked, and cannot be unblocked by staff outside of the IT department. As indicated in the facility characteristics review of this report, PNM has an extensive camera system. The auditor could not find many areas of the PNM that are left uncovered by video surveillance, greatly enhancing the sexual safety and general security of the facility. The facility’s planning and installation of the surveillance system exceeds the requirement of the standard.

Standard 115.21 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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.

(a and b) NMCD conducts administrative sexual abuse investigations. The New Mexico Department of Public Safety (NMDPS) is responsible for criminal sexual abuse investigations. NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) outlines comprehensive procedures for response to allegations of sexual abuse. The policy is based off the April 2013 edition of “A National Protocol for Sexual Assault Medical Forensic Examination”, published by the US Department of Justice. There are no youth housed at PNM. The Office of Professional Standards (OPS) has investigators trained on sexual abuse allegations. Interviews with the OPS Bureau Chief, an investigator and random staff indicated they are knowledgeable on
obtaining usable physical evidence.

(c) NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) outlines the procedures for response to an initial disclosure within 120 hours of a sexual assault, and states, “A facility health care professional will take a history and conduct an examination to document the extent of physical injury and to determine if there are injuries that merit transfer to another medical facility.” The shift supervisor makes an immediate verbal report to the warden, who will make an immediate report to the PREA Coordinator, OPS and NMDPS. Forensic medical examinations are provided by a Sexual Assault Nurse Examiner (SANE) at the Solace facility or Christus St. Vincent’s hospital, in Santa Fe. NMCD Policy CD-150102 indicates these exams are provided at no charge to the inmate, as does the written guidelines between NMCD and the New Mexico Coalition of Sexual Assault Programs. An interview of the Statewide SANE Coordinator indicated SANES are available at both locations, 24-hours each day. All SANES receive the 64-hour adult/pediatric training as indicated by national protocols. SANES that transfer to New Mexico from other states with certification are reviewed and required to audit any portions of the training specific to New Mexico. The PREA Resource Guide for Inmates provides a comprehensive overview of what a forensic medical exam will entail. In the past 12 months, there were no inmate forensic medical exams conducted.

(d-e) PNM has entered into a signed Memorandum of Understanding with Solace Crisis Treatment Center, to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse. Solace is a non-profit agency, whose mission is to “provide all individuals who have experienced trauma with evidence-based treatment, advocacy services for navigating community resources, and education in order to restore strength and find inner resiliency”. Solace is not part of a governmental unit. Advocacy services are provided via telephone, mail, e-mail and in person. The PREA Inmate Handbook and PREA Resource Guide have information for incarcerated survivors about their ability to utilize advocates. The telephone number to contact advocates on an unmonitored and free telephone line is painted on the wall of every housing unit at PNM. As evidenced in the audit narrative, multiple phones were tested by this auditor and found to be in working order. An interview with a Solace advocate indicated they have received contact from inmates at PNM.

(f-g) NMDPS provided NMCD with a letter, dated April 16, 2014, indicating the level of training provided to their officers. This training includes trauma and victim response, medical and mental health care issues of sexual assault victims, and working with advocates.

(h) PNM and NMCD do not utilize qualified agency staff members as advocates.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a-e) NMCD Policy CD-150101 states, “An investigation shall be conducted and documented whenever a criminal sexual behavior, sexual misconduct or threat is reported...The Agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.” Allegations must be documented and referred to the agency with “legal authority” to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The Agency PREA Coordinator stated allegations for all NMCD facilities are tracked in an electronic database called IA PRO. This database includes all PREA and other administrative cases, and is never purged. OPS maintains contact with NMDPS to receive updates on criminal cases. Interviews with the PREA Coordinator, PCM and OPS staff indicated adherence to this standard. The PAQ indicated there were 16 allegations of sexual abuse and sexual harassment at PNМ in the last 12 months. All 16 resulting in an administrative investigation, and four were referred for criminal investigation. The auditor requested to review investigative report file information for the last 18 months, but was only provided with three reports. PREA Audit Report
The auditor reviewed those investigative files to ensure allegations were referred and investigations are being conducted. The interview of the Secretary Jablonski indicated he is committed to creating a sexually safe environment for all inmates, and has an established relationship with agency investigators to ensure allegations are referred and investigated properly.

**Standard 115.31 Employee training**

- ☑ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**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.

(a) NMCD provides staff development training programs under a single division, to ensure that training requirements are standardized and met. Training is provided to all staff who may have contact with inmates in the corrections academy, at new employee training ("Corrections 101") and annually at in-service. This auditor reviewed the power point presentations associated with these trainings, and confirmed they included the following elements: the agency’s zero tolerance for sexual abuse and sexual harassment; how to fulfill responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates’ right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and harassment; the dynamics of sexual abuse and harassment in confinement; common reactions of victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and, how to communicate effectively and professionally with all inmates (including those who identify as LGBTI or gender nonconforming). Interviews with randomly selected staff indicate they are aware of the agency’s zero-tolerance policy, their responsibilities and inmate rights with regard to PREA, as well as interacting professionally and communicating effectively with LGBTI and gender nonconforming inmates.

(b) PNM houses male inmates, and the curriculum is gender-neutral.

(c) The auditor reviewed ten randomly selected employee files. Of the ten selected, one did not have documentation of receiving the required training. An extensive review of all employee training records indicated that 17 had not been documented to have received the required training. Prior to the completion of this report, PNM took immediate action to ensure the identified staff were trained. Documentation of that training was sent to the auditor for review. At the time of the interim report, one staff member still required training, as they had not yet returned from overseas.

(d) Employees sign a PREA Acknowledgement form after training, indicating they have received and understand the training. Each required element is identified on the PREA Acknowledgement form. These forms are maintained in the employee files. Ten randomly selected employee files were reviewed to ensure these documents were completed.
Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-c) This auditor reviewed the lesson plan for PREA training provided to volunteers and contractors to verify it contains information on their responsibilities under the agency’s sexual abuse and harassment prevention, detection and response policies and procedures. The training reminds contractors and volunteers of the agency’s zero tolerance policy, as well as their reporting responsibilities. The training concludes with a brief knowledge test. After contractors and volunteers receive PREA training, they sign an acknowledgment form stating, “I understand that if I engage in sexual abuse with inmates, I shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and will be reported to relevant licensing bodies.” The main training elements are identified on the PREA Acknowledgement form. These forms are maintained in the personnel files. Contractors and volunteers are provided a PREA Summary and Overview fact sheet, which reminds them of the agency’s zero-tolerance policy, and ways to report directly or anonymously. A random sampling of contractor and volunteer records were reviewed to confirm these forms have been signed. The Volunteer Handbook provided by NMCD was reviewed, and found to include information on establishing and maintaining appropriate professional boundaries with inmates. Interviews with volunteers and contractors indicated they understand and apply this training in their interactions with inmates.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-c, e-f) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “Information shall be provided to offenders about sexual abuse/assault including: Prevention/intervention; self-protection; how to report; zero tolerance; reporting sexual abuse/assault; and, treatment/counseling. This information shall be communicated orally and in writing, in a language clearly understood by the offender, upon arrival at a facility. Within thirty (30) days of intake, the agency shall provide comprehensive education to inmates with in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.” This auditor reviewed the PREA Inmate Handbook, which is issued to all inmates upon their arrival to the facility, to confirm it contained the required
information. All inmates sign a PREA Inmate Handbook Acknowledgment form, stating that they have received the handbook. These forms are maintained in inmate files, and were reviewed by this auditor. The facility provided this auditor with a roster of inmate names, organized by housing unit. The auditor selected one name at random from each page, and requested to see the associated files. This review indicated that all inmates appear to be receiving the education as required, within 30 days of intake. Out of 25 random inmate interviews, all indicated they had received education after intake at PNM. Inmates receive more information about Sexual Abuse and/or Assault during Orientation. After Orientation has been presented, they sign a verification form indicating they received the information. A space is included to indicate if the inmate exclusively speaks Spanish, and from whom they received assistance. This information is provided again upon transfer to another NMCD facility. The PREA Resource Guide is a lengthy document, and currently only available in English. NMCD is currently working on providing a Spanish translation. The PREA Resource Guide is available to inmates in the inmate library. While onsite, this auditor verified there are copies available in the library. Inmates must make a written request to the librarian for the PREA Resource Guide, who then delivers the guide to their cell. An informal interview with the librarian indicated inmates have accessed this resource. PREA postings and paintings are clearly visible in all areas of the facility, to include common areas and housing units. These postings remind inmates of NMCD’s zero tolerance policy and provide hotline numbers to report incidents or speak with an advocate. A PREA educational video is shown at the Intake Center in Los Lunas. The video also airs on the inmate television system four times a day Monday through Friday, and continuously from 1000-1900 hours on the weekends. Interviews with random inmates indicated they are aware of PREA and the agency’s zero-tolerance policy. Interviews with inmates incarcerated before 2012 indicated they might not have received all of the education available to those more recently incarcerated. It did not appear most inmates knew where the hotline numbers painted on the wall went, or their right to remain anonymous when contacting the outside agency for reporting allegations. Before the auditor left PNM, unit managers and deputy wardens went to each housing unit and provided comprehensive PREA educational information to all inmates. The auditor was provided with a written copy of the education and rosters of inmate signatures, acknowledging the training had been received. The auditor has been satisfied that this information closed any previous gaps within the population.

(d) Most educational material is available in English and Spanish, which is reflective of the needs of the inmate population. Hearing-impaired inmates can access this information in written formats. Case managers read the information to visually impaired inmates. This was evidenced through interviews with the Agency PREA Coordinator, as there were not any visually impaired inmates currently assigned to PNM. Inmates who may be cognitively impaired or otherwise disabled are met with individually by case managers or mental health staff to ensure they are informed and understand, as evidenced through interviews with case managers and a mental health services staff member.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

 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.

(a-c) NMCD Policy CD-150101 states, “In addition to the general training provided to all employees, the agency shall ensure that to the extent the agency itself conducts sexual abuse investigations, that its investigators have received training in conducting such investigations in confinement settings.” This auditor reviewed the power point presentation for this training, entitled, “Investigating Sexual Assaults in a Correctional Setting”. The training included information on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution
referral. There are 12 investigators currently employed by OPS who have received this training, as evidenced by their signature on training rosters and certificates of completion. This documentation is retained in their personnel files. Interviews with the OPS Bureau Chief and an investigator indicated they are aware of and utilize the proper training when conducting sexual abuse investigations, and proceed in a trauma-informed manner.

(d) NMDPS provided NMCD with a letter, dated April 16, 2014, indicating the level of training provided to their officers. This training includes trauma and victim response, medical and mental health care issues of sexual assault victims, and working with advocates.

**Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

The pre-audit questionnaire indicates there are 45 medical and mental health care practitioners employed at PNM. All full- and part-time medical and mental health care practitioners who work regularly in the facility receive training on detecting/assessing signs of sexual abuse/harassment, evidence preservation, responding effectively and professionally to victims, and how to report suspicions or allegations of sexual abuse/harassment. Participants in this training receive a certification of completion. Training records are maintained in employee personnel records. This auditor reviewed a random sampling of records to confirm documentation. This auditor reviewed the power point presentation for this training to confirm all required elements are included. This training is in addition to the employee and contractor/volunteer education. Interviews of staff indicated they have received the training and are knowledgeable of the required elements. Medical staff employed by NMCD do not conduct forensic examinations. Sexual Assault Nurse Examiners (SANE) conduct all forensic medical exams. The SANE Coordinator for the New Mexico Coalition of Sexual Assault Programs was interviewed and indicated all forensic examinations are performed by SANEs at Solace or Christus St. Vincent’s Hospital, and are available 24-hours each day. Each SANE is required to be certified after attending the 64-hour adult/pediatric training in accordance with national standards.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.
NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, "Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25 days after the inmate's arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse, or receipt of additional information that bears upon an inmate's risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly."

NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 21 that each Classification Officer shall be responsible for "a PREA risk screening within 72 hours of inmate arrival and whenever and [sic] inmate is involved in a PREA incident". The timelines in these two policies conflict. Corrective action at another facility instituted the implementation of the 48 hours requirement, and the policy had not been updated on page 21. This auditor reviewed a random sampling of inmate records to verify these screenings are taking place as indicated in policy. The facility provided this auditor with a roster of inmate names, organized by housing unit. The auditor selected one name at random from each page, and requested to see the associated files. The first randomly selected group of inmate files indicated some screenings were missing. PNM conducted an audit of all inmate screenings (72-hour and 30-day) and discovered that 413 inmates had not received these screenings.

Intake screenings are conducted through an automated system, Criminal Management Information Systems (CMIS). This assessment is an objective screening tool, which automatically calculates risk after answers are populated. An inmate can be designated as having low/high risk of sexual victimization, or no/low/high risk of sexually aggressive behavior. The auditor reviewed the intake screening on CMIS and verified it contains the required evaluation elements.

NMCD Policy CD-150100 states, "Inmate shall not be disciplined for refusing to participate in the screening process." The auditor interviewed intake and classification staff and verified that inmates are not disciplined for refusing to participate. There were no interviews with staff or inmates that indicated any inmates had been disciplined for refusing to participate in the screening. One staff member indicated that initially she receives some refusals, but after she explains why the information is important and how it is used, inmates generally provide it.

Upon logging into CMIS, staff are reminded they are accessing a confidential information database, and that information in the database is for official use only, restricted to staff with a need to know, and may not be disclosed. By clicking "Application Logon", staff acknowledge the confidential nature of the information and accept full responsibility for the proper use of the information. Interviews with staff indicated they are aware the information is confidential.

Corrective Action Required:
A directive from the Warden was put out to all Classification Officers and Unit Managers regarding the screening process. The PCM will have each day's Transport and Change sheets, detailing all new arrivals in the institution, as well as which unit they are assigned to. Within 48 hours, the Classification officer will complete and print the initial intake screening. The initial intake screening will be printed out, signed and forwarded to the respective Unit Manager for review and verification. The Unit Manager will sign the document, and provide it to the PCM and Warden on a daily basis. If the PCM identifies that an inmate screening is not completed within the time period, he will immediately notify the Warden. Between seven and fourteen days later, the Classification Officer will again complete both screening tool assessments and follow the same documentation process. If the PCM identifies that an inmate screening is not completed within fourteen days, he will immediately notify the Warden. Each Friday, a log of all inmates will be generated by the PCM and forwarded to the Warden and Agency PREA Coordinator. The Agency PREA Coordinator will forward it to the auditor for review. This will continue for at least 60 days after the onsite portion of the audit, or until the auditor is satisfied the assessments are being completed in a timely manner.

Verification of Corrective Action since the Audit:
As required, the Agency PREA Coordinator forwarded documentation to the auditor each week to prove compliance with this standard. The documentation included the name and identification number of every inmate received into PNM's custody, their date of intake and the dates they received 72-hour and 30-day risk screenings. All of the required risk assessments occurred within the required timelines. PNM is now in compliance with this standard.
Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; compiles in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, “Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25 days after the inmate’s arrival, for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse, or receipt of additional information that bears upon an inmate’s risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly.” NMCD Policy CD-080100 (Institutional Classification, Inmate Risk Assessment and Central Office Classification) outlines which screenings inmates will go through, how information received is documented, and which staff member is responsible for each portion of the process. The classification officer completes the PREA risk screening form.

(c-g) According to the PCM, PNM is not subject to a consent decree, legal settlement, or legal judgement for protecting LGBTI inmates, and does not place those inmates in dedicated facilities, units, or wings solely based on such identification. The PCM stated there were not any transgender or intersex inmates assigned to PNM in the last 12 months. According to the Agency PREA Coordinator, once screened, an individual decision on placement is made with medical and mental health staff and the PREA Coordinator. The shower configuration of PNM-North and PNM-South would provide for separate showers without any other accommodation. If a transgender or intersex inmate were to be housed at the Level II facility, they would be permitted to shower during count time. The privacy barriers in the Level II shower areas would prevent opposite gender viewing of a transgender female inmate. There were no transgender or intersex inmates at PNM at the time of the audit to be interviewed. There is not currently a written policy or procedure about housing and programming assignments. The PREA Coordinator submitted a copy of a draft policy regarding the screening and housing of transgender and intersex inmates. The policy states that classification staff will make individual determinations on how to ensure the safety of each transgender and intersex inmate. When the housing determination is unclear, the staff will notify the Agency PREA Coordinator and the placement decision will be determined by the Gender Classification Committee comprised of the Agency PREA Coordinator, the Director of Operations and the Gender Responsive and Evidence-Based Manager.

Corrective Action Required:
The 72-hour and 30-day intake screenings are not being completed as required in standard 115.41. This standard does not meet compliance without those screenings being completed. Once the corrective action is completed for standard 115.41, this standard will be compliant.

Verification of Corrective Action since the Audit:
As required, the Agency PREA Coordinator forwarded documentation to the auditor each week to prove compliance with this standard. The documentation included the name and identification number of every inmate received into PNM’s custody, their date of intake and the dates they received 72-hour and 30-day risk screenings. All of the required risk assessments occurred within the required timelines. PNM is now in compliance with this standard.
Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-e) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, “The placement of inmates determined to be at high risk of sexual victimization into Special Management shall cite the basis for the facility’s concern for the inmate’s safety and the reason why no alternative placements are appropriate consistent with policy CD-143001.” This is also referenced in NMCD Policy CD-141100 (Protective Custody Policy), which states, “Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternative have been exhausted.” Deputy Warden Olivas provided a memo stating that no inmate at PNM who is at high risk for sexual victimization has been placed in involuntary segregation in the past year, or since their last PREA audit. While onsite, this auditor reviewed housing records of those inmates designated to be at high risk of sexual victimization, and confirmed that none had been assigned to protective custody housing. There were no inmate interviews that indicated this had been done in the past.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD inmates have multiple internal mechanisms for reporting, to include providing the information verbally or in writing to any staff member, contractor or volunteer; calling the Hotline; by filing a grievance; or, requesting a family member or friend report on their behalf. This information is available to inmates on pages 5 and 6 of the PREA Resource Guide, as well as pages 6 and 7 of the PREA Inmate Handbook. The handbook and resource guide are available in English and Spanish. NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states that in addition to the above-reference reporting mechanisms, inmates may place “a note or memo in any drop box located throughout the facility for classification, medical or mental health staff and/or even mail boxes (please be as specific as possible when submitting information in writing)”. Policies are available to inmates through the legal library, upon their request, and to the public via the agency website. Inmates at NMCD are informed they may write to a third party reporting agency that is not a part of NMCD in the PREA Inmate Handbook. This service is provided through an intergovernmental agreement between NMCD and the Colorado Department of Corrections, in effect since March 3, 2016. This auditor mailed a letter to the third party address provided on February 9 and received a response on February 14. Colorado advised me
they have received five inmate letters since the process was implemented. These letters are scanned and forwarded to NMCD, and Colorado does not read or evaluate the letters for content. This does not allow the inmate to remain anonymous upon their request. The MOU between the two agencies was reviewed, and verified that it does stipulate that Colorado will redact any personally identifying information upon the inmate’s request. This auditor notified PREA Coordinator Jillian Shane, and she immediately contacted Colorado to ensure they will allow an inmate to remain anonymous, and forwarded the written correspondence to me for review. Inmate interviews indicated they were not aware of their right to remain anonymous when using this reporting method. Before the auditor left PNM, unit managers and deputy wardens went to each housing unit and provided comprehensive PREA educational information to all inmates, including their ability to remain anonymous to an outside agency. The auditor was provided with a written copy of the education and rosters of inmate signatures, acknowledging the training had been received. PNM does not have any inmates detained solely for civil immigration purposes.

(c) All staff at PNM are required to report any knowledge or suspicion of sexual abuse and sexual harassment, no matter how that information may be presented to them. This was evidenced through a review of training materials and staff interviews. The facility has provided staff with a small, yellow pocket card referencing their reporting responsibilities. Two inmate interviews indicated inmates might be required to sign a sworn statement prior to an investigation into allegations. As a result, the OPS Bureau Chief issues a written memorandum to all NMCD staff that states, “…effectively immediately, no inmate making a complaint pursuant to PREA shall be required by any staff member to complete an inmate sworn statement (or any statement for that matter) as a condition for an investigation into their complaint to commence and/or proceed. It is allowable for an inmate to complete a statement if they so wish, but again, it is not a requirement. Furthermore, as provided in the PREA standard, it is incumbent on staff to document any complaint received in non-written form and to further ensure the complaint is forwarded appropriately for investigation.”

(d) NMCD staff may report privately by advising their superior or the PREA Coordinator, speaking with the Warden or Director, or by sending an email to PREAReporting@state.nm.us. This email address links to the agency PREA Coordinator. If she is gone, there is a process in place for another party to manually retrieve the emails from a secure system. The Coordinator stated she has received approximately five emails, two of which were not related to PREA concerns. This auditor sent an email to the address on February 8, and received a response in less than 15 minutes. Interviews with staff indicated they are aware of how to privately report allegations.

Corrective Action Required:
The NMCD PREA Coordinator will forward the auditor copies of any letters sent to her from Colorado for 60 days after the conclusion of the onsite review to ensure the personal identifying information is removed for inmates requesting to remain anonymous.

Verification of Corrective Action since the Audit:
The Agency PREA Coordinator took immediate action to ensure the MOU between NMCD and Colorado was followed as written, allowing inmates to remain anonymous upon their request. Colorado did not receive any letters from NMCD inmates during the corrective action period for auditor verification. PNM is in compliance with this standard.
Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-d) NMCD is not exempt from this standard, as they have administrative procedures in place to address inmate grievances regarding sexual abuse. NMCD Policy CD-150500 (Inmate Grievances) states on pages five and six, “Department personnel sexual misconduct. This also includes any Prison Rape Elimination Act, (PREA). Third parties, including fellow inmates, staff members, family members, attorneys and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall be permitted to file such requests on behalf of the inmates. Grievances submitted by the inmate or another individual who has knowledge of the incident [referring to matters grievable by inmates]. Under “Informal Resolution”, the policy states, “It is the policy of the Department to resolve grievances at the lowest possible level. Informal resolution is used and required in the grievance process. The exception is any PREA grievances. These will not be subject to this standard and must be treated as emergency formal grievances. The Facility Grievance officer of the Statewide Grievance/Disciplinary Appeals Manager has the authority to return the formal grievances to the respective Unit Manager, Chief of Security, or designated facility staff. This staff will deal with the issues at the local level (Informal complaint). If not completed in the initial request before proceeding to the formal grievance process. The exception to this is any PREA grievances will not be subject to this standard and must be treated as an Emergency Formal Grievance.” PREA grievances must be completed within 90 days of submission, per policy. An extension of up to 70 days may be requested, if there is documentation showing the need for additional time to make an appropriate decision. An interview of the Grievance Officer indicated an extension has never been requested. She stated informal grievances are submitted to the staff member for response to the inmate, but PREA grievances are answered directly by her and referred for immediate investigation to the warden and OPS. The Inmate Handbook, provided to all inmates upon their arrival at PNM, provides information about PREA-related grievances on page 13, “You may file a grievance regarding this matter as well. Grievances on PREA concerns will be handled as emergency grievances and responded to immediately. The grievance timelines do not apply to PREA grievances.” Deputy Warden Olivas submitted a memo indicating that PNM has not had any inmate grievances concerning PREA within the last year, and no inmate interviews contradicted that information.

(e) With regards to third party grievances, Policy CD-150500 states, “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. PREA Grievance may be filed on behalf of a third party in regards to an alleged victim. The alleged victim does not agree [sic], there must be written documentation noting that concern.” An interview of the Grievance Officer indicated that no third party grievances had been submitted at PNM.

(f) Emergency PREA grievance responses must be completed within 48 hours of receipt of the grievance. This is also captured in NMCD Policy CD-150501 (Inmate Grievances). An interview of the Grievance Officer indicated these grievances receive a same day response that they are being referred to OPS for investigation.

(g) Page 8 of the PREA Inmate Handbook notifies inmates that they may be held accountable if they intentionally provide a false statement of sexual victimization, and may be charged criminally. The Grievance Officer stated there has not been any discipline of any inmate related to their filing of a PREA grievance.
Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-c) PNM has entered into a signed Memorandum of Understanding with Solace Crisis Treatment Center, to provide confidential community-based advocacy services to incarcerated survivors of sexual abuse. Solace is a non-profit agency, whose mission is to “provide all individuals who have experienced trauma with evidence-based treatment, advocacy services for navigating community resources, and education in order to restore strength and find inner resiliency”. Services are provided via telephone, mail, e-mail and in person. PREA postings and housing unit wall paintings throughout the facility provide inmates with the toll-free hotline number for the Rape Crisis Center of Central New Mexico. Inmates wanting to speak with a local Rape Crisis Center or an advocate may dial *9999 from any inmate phone. This call is free, unmonitored, unrecorded and can be accessed from any inmate phone without a personal identification number. Inmates are notified the call is free, unmonitored and unrecorded in the PREA Inmate Handbook and on the poster. While conducting the onsite review, this auditor attempted to call *9999 from at least one phone in each housing unit and found the hotline to be operational. The PREA Resource Guide includes mailing addresses and contact information for five agencies providing support to incarcerated survivors of sexual abuse. One agency specializes in helping male victims, and one agency provides services for LGBT persons. A brochure, “From Victim to Survivor”, includes contact information for the New Mexico Coalition of Sexual Assault Programs, Inc. NMCD Policy CD-150300 (Access to Telephones, Telephone Monitoring, and Attorney Calls) states, “Inmates shall not be allowed to make any privileged or confidential, (i.e. unmonitored telephone calls) with the exception of attorney telephone calls and calls to a local rape crisis center with whom the facility has a memorandum of understanding.” These phone lines are blocked from staff monitoring through the inmate telephone system contractor, Securs. An advocate from Solace Crisis Treatment Center was interviewed by this auditor via phone. She indicated the center receives one call per month on average, from an incarcerated survivor at PNM. She stated they have not provided any in-person services at this time, but have communicated by mail and phone.
Standard 115.54 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

There is a link on the main page for NMCD (http://cd.nm.gov/) for information on the Prison Rape Elimination Act. The page includes information on the standards, as well as the NMCD PREA Program. The website provides four ways to report incidents of sexual assault or sexual abuse, but does not specify the acceptance of third party reports, or define third party reporting. On February 8, this auditor sent an email to the link provided to report incidents. This email address links to the agency PREA Coordinator. If she is gone, there is a process in place for another party to manually retrieve the emails from a secure system. This auditor sent an email to the address on February 8, and received a response in less than 15 minutes. The Inmate Handbook, provided to all inmates upon arrival at PNM includes information on third party reporting. Page 12 of the handbook states, “Have a family member or friend report it to the [sic] any of the people listed above. The family member or friend can notify the facility by phone, fax, and email or in person.” NMCD has created a summary and overview brochure for family and friends of incarcerated persons, reminding them of the third-party reporting methods. While onsite, the auditor verified that information is available to family and friends in visiting areas. Agency policy directs employee reporting, as indicated in the review of standard 115.61.

Standard 115.61 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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.

(a-b, e) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “It is mandatory that staff, vendors, contractors or any offenders who witness or are the subject of abuse or sexual misconduct, who witness retaliation against those who report such incidents, or who witness any staff neglect or violation or responsibilities that may have contributed to an incident, must immediately report such conduct to one or more of the following persons: The Secretary of Corrections, the Office of Professional Standards, the Warden, the Shift Supervisor, the Institutional Investigator, District Supervisor, or any other employee of the NMCD.” The policy also states, “Any employee, inmate or other person who in good faith reports abuse or sexual misconduct will not be subject to retaliation. Information will be kept confidential.” NMCD Policy CD-150101 (Offender Protections against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page two, “Any employee who witnesses or received information regarding the physical abuse, mental abuse or any sexual misconduct directed towards an offender shall immediately report the abuse to his or her
immediate supervisor, who shall forward the report to the applicable disciplinary authority (e.g., Warden, Region Manager, Bureau Chief, or Division Director) and the Office of Professional Standards (OPS). Failure to report or knowingly submitting a false report may result in disciplinary action, up to and including dismissal.” The policy definition of “sexual misconduct” includes behavior that falls under sexual abuse and sexual harassment. NMCD Policy CD-031800 (Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting) states, “All supervisors are responsible for reporting all allegations of staff misconduct or suspected staff misconduct to the applicable Disciplinary Authority... Inmates, family members, volunteers and contractors may also report allegations of staff misconduct to the applicable disciplinary authority or any employee. An OPS referral form will be completed and forwarded to OPS is appropriate.” This auditor reviewed two referrals of alleged or suspected staff misconduct forms submitted to OPS. The mandatory reporting requirement for PREA-related incidents is captured in two lesson plans for staff training. Both lesson plans state that inmates and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment. Staff sign a PREA Acknowledgment form stating they understand “the right of employees and inmates to be free from retaliation for reporting sexual abuse”.

(c) Medical and mental health services staff are required to report all suspicion, knowledge or information related to an incident of sexual abuse. Interviews with both medical and mental health services staff indicated they are aware of this requirement. Inmates are notified of this requirement at the onset of services. This notification is documented using the NMCD “Rights to Confidentiality and Availability of Services” form, CD-180201.1.

(d) No inmates under the age of 18 are incarcerated at PNM. New Mexico law uses the term “incapacitated adult” to identify a vulnerable adult. An incapacitated adult is one with a mental, physical or developmental condition that substantially impairs their ability to provide adequately for their own care or protection. When the auditor interviewed a mental health services provider, she indicated that incapacitated adults are assigned to the Long Term Care Unit, and not assigned at PNM.

**Standard 115.62 Agency protection duties**

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✗ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

**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.**

NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “When staff or the agency believes that an inmate is at substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.” This auditor reviewed the lesson plan for training staff on PREA, and confirmed it reiterates the expectation that staff take immediate action if an inmate is at “substantial risk of imminent sexual abuse”. Interviews with specialized staff, random staff and random inmates did not indicate any immediate actions had been necessary. Staff were aware of the requirements if it were to be necessary.
Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-d) NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “If an inmate reports any knowledge or suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in another facility, that Warden of the facility that received the information must immediately (no later than 72 hours) report it to the Warden of the facility where it is alleged to have occurred. If the incident is alleged to have occurred at an agency other than NMCD, that report should be forwarded to the Agency PREA Coordinator, who will immediately (no later than 72 hours) notify the outside agency. The facility must maintain documentation of all notifications to other facilities; the PREA Coordinator will maintain documentation of all external notifications.” The standard requires that the head of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. It does not meet the standard to have the Agency PREA Coordinator notify an agency outside of NMCD. The draft revision of the policy includes the same parameters for reporting as the current policy.

Corrective Action Required:
The auditor has sought clarification on this standard through the PREA Resource Center (PRC). The NMCD PREA Coordinator stated she has received information from the PRC that her notification to outside agencies meets compliance. Until clarification from the PRC has been received, this standard does not meet compliance. Once clarification is received, the draft policy may need to be revised again to reflect the facility head to facility head notification. In the meantime, Warden Franco issued a written direction to all PNM staff stating all notifications to prior confinement facilities will be sent from him to the head of the facility where the abuse is alleged to have occurred. The PREA Coordinator will be copied on these notifications. All prior confinement notifications will be sent to the auditor for 60 days after the conclusion of the onsite review to ensure compliance with the standard.

Corrective Action since the Audit:
The auditor has not received clarification from the PRC for this standard. Based on the training received, the auditor requires PNM to send prior confinement notifications from facility head to facility head, or appropriate office. The Warden issued a written directive to staff to ensure all notifications are made as indicated by the standard. PNM did not receive any reports of sexual abuse in prior confinement facilities during the corrective action period for auditor verification. PNM is in compliance with this standard.
Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) This auditor reviewed the lesson plan for training staff on first responder responsibilities. It indicates the immediate actions required by the first security staff person to respond to a report of sexual abuse, to include separating the alleged victim and abuser, preserving any crime scene, and evidence collection. The training specifies staff will “request” the alleged victim and “ensure” the abuser do not take actions that could destroy physical evidence. After training, staff sign a PREA Acknowledgement form indicating they understand “preservation of evidence in sexual abuse investigation”. NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) outlines the systematic actions required by staff after a sexual assault incident. The policy includes an attachment, “Facility Response to Sexual Assault Checklist”. The checklist states, “Advise victim not to shower, brush teeth, wash clothes, relieve themselves”, but does not include directives around ensuring the abuser does not to action to destroy physical evidence. The checklist is in conflict with the procedure listed in the policy, which states, “The victim will be instructed not to shower, wash their clothes, brush their teeth, or relieve him or herself in order to preserve evidence.” Interviews with staff indicated they were aware of the need to request a victim not take action that could destroy physical evidence and ensure the abuser does not take action. The Agency PREA Coordinator provided the auditor with a revised draft of the policy which states staff will “request” the victim not take any actions to destroy physical evidence, and “ensure” the alleged perpetrator does not take actions. The checklist was revised to include language on ensuring the alleged abuser does not take action to destroy physical evidence.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) is a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, and includes a “Facility Response to Sexual Assault Checklist”. The policy indicates actions necessary by first responders, medical and mental health practitioners, investigators and facility leadership. In his interview, the Warden indicated he is immediately informed of all responses to incidents of sexual abuse.
Standard 115.66 Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a) New Mexico State Employees are represented by the American Federation of State, County and Municipal Employees (AFSCME) Council 18. The ranks of Officer, Sergeant and Lieutenant are covered under the Collective Bargaining Agreement (CBA). This auditor reviewed the 2015-17 CBA. Facility post packages set out the assigned post, shift and regular days off. Each post contained in the roster shall be available for bidding and assignment on an agency seniority basis, except for specialty posts. Employees place their name next to the post package they desire, in order of agency seniority at the facility. The employee is assigned to the post package selected for six-month periods. The employer may change a long-term post assignment with seven days written notice to the employee. They may also change a long-term post assignment for cause. Page 106 of the CBA states, “The Employer has the right to remove an employee from his/her post of choice or assigned post, or to assign an employee to a post not of his/her choice if there is a substantial need to do so. The Employer will verbally notify the employee of the reason for such a removal or assignment; and if requested in writing by the employee, the Employer shall provide the reason in writing to the employee.” This auditor’s interview of the agency head indicated there is good communication between management and labor, and labor has not brought forward any concerns related to PREA.
(b) The disciplinary and grievance process outlined in the CBA are not inconsistent with the provisions of 115.72 and 115.76.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a, d-e) NM Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “Any employee, inmate or other person who in good faith reports abuse or sexual misconduct will not be subject to retaliation. Information will be kept confidential. Wardens or their designee’s will monitor those who report sexual abuse or cooperate with investigations for ninety (90) days and take appropriate steps to protect individuals from retaliation, including periodic status checks on inmates.” Deputy Warden Olivas provided a memo indicating there have not been any reported cases of retaliation against any staff members or inmates in regards to reporting any sexual abuse or sexual harassment within the last 12 months. PAQ indicated there was one occurrence in the last 12 months. The auditor requested all staff and inmate monitoring forms for the last 12 months. The auditor was provided with nine staff monitoring forms and 12 inmate monitoring forms to review. There was some discrepancy between the Agency PREA Coordinator and
the facility PCM as to who monitors directly for retaliation. The Agency PREA Coordinator stated she monitors retaliation from central office, and contacts the PCM to have face-to-face interactions. The monitoring form indicates the facility PCM will complete the monitoring, but the Agency PREA Coordinator fills out the forms. The auditor recommended that this form be revised to include a space for the name of the staff member completing the monitoring, as well as the date each check was conducted. There is no way for this auditor to objectively verify the checks are being completed within the required timeframe.

(b) NMCD Policy CD-031800 (Office of Professional Standards Personnel Investigations and Staff Misconduct Reporting) states, “There is a zero tolerance policy prohibiting any retaliatory acts against anyone who has reported allegations of staff misconduct or criminal acts. Any employee who engages in substantiated retaliatory behavior is subject to dismissal.” The Warden indicated in his interview that retaliation of any form would not be tolerated at PNM. Interviews with staff indicated there were aware of these requirements. Emotional support services for staff and inmates are provided by Solace Crisis Treatment Center in agreement with the Agency’s signed MOU. PREA fact sheet for contractors and volunteers states, “Inmates and staff who are in need of advocacy can also reach out to the Local Rape Crisis Centers, with whom we partner with, for help.” One inmate indicated in an interview that he felt he had been retaliated against. That case is currently open and under review.

(c) NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) states, “The facility PREA Compliance Manager must immediately begin victim retaliation monitoring to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation [sic] from retaliation by other inmates or staff. Retaliation Monitoring will be completed using the Staff Retaliation Monitoring form (CD-150102.2) and once completed at the end of 90 days (or longer if necessary) be sent to the Agency PREA Coordinator.” This auditor reviewed the retaliation monitoring form used for staff and inmates and verified that it contains all of the required elements for monitoring.

(f) The Agency does not continue monitoring for retaliation when an allegation has been deemed unfounded.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 5, “The placement of inmates determined to be at high risk of sexual victimization into Special Management shall cite the basis for the facility’s concern for the inmate’s safety and the reason why no alternative placements are appropriate consistent with policy CD-143001.” This is also referenced in NMCD Policy CD-141100 (Protective Custody Policy), which states, “Inmates with protective custody issues will only be placed in restrictive housing if all other viable alternative have been exhausted.” Deputy Warden Olivas provided a memo stating that no inmate at PNM who is at high risk for sexual victimization has been placed in involuntary segregation in the past year, or since their last PREA audit. Olivas indicated in his interview that there are many areas to place an inmate requiring protection that would not require segregation. There was no indication in staff or inmate interviews that this had been done in the past.
Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a and h) NMCD Policy CD-031800 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) states, “Employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law enforcement for consideration for prosecution. These referrals shall be made even if the employee resigns or retires during or prior to the NMCD’s investigation. NMCD reserves the right no [sic] to rehire any former employee whose allegations of violations of the criminal law are substantiated.” The procedures for this policy outline the actions that must be taken when staff become aware of an allegation of sexual abuse or sexual harassment. All allegations are reported through the chain of command, to the Office of Professional Standards. Level 1 allegations are those that may include any sexual misconduct by a staff member or inmate, and must be reported as soon as possible. OPS will conduct the administrative investigation, and NMDPS will conduct criminal investigations. Interviews with the OPS Bureau Chief, an investigator and the Warden indicated allegations are promptly, thoroughly and objectively investigated.

(b-c) All investigators assigned to OPS have received specialized training, “Investigating Sexual Assaults in a Correctional Setting”, as evidenced by their signature on training rosters, the issuance of participation certificates and interviews. The auditor reviewed the power point presentation associated with this training to determine that it contained the required elements of standard 115.34. This training includes proper techniques for obtaining usable physical evidence.

(d) NMCD Policy CD-031801 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) states, “In any investigation when it appears that alleged personnel misconduct, if proven, would also constitute a violation of criminal law, the investigations Officer shall advise the OPS Bureau Chief. The OPS Bureau Chief shall consult with NMCD General Counsel and the appropriate CAO [Chief Administrative Officer] and make a determination whether to proceed with the administrative investigation, or whether to defer such investigation or discipline while the criminal investigation proceeds, or whether to proceed with both investigations and actions subject to the restrictions on the use of evidence provided for by this policy and procedure.” If a determination is made to initially pursue only a criminal investigation or prosecution, the employee shall not be required to submit to a polygraph or provide statements as a condition of continued employment until the criminal investigation is completed. The OPS Bureau Chief indicated he was knowledgeable of this requirement.

(e) The interviews with the OPS Bureau Chief and an investigator indicated they conduct individual credibility assessments that are not determined by the person’s status as an employee or inmate. NMCD Policy CD-031801 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) states on page 10, “If the allegation rests solely upon the accusation of an inmate or another staff member, the Department may require, whenever practical or feasible, that a sworn statement be provided by the complainant. If the complainant refuses to sign a sworn statement, the investigation will continue and be submitted to the OPS Bureau Chief to pursue the investigation further...After all other reasonable investigative techniques have been exhausted, the complainant may, in the Department’s discretion, be required to submit to a polygraph examination to verify the allegations raised against the employee. If the complainant refuses to submit to a polygraph examination, the administrative action will be terminated unless the Office of OPS determines that other sufficient, credible evidence exists to pursue the administrative action further.” NMCD Policy CD-031802 (Polygraph Testing) states, “When an allegation rests solely upon the accusation of an inmate or a staff member, the Department may require that a sworn statement be provided by the complainant. An inmate complainant shall be required to submit to a polygraph examination to verify the allegations raised against accused Department employee [sic] prior to requiring a Department
employee to submit to a polygraph examination. The results of the polygraph examination, along with any other evidence that exists, shall determine the Department’s further course of action.” NMCD Policy CD-150600 (Allegations from Inmates against Corrections Department Staff or Other Inmates) states, “Any inmate making an allegation, verbal or written, against a member of the staff or against another inmate may be requested by the Department to be sworn by a notary public. The inmate is to be advised in writing that the inmate is furnishing a sworn statement having full knowledge that the information the inmate is furnishing is material to the issue or matter involved in the course of, or will initiate an official administrative proceeding, and that if the information is knowingly false, the penalty of perjury under NMSA 1978, Section 30-25-1, attaches using Inmate Sworn Statement form (CD-150611.1).” The referenced form, CD-150600.1, repeats the same language. Interviews with inmates alleged they have been told PREA-related investigations would not continue if a sworn statement were not provided. In response, the OPS Bureau Chief issued a written directive to all NMCD personnel stating, “...effective immediately, no inmate making a complaint pursuant to PREA shall be required by any staff member to complete an inmate sworn statement (or any statement for that matter) as a condition for an investigation into their complaint to commence and/or proceed.” The auditor reviewed a draft copy of NMCD Policy CD-150102, which states, “The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis [sic] and shall not be determined by the persons [sic] status as an inmate or staff member. NMCD will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.” Interviews with inmates who had alleged sexual abuse did not indicate they had been required to submit to a polygraph examination.

(f and g) A review by the auditor of three administrative and criminal investigation files indicated they contain the required information on employee actions or failures to take actions, descriptions of physical and testimonial evidence, credibility assessments and investigative facts and findings.

(i) NMCD Policy CD-150101 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures) states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in a confidential manner and are retained for ten years.” The New Mexico Administrative Code indicates that inmate investigational records will be retained for ten calendar years after the resolution of a case, and staff investigational records will be forwarded to human resources for further action, with dismissed cases retained for ten calendar years after the resolution of a case. The standard requires all reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Interviews with the Agency PREA Coordinator and the Management Analyst for OPS indicated these files are retained indefinitely in IA PRO, which is the database used for all NMCD investigations. The OPS Management Analyst provided the auditor with a written memorandum verifying that this database is never purged, and hard copies are maintained as well. The auditor verified the draft revision of the policy contains the required timeframes for retention directing, “The agency shall retain all written reports referenced in PREA Standard 115.71 section (f – Administrative Investigations) and (g – Criminal Investigations) for as long as the alleged abuser is incarcerated or employed by agency plus five years.”

(jj) Interviews with the OPS Bureau Chief and an investigator confirmed that investigations continue, even in the absence of the alleged abuser or victim.

(l) NMCD Policies CD-031800 and CD-031801 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) outline the written expectations for notifying outside agencies of potentially criminal behavior, providing information or assistance in the investigation and ensuring a liaison is in place to provide and receive updates. The Investigative process is tracked through the conclusion of the investigation and documented in IA PRO, as evidence through interviews with the OPS Bureau Chief, an investigator and the Agency PREA Coordinator.
Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-031800 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) defines preponderance of evidence as “Evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.” The policy states that all employee misconduct investigations will be determined by the preponderance of the evidence. This auditor reviewed the power point presentation for “Investigating Sexual Assaults in a Correctional Setting”, which provides the same information. A review of investigations indicated one investigative file involving a female employee that indicated the policy is implemented into practice. Interviews with the Bureau Chief for the Office of Professional Standards and an investigator indicated they are aware of the evidentiary standard for administrative investigations.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on pages five and six, “An investigation shall be conducted and documented whenever a sexual assault or threat is reported. At the conclusion of an investigation into an inmate’s allegations against a staff member, the inmate will be informed in writing (unless the investigation determines that the allegation is unfounded) whether: the staff member continues to be posted in the inmate’s unit; the staff member continues to be employed; the staff member has been indicted; and, the staff member has been convicted. At the conclusion of an investigation into an inmate’s allegation against another inmate, the alleged victim will be informed in writing: whether the alleged abuser has been indicted on a charge related to the sexual abuse in the facility; and, upon the agency learning that the abuser has been convicted on a charge related to sexual abuse within the facility.” The Agency PREA Coordinator provided me with a copy of a letter sent to an inmate, informing him that the allegations he reported were substantiated. The letter also reminded the incarcerated survivor of his options to seek counseling at the facility, correspond with local and state rape crisis centers or Just Detention International, or contact a confidential community-based advocate via *9999.
Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a and c) NMCD Policy CD-037800 (Disciplinary Action for Classified Employees) states, “The Corrections Department promotes the concept of progressive discipline and corrective action whenever appropriate. Individuals shall normally be dismissed only after efforts have been made to help that person correct any deficiencies in work performance or behavior. However, some misconduct is so severe as to not warrant progressive discipline and immediate dismissal is the only appropriate action. Furthermore, misconduct may justify the dismissal of a probationary employee.” All NMCD employees are issued and expected to sign a Code of Ethics, in accordance with NMCD Policy CD-032200 (Code of Ethics). This policy outlines the expectation of the agency that all employees will conduct themselves in a manner reflecting the highest level of professionalism, ethics and credibility as an employee of the State. NMCD Policy CD-031800 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) states that any employee who fails to fully cooperate with any NMCD investigation, or is untruthful during any part of an NMCD investigation, is subject to dismissal.

(b) NMCD Policy CD-150101 (Procedures for Offender Protection against Abuse and Sexual Misconduct Reporting Procedures, PREA) states, “Where abuse is found to have occurred, appropriate administrative action against the offending party will be initiated, up to and including dismissal.” An interview of the Agency PREA Coordinator indicates that the term “up to and including dismissal” is an umbrella statement used concerning disciplinary procedures. Upon recommendation from this auditor, the following language was added to the draft revision of the policy: “For matters of sexual abuse, termination should be the presumptive disciplinary sanction for staff who have engaged in sexual abuse [sic].”

(d) NMCD Policy CD-031800 (Office of Professional Standards, Personnel Investigations and Staff Misconduct Reporting) states, “Employee conduct involving allegations of sexual misconduct, sexual assault or any other alleged violations of the criminal law shall be referred to local law enforcement for consideration for prosecution. These referrals shall be made even if the employee resigns or retires during or prior to the NMCD’s investigation. NMCD reserves the right no [sic] to rehire any former employee whose allegations of violations of the criminal law are substantiated.” NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “Sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professional engaging in sexual conduct with inmates will be reported to any relevant licensing body.” There were no examples of such referrals for this auditor to examine.
Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150100 (Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states, “Sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professional engaging in sexual conduct with inmates will be reported to any relevant licensing body.” After contractors and volunteers receive PREA training, they sign an acknowledgment form stating, “I understand that if I engage in sexual abuse with inmates, I shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and will be reported to relevant licensing bodies.” Deputy Warden Olivas provided a written memorandum indicating PNM has not had to administer any corrective actions towards any contractors or volunteers for any PREA-related issues since the last audit. Interviews with the Agency PREA Coordinator, the Warden and PCM indicated that any contractor or volunteer who was found to have violated agency policy related to sexual abuse and sexual harassment would not be permitted to have further contact with inmates.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD Policy CD-150101 (Procedures for Offender Protection against Abuse and Sexual Misconduct Reporting Procedures, PREA) states, “Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.” NMCD Policy CD-090100 (Inmate Discipline) defines rule violations for sexual misconduct, rape and sexual harassment. The policy includes a sanction chart indicating which consequences (loss of privileges, disciplinary segregation, and loss of good time) are associated with each rule violation. NMCD Policy CD-090101 (Inmate Discipline, Procedures) states all disciplinary action will be “reasonable and proportionate in relation to the violation”.

(c) NMCD Policy CD-090101 (Inmate Discipline, Procedures) states, “For inmates in Special Management, APA and MHTC, the Disciplinary Officer will submit the Inmate Misconduct Mental Health Review form (CD-090101.9) and a copy of the

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misconduct reports to the Facility Mental Health Manager. The Facility Mental Health Manager will determine whether there are or are no mental health issues; and, recommend how the mental health issues should be considered during the disciplinary hearing.”

(d) An interview with the Behavioral Health Supervisor indicated the only sex offender treatment therapy, counseling or intervention offered at NMCD is for convicted sex offenders who must take part in such treatment as a condition of their sentencing while incarcerated.

(e) This auditor reviewed one investigative file that indicated an inmate was placed in disciplinary segregation upon an allegation of staff-on-inmate sexual abuse. The inmate was initially charged with sexual misconduct and providing false information to investigators. Upon receiving this information, the Agency PREA Coordinator contacted the PNM Warden. The Warden made a written request to the Hearings Officer to have the disciplinary report on the inmate removed and expunged from the inmate’s file, as reviewed by this auditor.

(g) All sexual activity between inmates is prohibited and treated as a rule violation, but is not considered sexual abuse. Deputy Warden Olivas provided a written memorandum indicating PNM has not had any substantiated cases of inmate-on-inmate sexual abuse since their last audit.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD Policy CD-180200 (Behavioral Health Reception and Diagnosis Center (RDC)) states intersystem inmate transfers will undergo a mental health appraisal by qualified mental health person within 14 days if identified as having significant health care problems. NMCD Policy CD-150100 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures, PREA) states on page 6, “Inmates identified as at risk for sexual victimization shall be assessed by a mental health or other qualified professional within 15 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Inmates with a history of criminally sexual behavior shall be identified, monitored and counseled.” NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) states on page 4, “An inmate identified as high risk for sexually assaultive behavior or who has a history of sexually assaultive behavior will be assessed by a mental health or other qualified professional. [sic] Inmates identified as at risk for sexual victimization shall be assessed by a mental health or other qualified professional within 15 days of learning of such abuse history and offered treatment when deemed appropriate by mental health practitioners. Inmates at risk for sexual victimization shall be identified, monitored, and counseled. Inmates with a history of sexually assaultive behavior will be identified, monitored, and counseled.” The standard dictates that any inmate that is identified as having experienced prior sexual victimization will be offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. A mental health practitioner should offer follow up meetings for any inmate who has previous perpetrated sexual abuse with 14 days of intake. The policy timeline of 15 days CD-150100 does not meet the standard.

(c) This element of the standard does not apply to PNM, as it references jail inmates.

(d) All information related to sexual abuse is limited to those with a need to know. Upon logging into CMIS, staff are reminded they are accessing a confidential information database, and that information in the database is for official use only, restricted to staff with a need to know, and may not be disclosed. By clicking “Application Logon”, staff acknowledge the confidential nature of the information and accept full responsibility for the proper use of the information. Interviews with staff indicated they are aware the information is confidential.
(e) Mental Health Practitioners, referred to in NMCD as Behavioral Health Staff, use form CD-180201.1 to obtain informed consent with their inmate clients. This document is signed by the inmate and witnessed by a staff member, before being retained in the inmate’s file. NMCD Policy CD-176100 (Patients [sic] Rights and Responsibilities) states, “Principles of confidentiality will be followed and patients will be afforded the opportunity to approve or refuse the release of information in accordance with applicable law. Patients will be advised of any limits to confidentiality necessary in the correctional setting.”

Corrective Action Required:
The Agency PREA Coordinator provided the auditor with a draft revision of the policy, which corrects the timeline from 15 days to 14 days, as required. Medical and mental health screenings cannot be properly conducted if the screenings for risk of victimization and abusiveness, pursuant to standard 115.41, are not properly completed. Once the corrective action is completed for standard 115.41, this standard will be compliant.

Verification of Corrective Action since the Audit:
As required for corrective action associated with risk screenings, the Agency PREA Coordinator forwarded documentation to the auditor each week to prove compliance with this standard. The documentation included the name and identification number of every inmate received into PNM’s custody, his or her date of intake and the dates they received 72-hour and 30-day risk screenings. All of the required risk assessments occurred within the required timelines. Medical and mental health screenings could be properly conducted once the assessments occurred as required. The draft policy has not yet been signed by NMCD administration, however the auditor understands this can be a time consuming process. PNM is in compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-b) NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) outlines the procedures taken when there is an initial disclosure within 120 hours of a sexual assault. A facility health care professional will take a history and conduct an examination to document the extent of physical injury and to determine if there are injuries that merit transfer to another medical facility. The purpose of the examination is to determine the patient’s stability for transfer to a site that provides forensic medical examinations. NMCD Policy CD-170101 (Clinical Services) states on page 20, “In the event of a sexual assault, health services staff will ensure that the victim receives prompt and appropriate medical intervention...With the inmate assault victim’s consent, he or she will be transported to a Medical Center by Security for examination, treatment and collection of evidence.” PNM has medical health services staff onsite, 24-hours a day, as evidenced by a review of health services staff schedules and an interview with a health services staff member.

(c) NMCD Policy CD-170101 (Clinical Services) states on page 20, “The Medical Director will review the treatment recommendations from the Medical Center and ensure the inmate victim receives the indicated prophylactic treatment and testing.” An interview with a medical health services staff member indicated incarcerated survivors are offered sexually transmitted infection prophylaxis information and treatment during the forensic medical exam and upon their return to the PREA Audit Report
facility.

(d) Page 13 of the PREA Resource Guide for Inmates states, "In the New Mexico Corrections Department victims of sexual assault shall be offered access to forensic medical examinations, without financial cost, when evidentiary or medically appropriate as determined by the OPS Investigator or law enforcement. The OPS Investigator/law enforcement will review all evidence, including the victim's statements, to determine if a forensic medical examination is appropriate...Victims who do not wish to fully cooperate with the investigation can still be referred for a forensic medical exam at no cost to them." The memorandum of understanding/guidelines for New Mexico SANE and PREA states, "The SANE Program will be responsible for submitting invoices for the SANE medical-forensic exam for incarcerated victims to the NM Coalition of Sexual Assault Programs who will submit to NM Dept of Human Services and reimburse the SANE program [sic]. If the SANE goes to the detention facility the exam, it is appropriate for the SANE program to charge the detention facility a reasonable fee for mileage and driving time. This financial agreement is between the SANE Program and the detention facility [sic]." NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) states, "The Warden or designee will ensure that victims of sexual assault are promptly transferred under appropriate security provisions by [sic] Emergency Medical Services or NMCD personnel as is medically appropriate to a community health care facility for treatment and gathering of evidence, (CD-170100.OO [sic]). This will be at no charge to the inmate." Deputy Warden Olivas provided a written memorandum indicating that no inmates at PNM have required any services associated with emergency or mental health for any PREA-related allegations since their last PREA audit.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-h) NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) states, "A facility mental health professional will perform an evaluation to assess the need for crisis intervention and long-term follow-up. The facility medical director and mental health supervisor will develop a treatment plan for follow-up services. The assigned mental health provider will provide access to counseling and advocacy services. An inmate identified as high risk for sexually assaultive behavior or who has a history of sexually assaultive behavior will be assessed by a mental health or other qualified professional [sic]. Inmates identified as at risk for sexual victimization shall be assessed by a mental health or other qualified professional within 15 days of learning of such abuse history and offered treatment when deemed appropriate by mental health practitioners. Inmates at risk for sexual victimization shall be identified, monitored, and counseled. Inmates with a history of sexually assaulted behavior will be identified, monitored and counseled." This auditor reviewed emails indicating evaluations are taking place as required. Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as known inmate-on-inmate abusers. When asked about the comparison with a community-level of care, they both indicated they believed the facility standard of care to be higher. Inmates are scheduled for appointments and do not have to seek these services out on their own. All medical and mental health services at PNM are at no charge to the inmate population.

(d-e) As PNM does not house female inmates, these elements of the standard do not apply.
Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

(a-e) NMCD Policy CD-150102 (Coordinated Response to Sexual Assaults) directs that a Critical Incident Review be completed within 14 calendar days. It further states, “The Warden and Facility PREA Compliance Manager should complete the sexual abuse incident team review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. A completed report will be submitted to the PREA Coordinator and the Director of Adult Prisons, or designee using the Sexual Abuse or Assault Incident Review Team form (CD-150102.3). The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical/mental health practitioners.” The current policy does not indicate this review should take place within 30 days of the conclusion of the investigation, but the Sexual Abuse or Assault Incident Review Team form correctly indicates it must be completed within 30 days of the conclusion of substantiated or unsubstantiated investigations. The auditor verified the draft revision of the policy contains the timeline requirement of “within 30 days”. The policy and the review form indicate the review team will consider the required elements of the standard. The auditor reviewed two Sexual Abuse or Assault Incident Review Team forms to ensure they were completed as required. The review team’s recommendations were noted and implemented. All staff present during the review sign a “PREA Sexual Abuse Response Team Committee Confidentiality Agreement”. This form stipulates to the confidential nature of the information being reviewed, and any violation of confidentiality could include corrective or disciplinary action up to and including termination.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD does not have a policy in place to guide them in data-collection efforts. PNM provided this auditor with a copy of their 2015 Survey of Sexual Victimization, and a copy of their 2015 Annual Assessment of NMCD’s Progress in Addressing Sexual Abuse. The reports for 2016 had not yet been generated. The 2015 annual assessment includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by DOJ, and includes data from the state’s privately operated facilities. The 2012, 2013 and 2014 annual assessments are available to the public via the NMCD website at http://cd.nm.gov/prea/prea.html.
Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

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Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)
☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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.

NMCD Policy CD-150101 (Offender Protection against Abuse and Sexual Misconduct; Reporting Procedures) states, “All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in a confidential manner and are retained for ten years.” The New Mexico Administrative Code indicates that inmate investigational records will be retained for ten calendar years after the resolution of a case, and staff investigational records will be forwarded to human resources for further action, with dismissed cases retained for ten calendar years after the resolution of a case. Sexual abuse data collected by NMCD is securely retained in an electronic database, IA PRO. Access to IA PRO is strictly limited to those with a legitimate need to know, and access must be authorized through the Agency PREA Coordinator. The 2012, 2013 and 2014 annual assessments are available to the public via the NMCD website at http://cd.nm.gov/prea/prea.html. The report does not contain any personally identifying information.
AUDITOR CERTIFICATION
I certify that:

☒ 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, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Amanda Rasmussen  May 10, 2017
Auditor Signature  Date