

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report 4/22/19

Auditor Information

Name: Noelda Martinez **Email:** martinezauditingervices@yahoo.com

Company Name: Martinez Auditing Services, LLC

Mailing Address: P.O. Box 372 **City, State, Zip:** Beeville, TX 78102

Telephone: (210) 790-7402 **Date of Facility Visit:** March 4-6, 2019

Agency Information

Name of Agency: **Governing Authority or Parent Agency (If Applicable):**

CoreCivic N/A

Physical Address: 10 Burton Hills Blvd. **City, State, Zip:** Nashville, Tennessee 37215

Mailing Address: - **City, State, Zip:** -

Telephone: (615) 263-3000 **Is Agency accredited by any organization?** Yes No

The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Agency mission: We help government better the public good through: Safety – We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. Community – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Agency Website with PREA Information: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon Hininger **Title:** President and Chief Executive Officer

Email: Damon.Hininger@corecivic.com **Telephone:** (615) 263-3301

Name: Eric Pierson **Title:** Senior Director PREA Programs and Compliance

Email: Eric.Pierson@corecivic.com **Telephone:** (615) 263-6915

PREA Coordinator Reports to: Steve Conry, Vice-President, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator 63
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Facility Information

Name of Facility: Cibola County Correctional Center

Physical Address: 2000 Cibola Loop, Milan New Mexico 87021

Mailing Address (if different than above): P.O. Box 3540, Milan New Mexico 87021

Telephone Number: (505) 285-4900

The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: We help government better the public good through: Safety – We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. Community – We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Facility Website with PREA Information: <http://www.corecivic.com/facilities/cibola-county-correctional-center>

Warden/Superintendent

Name: Chad Miller	Title: Warden
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Email: Chad.Miller@CoreCivic.com	Telephone: (525) 483-8290
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Facility PREA Compliance Manager

Name: Rhonda Ayers	Title: Chief of Unit Management
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Email: Rhonda.Ayers@CoreCivic.com	Telephone: (505) 290-7881
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Facility Health Service Administrator

Name: Wendy Baca	Title: Health Service Administrator
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Email: WBaca@correctcaresolutions.com	Telephone: (505) 290-1174
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Facility Characteristics

Designated Facility Capacity: 1204	Current Population of Facility: 1055
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Number of inmates admitted to facility during the past 12 months	3985
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2143
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Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		3767	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0-Under new contract	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-70	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		N/A	
Facility security level/inmates custody levels:		Medium, Low, Moderate, High	
Number of staff currently employed by the facility who may have contact with inmates:		217	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		87	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		4	
Physical Plant			
Number of Buildings: 2		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		9	
Number of Open Bay/Pod Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		128	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The facility utilizes 201 cameras with recording capabilities and all cameras can be viewed directly by central control. The housing units can be viewed directly from the assigned housing unit control center. The camera recordings are maintained for 30 to 45 days on average. The cameras are positioned throughout the facility providing coverage for all areas and the auditor observed ten security mirrors positioned in potential blind spots providing visibility for security and safety.			
Medical			
Type of Medical Facility:		Ambulatory Care	
Forensic sexual assault medical exams are conducted at:		University of New Mexico Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		68	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		1	

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) certification audit for the Cibola County Correctional Center (CCCC), CoreCivic in Milan, New Mexico was conducted on March 4-6, 2019, to determine the compliance of the Prison Rape Elimination Act Standards. The audit was conducted by Noelda Martinez (single auditor), United States Department of Justice Prison Rape Elimination Act Certified Auditor. The agency contract was secured through Martinez Auditing Services, LLC directly by the auditor. The contract describes the specific work required according to the Department of Justice (DOJ) standards and PREA audit handbook to include the pre-audit, onsite audit and post-audit. The contract was signed by the auditor on 12/10/18 and clearly describes the lead auditors' responsibilities. The first PREA audit for CCCC was conducted by PREA auditor Rodney P. Bivens on January 5-7, 2015 directly under a different contract. The previous auditor determined the CCCC exceeded four standards, met 36 standards and the other three were non-applicable. The facility closed and opened up under a new contract in October of 2017 making this audit the initial PREA audit under the new contract.

Cibola County Correctional Center, owned and operated by CoreCivic, is located at 2000 Cibola Loop, Milan, New Mexico. The current capacity was 1055 beds for housing adult male and female population consisting of Immigration and Customs Enforcement (ICE-462), United States Marshal Services (USMS Female: 38/Male: 431) and Cibola County Jail Inmates (Female: 25/Male: 99). The facility ICE PREA audit was conducted on December 4-6, 2018 by another entity. The PREA audit conducted on March 4-6, 2019 assessed the following clients: USMS and County Jail with a male and female population of 593. The ICE inmates are housed under a separate ICE contract and housed separate from the USMS and County Jail inmates with no interaction. ICE has a transgender unit that is completely self-contained. This unit is fully funded by ICE and they have their own law library, beauty salon, medical exam room, and an open recreation yard that they use all day separate from the rest of the population. The auditor did not encounter any barriers or issues with facility administration or PREA manager for the completion of the audit. CoreCivic has a page on their website (<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>) dedicated to PREA which includes their zero-tolerance policy reporting requirements, and reporting information.

Communication:

CoreCivic Senior Director for the PREA Programs and Compliance forwarded the facility documents and information to the auditor through a secured website on 1/21/19. The secured website provided the following information: the audit notice in both English and Spanish with the audit dates and mailing address for the inmate population; list of inmates who reported sexual abuse; PREA tracking log; inmate roster and housing locations, list of sexual victims; Employee list; policies and procedures; PREA files and samples, contracts; annual reports; staffing plans; mission statement; daily population; facility schematic; lesson plan for volunteers; organizational chart; pre-audit questionnaire; PREA Director; and training. On 1/25/19, the auditor emailed a request to the facility for a date/time stamped photo of the PREA notices. The facility responded by email with the requested information on 1/30/19 including date/stamped photos of the PREA notices in the chapel, recreation areas, housing units, staff lounge, medical department, employee lobby, visitation, front reception, and commissary. On 1/25/19, a separate email from the facility established the Point of Contact (POC).

On 1/29/19, the auditor sent an email to the facility as an introduction to include the Pre-Audit Questionnaire, Site Review Instructions, Interview protocols, Process map, & Checklist of documentation. A follow-up phone call was made to the facility point of contact to discuss the audit process. Most of the requested information was provided to the auditor on 1/21/19 prior to this email through a secured website by the PREA Director.

The auditor requested the following information.

1. A list of all allegations of sexual abuse and sexual harassment received in the previous 12 months at the facility including the outcomes of investigations, whether they were administrative or criminal and whether any allegations were forwarded to the district attorney for consideration of prosecution.
2. Diagram of the physical plant
3. List of staff by shift, including position title
4. List of inmates, alphabetical and by housing unit
5. List of inmates who are identified to meet one or more of the targeted inmate categories:
 - a. Youthful inmates, if any
 - b. Inmates with a physical disability
 - c. Inmates who are Blind, Deaf or hard of hearing
 - d. Inmates who are Limited English Proficient
 - e. Inmates with a Cognitive Disability
 - f. Inmates who identify as Lesbian, Gay, Bisexual, Transgender or Intersex
 - g. Inmates in Segregated Housing for High Risk of Sexual Victimization
 - h. Inmates who Reported Sexual Abuse
 - i. Inmates who Reported Sexual Victimization during Risk Screening
 - j. All contractors who have contact with inmates
 - k. All volunteers who have contact with inmates
6. All grievances made in the 12 months preceding the audit
7. Audit notice posting and dates, policies and procedures, PREA files and samples, PAQ and additional required information.

The email included the list of specialized staff required for interviews during the onsite visit.

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates, if any
- Education and program staff who work with youthful inmates, if any
- Medical and mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) and Sexual Assault Nurse Examiner (SANE) staff
- Volunteers and contractors who have contact with inmates
- Investigative staff • Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff Interviews

The following facility and agency leadership are required: • Agency head or designee • Warden/facility director/superintendent or designee • PREA coordinator • PREA compliance manager.

On 2/13/19, the facility forwarded the requested information by the auditor that was not on the secured website. On 2/19/19, the auditor received an updated inmate roster and employee list. The auditor utilized the inmate and employee roster to make the selections for interviews, file reviews and investigations. The employees were selected by category using the specialized staff protocol and random interview protocol. The inmate population was selected by category using the targeted inmate protocol and random interview protocol. The random inmate interviews were selected by choosing the 1st, 5th, and 10th name to include race, gender and housing location to ensure an equal distribution of the diverse population was interviewed. The auditor replaced four inmate interviews during the onsite visit due to an inmate transfer or release.

The pre- onsite audit preparation included a review of the CoreCivic policies, procedures, training curriculums, pre-audit questionnaire and supporting PREA-related documentation provided by the agency to demonstrate compliance of the PREA Standards and certification process. The facility posted the notice of audit with the auditor information six weeks prior to the audit in both English and Spanish for inmates to send confidential information or correspondence to the auditor. Inmates are allowed to write the auditor in a confidential manner marked as legal mail. The notices were posted throughout the facility to include visitation, housing units, restrictive housing, and for inmates with disabilities. The auditor verified the audit notice by an email forwarded from the facility with date stamped photos reflecting 1/21/19.

First Day Introduction:

On the first day of the audit 3/4/19 an introductory meeting was held with the following staff in attendance: Senior Warden, Assistant Wardens, PREA Manager/Chief, Senior Director PREA Programs and Compliance and additional staff. The inmate population on the first day of the onsite audit was 1055, housing adult male and female population consisting of Immigration and Customs Enforcement (ICE-462), United States Marshal Services (USMS Female: 38/Male: 431) and Cibola County Jail Inmates (Female: 25/Male: 99). The auditor was provided an area in the conference room with privacy to conduct the file review. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay. Following the introductory meeting, the auditor was escorted by the Senior Warden, PREA manager, Senior Director, and additional staff for the site review. The auditor observed the operations at the facility and was given unimpeded access to areas requested by the auditor. The auditor spent three days on the unit to observe and assess the day-to-day practice of the staff's interaction and promotion of the overall sexual safety. During the Site Review, the auditor randomly talked to inmates and staff in the food service, laundry and random correctional officers regarding the reporting and notification process. The staff interviewed were able to articulate the process in a consistent manner.

The audit notice was observed by the auditor in the front lobby, visitation, central sally port entrance, education, food service, laundry, back-gate, and housing units including: A pod, B pod, C pod, D pod and special management unit. The auditor did not receive any letters of correspondence from the inmates' population prior to the audit or after. The auditor did not encounter any difficulties while completing any portion of the audit. The facility provided the auditor with unfettered access to areas requested by the auditor to include chemical, electrical and janitor closets. There was no pressure during the audit or prohibited access by the facility administration during the Site Review, the facility administration was transparent with policies, procedures, inmates and staff interviews. The staff encountered by the auditor were eager to assist and provide any information requested by the auditor with no hesitation. Good communication was maintained throughout the duration of the audit with the Senior Warden, PREA manager, Senior Director to include multiple departments heads and additional staff.

Audit Methodology (Pre-Onsite Audit Phase):

The auditor utilized the paper audit instruments which included the pre-audit questionnaire, audit process map, auditor compliance tool, instructions for PREA audit Site Review, interview protocols: agency head or designee, warden or designee, PREA compliance manager/contractor, specialized staff, random staff and inmates. The auditor also used the PREA auditor handbook for continued guidance, audit report template, process map and checklist of documents.

The auditor established a positive working relationship with the Senior Warden and key facility staff engaging in a productive working atmosphere. It was explained to the warden and his staff about the importance to have unfettered access to all areas of the facility, file review of personnel contractors, volunteers, and inmates to include a variety of sensitive and confidential documentation and information referencing standard 115.401 (*PREA Auditor Handbook pg. 32 & 37*). The facility provided the auditor with an inmate roster for random selection of inmates, staff roster for selection for specialized staff and random interviews.

The warden understood the importance of the audit process and review and with no hesitation provided access to the auditor. The auditor explained the 30-day interim report if corrective action was required and the 180-day corrective action timeframe, if needed. The auditor explained to the warden the 45-day time frame for the submission of the final PREA report. The auditor also notified the Warden and staff of her responsibilities and expectations as an auditor and the agencies right to report any violation of the auditors' code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

Point of Contact:

A point of contact (*POC*) was established with the facility prior to the audit and constant communication was maintained. The auditor and warden discussed the location for interviews and decided that the interviews would be conducted in the conference room with plenty of room and privacy for the auditor to conduct staff interviews. The inmates' interviews were conducted in an office setting in the housing units for easy access and less operational disruption. During the audit planning and logistics phase, the auditor remained engaged with the warden, unit PREA manager, and Senior Director regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. The auditor provided the warden with the PREA audit memorandum which described in detail the audit process & initial meeting with key staff. The memorandum also discussed the transportation, daily schedule, work space, adequate outlets, permissible technology (laptop, cell phone) and other necessary audit materials and information required. The auditor focused on multiple sources of information during the audit process applying audit planning & logistics, posting notice of the audit, reviewing facility policies, procedures, supporting documentation and conducting outreach to advocacy organizations.

Internet Search:

The auditor conducted a google search for articles related to the Cibola County Correctional Center for the past 12 months. The auditor discovered nine articles with information and stories about incarcerated inmates at the facility. The Warden was interviewed and stated there is no information on record of any current litigation, consent decrees or local oversight under the new contract.

<https://www.thedailybeast.com/trans-migrant-women-in-ice-detention-allegedly-told-to-bathe-with-men>

<https://datebook.sfchronicle.com/event/entertainment/transgender-asylum-seekers-in-the-bay-area>

<https://www.sfchronicle.com/news/article/New-Mexico-bill-aims-to-limit-immigration-13664362.php>

<https://www.tennessean.com/story/money/2019/03/27/corecivic-class-action-securities-fraud-lawsuit/3289913002/>

<https://www.kunm.org/post/ice-releases-some-transgender-women-seeking-asylum>

<https://nmpolitics.net/index/2018/07/nm-props-up-oppressive-systems-by-shunning-whats-right-in-exchange-for-jobs/>

<https://www.npr.org/2018/08/30/643218345/many-transgender-asylum-seekers-held-in-special-ice-unit>

<https://pridesource.com/article/ice-confirms-45-transgender-women-being-held-at-texas-detention-center/>

Outreach/Community Based Victim Services:

The auditor reviewed the Memorandum of Understanding between Cibola County Correctional Center (CCCC) and the Rape Crisis Center of Central New Mexico. The document was signed by both parties and establishes guidelines for the provision of victim services to inmates in custody at the Cibola County Correctional Center who have been sexually abused or harassed. On 3/4/19, the auditor tested the Rape Crisis Center phone line by calling the rape crisis center number at night to speak to a representative. The representative did not disclose any issues regarding the facility on that specific night. The inmates interviewed by the auditor explained that they could contact the rape crisis center directly at any time if needed. On 3/4/19 during the site review, the auditor randomly selected a male inmate from the dayroom to test the rape crisis center hotline to ensure the number was working in both English and Spanish. The auditor entered a female dorm and randomly selected a Spanish speaking female inmate to test the PREA hotline with no issues or concerns. The auditor then called the Rape Crisis Center phone number and explained to the representative that the facility was undergoing a PREA audit and the auditor was testing the phone line. The Rape Crisis Center representative stated that the only call to the center on that specific day was the test calls from the inmates a few minutes prior to the auditor call. The auditor also tested the PREA hotline from the male housing dayroom phone and the line was functional. The Warden and Assistant Wardens immediately received a notification of the PREA hotline call on their email. On 3/5/19, the auditor contacted the Rape Crisis Center of Central New Mexico PREA Advocate representative by phone to no avail. On 4/13/19 the auditor contacted the PREA advocate representative by email for verification of sexual abuse reports made by inmates at the Cibola County Correctional Center. The PREA advocate representative stated that the center had received three reports of sexual abuse by phone from inmates incarcerated at CCCC in the past 12 months. The representative did not disclose if the reports were specifically made by a USMS, ICE or County inmates. The Rape Crisis Center of Central New Mexico provides the following services to CCCC: hotline services, accompaniment to sexual assault nurse exams, in-person visits/onsite advocacy at CCCC, court accompaniment if necessary, and support mail.

The auditor followed up on any issues or concerns voiced by inmates or staff in a confidential manner during the audit review process. The outside victim advocate information is displayed and made available to the inmates as required. During the site review the auditor observed the rape crisis center contact information displayed with addresses and phone numbers to include a PREA hotline number in the inmates housing units by the phones. The auditor observed the rape crisis center information in the following areas: The audit notice was observed by the auditor in the front lobby, visitation, and housing units including A pod, B pod, C pod, D pod, and segregation. Forty-three inmate interviews determined they were well aware of how to obtain and contact the special management.

On-Site Audit Phase:

Cibola County Correctional Center contains nine operational housing units divided into four management units: A pod, B pod, C pod, D pod, which includes an eighty-eight-bed special management unit and two observation cells within the medical department. The auditor observed Unit 400 which has four pods listed as A (county/male), B (county/female), C (county/male), & D (USMS/male). A-pod houses county male inmates with PREA signs displayed in the dayroom, PREA reporting information on the phones, PREA audit notice, opposite-gender announcement verbally made by saying, “female in the pod” and two cameras positioned in the dayroom. The male offenders have individual stalls with doors in the restroom and area and full shower curtains providing privacy from female staff. Grievances are available to the inmates at the officer desk. There was a secured grievance box to privately drop a grievance and the grievance department picks up the grievances daily. Policy 14-2 Sexual Abuse Prevention and Response pg. 17 references that any grievance alleging a PREA incident will immediately be referred to the facility investigator. The phone lines were tested by the auditor in the dayroom and found to be in good working condition. The PREA hotline and Rape Crisis Center information was displayed on the phone in red lettering for easy access.

B-pod only houses female inmates and they do not intermingle with the male inmate population. Female staff are assigned to B-pod and hallways are clear from male inmates when movement occurs. There is no sight and sound from male to female housing. The PREA information is displayed in a large frame in both English and Spanish with the reporting information. The auditor notice was posted in the housing unit with a posted date of 1/21/19. The female officer made the announcement into the female unit by verbally saying, "male on the unit", in a loud voice prior to the male senior administration entering the pod. The announcement was made again in a very loud tone for all inmates to hear even after the male administration entered the area. The female inmates were housed in their cell and none of them were in the shower or toilet area. The individual cells are facilitated with one toilet for use. The phone lines were tested by the auditor in the dayroom and found to be in good working condition. The PREA hotline and Rape Crisis Center information was displayed on the phone in red lettering for easy access.

Unit 500 (Z) is a restrictive housing unit with a large sign with black letters was displayed over the entrance of the door that read, "Opposite Gender must announce upon entry". The Cibola restrictive housing showers are facilitated with full doors and no visibility for cross-gender viewing. The restrictive housing units are provided with phones available on a moving device with the ability to contact the PREA hotline and rape crisis center if needed. The phones are moved to the cell-side as requested by correctional staff and the phone is utilized inside the cell for privacy. The auditor observed the PREA notice of audit and PREA signs displayed in all the areas during the onsite audit. The PREA information and third-party reporting is posted on the CoreCivic website however, the Third-party reporting information was also posted in visitation for family members who do not have access to computers. During the site review, the PREA signs were largely displayed in the dayroom above the door in both English and Spanish for all inmates to see.

C-pod houses county male inmates with PREA signs displayed in the dayroom, PREA reporting information on the phones, PREA audit notice, opposite-gender announcement verbally made by saying, "female in the pod" and two cameras positioned in the dayroom. The male offenders have individual stalls with doors in the restroom and area and full shower curtains providing privacy from female staff. Grievances are available to the inmates at the officer desk. There was a secured grievance box to privately drop a grievance and the grievance department picks up the grievances daily. Policy 14-2 Sexual Abuse Prevention and Response pg. 17 references that any grievance alleging a PREA incident will immediately be referred to the facility investigator. The phone lines were tested by the auditor in the dayroom and found to be in good working condition. The PREA hotline and Rape Crisis Center information was displayed on the phone in red lettering for easy access.

D-pod houses United States Marshal Services (USMS) male inmates with PREA signs displayed in the dayroom, PREA reporting information on the phones, PREA audit notice, opposite-gender announcement verbally made by saying, "female in the pod" and two cameras positioned in the dayroom. The male offenders have individual stalls with doors in the restroom and area and full shower curtains providing privacy from female staff. Grievances are available to the inmates at the officer desk. There was a secured grievance box to privately drop a grievance and the grievance department picks up the grievances daily. Policy 14-2 Sexual Abuse Prevention and Response pg. 17 references that any grievance alleging a PREA incident will immediately be referred to the facility investigator. The phone lines were tested by the auditor in the dayroom and found to be in good working condition. The PREA hotline and Rape Crisis Center information was displayed on the phone in red lettering for easy access.

Grievances are available to the inmates at the officer desk. There was a secured grievance box to privately drop a grievance and the grievance department picks up the grievances daily. Policy 14-2 Sexual Abuse Prevention and Response pg. 17 references that any grievance alleging a PREA incident will immediately be referred to the facility investigator. The phone lines were tested by the auditor in the dayroom and found to be in good working condition. The PREA hotline and Rape Crisis Center information was displayed on the phone in red lettering for easy access.

The signs were also posted in both English and Spanish eye level for all other inmates with possible disabilities. Upon entrance to every housing unit, a large sign with black letters was displayed over the entrance of the door that read, "Opposite Gender must announce upon entry". The inmate phones in housing units had the PREA hotline and rape crisis center phone numbers displayed in red letters for easy visibility with to call if needed. There was a total of four individual shower stalls with shower curtains providing full coverage. The shower curtains were made of thick material and with no visibility inside the shower. There was a wall providing privacy for the female toilet areas. Ten of 13 female inmates interviewed stated that the male officers were very respectful and would not enter the housing unit during shower times. The female inmates also stated that the female officer announced the presence of the male officer prior to entering the unit to include the presence of the female officer all the time. There were two cameras in the dayroom with no direct visibility to the female shower/toilet area.

The inmate PREA handbook gives the inmates the following information: Verbally notify any employee including the Chaplain, submit a request to meet with the Health Services and/or reporting to a health services staff member during sick call, write to the Warden/Administration by sealing and marking in confidential, calling or writing someone outside the facility who can notify facility staff, forwarding a letter to security staff and marking confidential, forwarding a letter to the Managing Director, Facility Operations at 10 Burton Hills Blvd, Nashville, TN 37215, contacting the Victims Advocate/Rape Crisis Center: 1-505-266-7711 or Contacting the Office of Inspector General (OIG): 1-800-869-4499. All reports of sexual abuse/harassment will be taken seriously and will be investigated. You will not be subjected to retaliation, reprisal, harassment, or disciplinary action for truthfully reporting abuse or signs of abuse observed. Anonymous reporting: If you wish to remain anonymous, you may place the information on a request form and place it in the grievance box. The grievance box is checked daily and all claims will be investigated. You may also contact the Chief of Unit Management, who is the PREA program coordinator, at 505-285-4957. Anonymous reports by phone: (English or Spanish) Anonymous call to the OIG Hotline (press 2), National Rape Hotline (press 4), Anonymous call to the State Sexual Abuse Hotline (press 5). Non-Anonymous (Internal PREA): (press 9). You can also contact the Rape Crisis Center of Central New Mexico, in writing at Rape Crisis Center of Central New Mexico at 9741 Candaleria NE Albuquerque, New Mexico 87112 or by telephone 1-505-266-7711.

The auditor reviewed the following areas on the facility: Upon arrival to the facility the inmate population (male/female) are processed in the intake department. The intake department receives the inmates and the facility has assigned individuals responsible for conducting the PREA assessment for each inmate upon arrival within 24 hours upon arrival. The inmates are taken to an office with privacy and are conducted by trained staff with confidentiality. The intake department has a phone available for immediate use with the Rape Crisis Center hotline information and PREA posters with the Zero Tolerance for all inmates arriving. The intake department has a large privacy screen in a secure location behind a wall where same gender strip searches of inmates are conducted with no limits to cross-gender viewing. The intake department Lieutenant was interviewed and described the process of female inmates or transgender inmates are housed. The auditor observed the process of how the staff stopped all movement, secured all areas prior to movement of a female inmate. The auditor observed the strip search area which is in a private secluded room requiring same gender searches to include privacy screens for added measures. The auditor observed male/female staff verbally make the opposite-gender announcement in the intake department prior to entering. Grievances were available to the inmates at the officer desk. There was a secured grievance box to privately drop a grievance. The grievance department picks up the grievances daily. Policy 14-2 Sexual Abuse Prevention and Response pg. 17 references that alleged PREA incidents will immediately be referred to the facility investigator. The medical housing unit showers were facilitated with full doors with no cross-gender visibility. The housing unit shower area is provided with a shower curtain and full doors in each restroom stall providing full privacy from cross-gender viewing. The west recreation bathroom provides a half-wall with full coverage and prevention of cross-gender viewing. The female housing units have full shower curtains providing privacy with a half-wall covering and blocking visibility into the shower and restroom area from cross-gender viewing. The attorney holding area has a large half wall providing privacy from cross-gender viewing into the toilet area.

The documentation provided to the auditor included facility forms, education materials, training curriculums, organizational charts, posters, brochures, reports, inmates population reports, memorandums of agreement, signed training rosters, community-based contact information, facility layout, electronic surveillance information, and other PREA related materials that were provided to demonstrate compliance with the Prison Rape Elimination Act standards. The facility maintenance department provides technical assistance and operational support to video surveillance, video equipment/production, and technology. The maintenance assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed ten security mirrors and 225 surveillance cameras positioned in zones, sally-port gate, administration, recreation yards, mailroom hall, laundry hall, medical, education, housing pods A, B, C, D, and special management, visitation, gym, recreation, staff lounge, hallway to commissary, dining hall, main prep office, hobby shop, maintenance corridor, kitchen, commissary, property, barber shop, vehicle sally port, medical back hall, chapel, intake, front gate, and back gate to monitor inmates and staff movement. The recordings are maintained for 30 days.

On 3/4/19, the Cibola County Correctional Center inmate population was 1055 with a designed facility capacity of 1204. The auditor contact information was posted throughout the unit on 1/20/19. The facility staff interviewed by the auditor were professional and cooperative with the auditor during the audit process. A unit layout of the facility was provided by the PREA Coordinator consisting of all housing areas and camera locations.

The Cibola County Correctional Center physical plant contains nine operational housing units divided into four management units: A pod, B pod, C pod, D pod, which includes an eighty-eight-bed special management unit and two observation cells within the medical department. Housing A (600/700): each unit contains A, B and C pods with two tiers of double occupancy cells. A unit houses separately 254 male and female low, moderate and high custody general population Cibola County, USMS. The male and female inmate housing units are not co-ed and the male and female inmates are not housed together and do not intermingle at any time. The female inmate is housed in a separate pod without sight and sound of male inmates. The halls are cleared of all male inmates prior to female movement. The housing units had the PREA signage, notices, and large display stating, "Opposite Gender must announce upon entry". The auditor observed the staff (both male/female) continuously announce their presence prior to entering the dorm. Female and male inmate interviews determined that opposite-gender announcements are conducted by staff as required. This was witnessed by the auditor throughout the duration of the site review. The unit dayroom phones had the PREA hotline and rape crisis phone numbers on the phone in red for easily visibility. The shower area had a PREA shower curtain and full doors to the restrooms for privacy of the opposite gender prohibiting the possibility of cross-gender viewing.

Housing unit B (500 RHU, 500C, and 800): Unit 500 has 20 cells in pod C, 24 cells in pod B, and 20 cells in pod C. Unit 500 consist of 128 beds and houses male or female low, moderate and high custody in general population with Cibola County, USMS. Unit 500 A and B pods are designated as Restrictive Housing Unit for segregation. Unit 500 A and B pods have a capability to house 88 inmates. Unit 500 has four suicide safe cells in A pod, and five suicide safe cells in C pod. The housing units had the PREA signage, notices, and large display stating, "Opposite Gender must announce upon entry". The unit dayroom phones had the PREA hotline and rape crisis phone numbers on the phone in red for easily visibility. The shower area had a PREA shower curtain and full doors to the restrooms for privacy of the opposite gender prohibiting the possibility of cross-gender viewing. The housing units had a grievance box and access to grievances from the officer.

Housing Unit C (100, 200 and 900): currently houses ICE inmates at the time of the audit, and 60 low, medium, medium high and high custody general population Transgender ICE inmates. The ICE inmates are housed under a separate ICE contract and housed separate from the USMS and County Jail inmates with no interaction. ICE has a transgender unit that is completely self-contained.

This unit is fully funded by ICE and they have their own law library, beauty salon, medical exam room, and an open recreation yard that they use all day separate from the rest of the population. The housing units had the PREA signage, notices, and large display stating, "Opposite Gender must announce upon entry". The unit dayroom phones had the PREA hotline and rape crisis phone numbers on the phone in red for easily visibility. The shower area had a PREA shower curtain and full doors to the restrooms for privacy of the opposite gender prohibiting the possibility of cross-gender viewing.

Housing Unit D (300 and 400): Units 300 (ICE inmates) and 400 have two pods with 19 cells and a capacity of 38 in each pod. The cells have sliding, open grill gates, in lieu of solid doors. The remaining two pods have 40 beds each, in an open dormitory configuration. Delta houses 314 males or female low, moderate and high custody general population Cibola, USMS, or ICE inmates. The housing units had the PREA signage, notices, and large display stating, "Opposite Gender must announce upon entry". The unit dayroom phones had the PREA hotline and rape crisis phone numbers on the phone in red for easily visibility. The shower area had a PREA shower curtain and full doors to the restrooms for privacy of the opposite gender prohibiting the possibility of cross-gender viewing.

The unit had 217 staff currently employed who may have contact with inmates. The auditor observed the electronic monitoring equipment in central control responsible for the 225 cameras positioned throughout the facility. Male and female correctional staff are assigned to work central control however, there are no issues with cross-gender viewing. The auditor observed the cameras in central control on 3/4/19 with a female officer assigned to the position. The cameras were reviewed for direct view of restroom and shower areas. The auditor did note one camera that was in direct view of a male housing toilet area however, the camera view to the toilet area was blocked out with a large black square not allowing any view of the inmate using the restroom even with the zoom. There were no other cameras observed in direct view of the shower areas causing the exposure of inmates while showering. The showers observed in restrictive housing had full doors with no exposure, the showers in the female units had full shower curtains with a thick material with no exposure for cross-gender viewing. The male housing units were facilitated with doors in each individual restroom stall and a full curtain in the shower area preventing cross-gender viewing of the opposite-gender. The facility has a 30-day retention period for the camera system. Housing Units A through D have signs clearly posted on the outside of the front entrance door. This sign requires that all female or male staff entering the unit must knock and announce their presence prior to entering, allowing inmates privacy. The opposite gender announcement was observed by the auditor during the site review. Cameras were located in the housing units, main halls and the day rooms. There are no cameras inside inmate cells. The auditor did not identify any visible blind spots. The auditor verified working phones in housing units A through D with availability to the inmate population. The auditor opened up closet and tool rooms to observe for cleanliness, access levels to closets and the lighting throughout the facility.

The CCCC provides victims of sexual abuse timely and unimpeded access to emergency medical treatment and crisis intervention services consistent with community level of care. Correct Care Solutions is the contractor for the facility. The medical department is on-call 24 hours a day/seven days a week. The CCCC includes primary care clinic where basic medical services are offered and an emergency area to handle most emergency situations. There are several PREA posters in the health services building, including privacy notices, informed consent, PREA audit notices, and hotline posters. All sexual assault nurse examinations for sexual abuse victims are conducted off-site at the University of New Mexico Hospital. The medical staff interviewed described to SANE process and the off-site transport.

The auditor conducted a telephonic interview on 3/4/19 with the on-call SANE/SAFE nurse at the University of New Mexico. The SANE nurse stated that all patients from CCCC would be admitted upon arrival for treatment as required. There was no other information provided by the SANE nurse on call that evening.

The food service operation is under the operation of Trinity Service Group. The auditor interviewed food service contracted employees with the Trinity Service group. The food service area had a large display of the PREA notices and signs in both English and Spanish in various areas of the kitchen.

The food service department does not have a dining area for inmates. The hot meals are transported to their housing units where the inmates dine in the dayroom. During the site review, a closet was opened with a light bulb not working and it was replaced immediately. There were no identified blind spots in the kitchen. The facility has two food service employees one from Trinity Service group contracted, one security officer assigned and one food service contractor/supervisor during regular business hours. There is a total of 13 cameras dedicated to the kitchen, one camera is focused on the doors to the kitchen coolers (located in the warehouse inside the facility). The food service department utilizes 69 USMS inmates assigned to the kitchen with a maximum capacity of 80 inmates. The auditor observed USMS inmates washing and cleaning the food service area while conducting the site review. The auditor spoke to a random inmate in the kitchen and he spoke English and did know how to report a sexual abuse.

Cibola County Correctional Center's contract with ICE, United States Marshal's Service and Cibola County do not require that inmates receive educational programming. The facility has in place an inmate work assignment plan that provides labor in the kitchen, barbershop, laundry, and some ground work within the secure part of the facility. Female inmates are assigned to clean the administrative office areas in the front with no male inmate contact. The facility only assigns by contract USMS and County inmates for work detail and both USMS/County are allowed to work alongside each other. ICE inmates are not required work per their contract and do not intermingle with the USMS and County population.

The intake department conducts the sexual abuse screening tools upon arrival to the facility on an individual basis and the reassessments are conducted within 30-days of arrival. The inmates are provided an intake packet with PREA information in both English and Spanish to include preventing sexual abuse and misconduct pamphlets. The pamphlets include the reporting information, definitions, staff sexual misconduct, confidentiality, reporting, and contact information for the Office of Inspector General (OIG). The intake department has both male and female staff working, and the strip search areas have full privacy screens. Male and female inmates are housed separately from each other. The PREA reporting signs were posted in the visitation area for all visitors if needed.

CCCC has a recreation supervisor which was interviewed during the site review. The recreation areas have open visibility, cameras, search areas with privacy, and inmate restrooms have full privacy from cross-gender viewing. The sign requires that all female or male staff entering the unit must knock and announce their presence prior to entering, allowing inmates privacy. The opposite gender announcement was observed by the auditor during the site review. Cameras were located in the gym & recreation yard. The auditor did not identify any visible blind spots gym or recreation yard.

The maintenance department does not utilize inmate workers. This completed the auditor's site review and ended the first day of the onsite phase of the audit.

Inmates Interviews

The auditor conducted inmates' interviews on 3/5/19 with one inmate respectfully declining the interview. Based on the inmate's population size of 593 at the facility on the first day of the onsite portion of the audit, the PREA auditor handbook specifies that a minimum of 30 inmates' interviews is required. The auditor is required to interview 15 random inmates and 15 targeted inmates' interviews. The auditor selected a larger portion and a geographically diverse sample of random male inmates for the audit process to include housing units by selecting the first and tenth of every housing unit. Some inmates were no longer on the unit and a few inmates were

selected on the day of the audit for the interview. The PREA manager and other staff facilitated interviews of all inmates in a private setting. The auditor conducted the following number of inmates' interviews during the onsite phase of the audit. The PREA audit was conducted for the Cibola County and USMS contract only.

Category of Inmates	Interviews Conducted
Random Inmates (Total)	20
Targeted Inmates (Total) 120 primary LEP	19
Total Inmates Interviewed	39
Breakdown of Targeted Inmate Interviews:	
• Youthful inmates	0 (no youthful inmates assigned)
• Inmates with physical disability	2
• Inmates who are blind	0 (no blind inmates)
• deaf	0 (no deaf inmates)
• hard of hearing	0
• Inmate who are LEP	7
• Inmates with a cognitive disability	2
• Inmates who identify as lesbian, gay, or bisexual	1
• Inmates who identify as transgender or intersex	0 (there were no inmates identified as transgender or intersex from the USMS/County inmate population for interviews)
• Inmates in segregated housing for high risk of sexual victimization/suffered prior abuse	0
• Inmates who reported sexual abuse	3
• Inmates who reported sexual victimization during risk screening	4
(Of the 593 population 19 inmates met the targeted population) Total:	19

Inmates were interviewed in an office on an individual basis with privacy and sufficient time. The inmates were interviewed using the Department of Justice protocol interview questions generally and specifically targeting their knowledge of reporting mechanisms available for inmates to report sexual abuse and sexual harassment. The inmates interviewed were well informed about the PREA reporting process, their rights to be free from sexual abuse, and how to report sexual abuse or sexual harassment. One inmates respectfully declined the interview. The PREA manager provided the auditor with a complete list of inmates by client, housing, DOB, sex, race, admission date and inmates meeting the targeted category. The auditor made the selection from the 593-inmates' roster from each housing unit to include a geographical selection including male and female. Some inmates previously selected had already left on chain and the next available bed with an inmate was selected. The designation of White (W), Hispanic (H), Black (B) and Indian (I) was tracked to ensure diversity in the selection of inmates.

Staff Interviews

The auditor conducted staff and inmate interviews on 3/5/19 and 3/6/19 as part of standard 115.401 (k)(m) with privacy in an office setting. A comprehensive list of all assigned staff, volunteers, and contractors was provided to include their full name, job title and shift assignments for selection & review of files. The auditor reviewed the list of specialized staff and compared the list and selected the staff that fit the category.

The auditor made the random selection of staff to include all shifts, correctional staff, supervisory staff, and department heads including both male and female staff. The facility had a total of 25 volunteers and two volunteers were selected and interviewed telephonically because they were not volunteering that day. The facility had a total of 42 contractors and selected two staff working on the facility available for interview on that day. The auditor selected two volunteers and two contractors to meet the minimum requirement.

The auditor conducted the staff interviews on 3/5/19 and 3/6/19 with no staff refusals. Staff interviews were conducted in a private setting in the administration building in a separate office on an individual basis with no distractions or delays (previous interviews conducted included one agency head or designee and one agency PREA coordinator). The auditor conducted the following interviews with facility staff during the onsite phase of the audit:

Category of Staff	Interviews Conducted
Random Staff (total)	24
Specialized Staff (total)	23
Total Staff Interviewed	47
Breakdown of Specialized Staff Interviews:	
<ul style="list-style-type: none"> Intermediate or higher-level facility staff Major, Captain, Lieutenant, Sergeant, Food Service, Maintenance 	7
<ul style="list-style-type: none"> Medical and mental health staff 	2
<ul style="list-style-type: none"> Non-medical staff involved in cross-gender strip searches 	0
<ul style="list-style-type: none"> Human resource staff 	1
<ul style="list-style-type: none"> SANE staff (telephonic interview offsite hospital) 	Off-site
<ul style="list-style-type: none"> Volunteers and Contractors who have contact with inmates 	4 (2 Volunteers/2 Contractors)
<ul style="list-style-type: none"> Investigative staff 	1
<ul style="list-style-type: none"> Staff who perform screening for risk of victimization 	2
<ul style="list-style-type: none"> Staff who supervise inmates in segregation housing 	1
<ul style="list-style-type: none"> Incident review team 	1
<ul style="list-style-type: none"> Designated staff member charged with monitoring retaliation 	1
<ul style="list-style-type: none"> First responder, security staff 	1
<ul style="list-style-type: none"> First responder, non-security staff 	1
<ul style="list-style-type: none"> Intake staff 	1
Random Staff Interviews:	
Safety Manager	1
Mailroom Clerk	1
Grievance	1
Case Manager	1
Warehouse Manager	1
Commissary worker	1
Library assistant	1
Laundry Supervisor	1
Chaplain	1
Recreation Officer	1
Correctional Officer (all shifts)	13

Quality Assurance	1
Total Random Staff:	24

The PREA manager provided the auditor with a list of employees with their full name, title and rank who filled specialized staff categories for interview planning to include a complete listing of staff with schedules for corrections officers and non-correctional staff. The auditor randomly selected names for the interviews for each category. All specialized and random staff interviews were conducted in private in the administrative building.

Document Sampling and Review

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, inmates who reported sexual abuse, PREA tracking log, inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, WellPath employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background (217)	26
Volunteer (25) /Contractors (43)	5/5
Inmate Files (1055)	29
Specialized training	3
Investigative File (reviewed all seven)	7
Total Files	73

Employee Files: The auditor reviewed a total of 26 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 26 employee files from the same list of the 47 reviewed files with a random selection in no specific order. The auditor attempted to review a few officers, department heads and contractors.

Inmate Files: The auditor reviewed a total of 29 files which corresponded with the inmate interview list of 39 inmates during the onsite phase of audit meeting all categories with the exception of three files reviewed that required corrective action for standard 115.41.

Investigation Files: The auditor reviewed seven sexual abuse allegations in the past twelve months. Five of the investigations were Inmates-on-Inmates (one case referred for prosecution) and two were Staff-on-Inmates with no open cases. The PREA manager provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seven investigations provided by the facility to include an interview with the facility investigator. The auditor received copies of seven administrative investigation records, including medical and mental health records, retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. The auditor reviewed one offender grievance with an allegation against staff on the facility.

The facility had one investigator who is responsible for conducting all administrative and criminal investigations. The investigator is the facility investigator, however, is a certified peace officer. The facility works in conjunction with the Milan Police department for all criminal investigations. The facility reviewed the Grievances for the past 12 months and the facility had one grievance related to PREA. The auditor reviewed the grievance which was against an employee. A PREA investigation was conducted by the Assistant Warden. There was one record of criminal investigation pending during the audit for one of the inmate-o-inmate investigations. The auditor did not review any incidents reports involving ICE inmates to compare to the County and USMS inmates. The facility has ICE agents and representatives on-sight who conduct administrative investigations in conjunction with the facility investigator and local law enforcement for prosecution. The investigation dispositions are shown below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
2. Inmate-on-Inmate	Unfounded	No case opened	Administrative
3. Inmate-on-Inmate	Substantiated	Referred for prosecution	Criminal
4. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
5. Inmate-on-Inmate	Pending	Pending	Administrative
6. Staff-on-Inmate	Unsubstantiated	No open case	Administrative
7. Staff-on-Inmate	Unfounded	No case opened	Administrative

On the last day of the audit, an exit meeting was held on 3/6/19 to discuss the overall audit process with the following: Senior Warden and PREA Manager. The auditor discussed the review of the pre-audit process to include the post notice of upcoming audit, communication with the community-based victim advocates, and auditor review of submitted agency facility questionnaire, policies and procedures. The auditor provided a discussed several positive practices observed during the audit Site Review and interviews with staff and inmates. The auditor also discussed missing documentation and corrective action that would be required by the facility noted during the review process. The facility was prepared with documentation supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmates' interviews. The Post Audit included the auditor compliance tool, review of policies/procedures, review of documentation and data. The auditor noted that this audit was the initial certification for the facility under the new contract for Cibola County and USMS.

The first PREA Audit was conducted by PREA auditor Rodney P. Bivens on January 5-7, 2015. The auditor concluded the Cibola County Correctional Center exceeded four standards, met 36 standards and three were non-applicable. During the second audit cycle on March 4-6, 2019 by Noelda Martinez with required corrective action for standard 115.41. In addition, the auditor determined the facility exceeded three standards which included 115.15, 115.17 & 115.53, due to the exceptional documentation provided including observed practice and awareness made throughout the facility of the zero-tolerance of sexual abuse & sexual harassment. 115.405 Audit appeals. (a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. The Agency's Right to Appeal Standard 115.405 provides agencies with the option to appeal any findings of an audit that they believe are incorrect. The auditor who issued the findings under appeal has no role in the appeal process other than to provide documentation of his or her work or answer questions upon request by DOJ.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmates, resident or inmates population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Cibola County Correctional Center (CCCC) is privately owned and operated by CoreCivic, located at 2000 Cibola Loop in the village of Milan, Cibola County, New Mexico. The designed facility capacity is 1,204 beds for housing of adult male and female population consisting of Immigration and Customs Enforcement (ICE), United States Marshal Service (USMS) and Cibola County Jail Inmates. The current population was 1055 beds for housing adult male and female population consisting of Immigration and Customs Enforcement (ICE-462), United States Marshal Services (USMS Female: 38/Male: 431) and Cibola County Jail Inmates (Female: 25/Male: 99). The original construction of the facility was completed in 1994, for the operation of a County Jail. In the following years, the institution was transformed from a juvenile facility to a state prison for Idaho inmates. In October 2000, the necessary renovations were completed in preparation for a contract with the Federal Bureau of Prisons (BOP), which remained until October of 2016. In October of 2016, the facility received a contract for the housing of ICE inmates. In October 2017, the facility received contracts for the housing of USMS and Cibola County Jail inmates. The facility currently maintains a staff compliment of 233 employees, to include security, non-security and sub-contracted personnel.

The CCCC contains nine operational housing units divided into three management units: A pod, B pod, C pod, D pod to include a one hundred twenty-eight bed special management unit and two observation cells within the Medical department.

Cibola County Correctional Center's contract with ICE, United States Marshal's Service and Cibola County do not require that inmates receive educational programming.

The facility Demographics:

Designed facility capacity	1,204
Current population (3/4/19)	1055
Population	County 124, USMS 469, ICE 462
Contracts	USMS, Cibola County, & ICE
Security Custody	Medium, Low; Moderate High
Age Range of Inmates	18-70
Gender	Female 38 /Male 1017
Full-time staff	217
PREA Manager	1
Cameras	225
Security Mirrors	10

Inside the secure perimeter are brick and metal structures which contain space for commissary, education, food service, laundry, necessities, law library, mailroom, medical and dental, safety, grievances, safe prisons/PREA,

administrative segregation, STG, recreation, central control center, boiler room, visitation area, inmates housing (pod and cell block), recreation yard and gymnasium.

Video Surveillance:

The facility provided the auditor with a surveillance camera report of all the locations describing the types of cameras. The auditor observed ten security mirrors and 225 surveillance cameras positioned in zones, sally-port gate, administration, recreation yards, mailroom hall, laundry hall, medical, education, housing pods A, B, C, D, and special management, visitation, gym, recreation, staff lounge, hallway to commissary, dining hall, main prep office, hobby shop, maintenance corridor, kitchen, commissary, property, barber shop, vehicle sally port, medical back hall, chapel, intake, front gate, and back gate to monitor inmates and staff movement. The recordings are maintained for 30 days.

Mission Statement:

The mission of the Cibola County Correctional Center is “To provide a safe and secure environment for our employees, the community and the inmates in our care. Through the dedication of motivated and trained professionals, and with a commitment to teamwork, staff development and accountability, we will strive to operate the highest quality adult detention facility in the United States. We will cooperate with local authorities and the community and provide opportunities to further enhance the quality of life for those detained here.”

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the Corrective Action: The auditor recommends no corrective action. plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: *No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.*

Number of Standards Exceeded: 3

115.15, 115.17, 115.53

Number of Standards Met: 40

115.11, 115.12, 115.13, 115.14, 115.16, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 15.87, 115.88, 115.89

Number of Standards Not Met: 0

Summary of Corrective Action: The auditor recommends no corrective action. (if any)

The first PREA Audit was conducted by PREA auditor Rodney P. Bivens on January 5-7, 2015. The previous auditor determined the Cibola County Correctional Center exceeded four standards, met 36 standards and three were not-applicable. During the second audit cycle on March 4-6, 2019 conducted by Noelda Martinez, determined that the facility required corrective action for standard 115.41. In addition, the auditor determined the

facility exceeded three standards which included 115.11, 115.17 & 115.53, due to the exceptional documentation provided including primary and secondary; to include the observation and good practice of the PREA standards.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. PREA Compliance Manager appointment
2. Organizational Chart
3. PREA Manager Appointment Letter
4. CCCC Organizational Chart

Interviews:

- a. PREA Coordinator
- b. PREA Compliance Manager

Site Review Observations:

- a. PREA signage throughout the facility
- b. Cross-gender announcements observed in A pod, B pod-3, C pod, D pod and Special Management
- c. Privacy screens/barriers: showers/toilet areas in housing units, gyms, recreation yard

Findings:

CoreCivic has a mandated zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Sexual activity between inmates/employees/contractors regardless of consensual status is strictly prohibited and subject to administrative sanctions and criminal prosecutions. The agency has a designated Senior Director PREA Audit and Compliance in the Correctional Programs department. The facility has a designated PREA manager with sufficient time to complete all PREA duties and responsibilities.

Corrective Action: The auditor recommends no corrective action.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of

inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Findings: CoreCivic is a private provider and does not contract with other agencies for the confinement of those in their care.

Corrective Action: The auditor recommends no corrective action.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmates population in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?
 Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. General Order Post Order 00

Secondary:

1. Annual PREA Staffing Plan Assessment (form 14-21)
2. List of Cameras and Locations
3. Administrative staff visit logs, unannounced rounds (different shifts)
4. Daily Post Order review log

Interviews:

- a. Major of Corrections
- b. Captain of Corrections
- c. Lieutenant of Corrections
- d. Sergeant of Corrections
- e. Maintenance Supervisor
- f. Food Service Supervisor
- g. Staff interviews (supervisor visibility)
- h. Inmate interviews (supervisor availability)

Site Review Observations:

1. Shift rosters (signature & location of unannounced rounds)
2. Log books (unannounced rounds)

Findings:

115.13 (a). The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Cibola County Correctional Center describes on pg. 8-10; CCCC general post orders, staffing plan, 225 surveillance cameras, and ten security mirrors. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 179.33. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 755. The interview with Unit Administration determined that the staffing plan is reviewed annually by the PREA Director, Facility Administrator, PREA Coordinator for all staffing issues to assess staffing levels for the protection of inmates of sexual abuse, review of surveillance cameras for possible blind spots and sexual abuse incidents and locations, to include documentation of staffing reviews. The staffing percentage was at 100%. The staffing level review also includes physical plant, programs, laws, all sexual abuse incidents, threat levels, good correctional practices, contract and population ratio, approval for additional staffing as required for PREA staffing daily by all shift supervisors, shift captains are required to email a copy of the shift roster for review of minimum PREA supervision, required approved PREA staffing, and ADO approval. All issues of non-compliant are documented and requires immediate notification to the on-duty administrator additional staff approval. The PCM stated that she was part of the staffing annual review and that CoreCivic

representative was involved, PREA Director, and Warden were responsible for the assessment of the staffing compliance with input and communication for the overall safety of the sexual safety of the inmate population.

115.13 (b). The staffing plan was reviewed for a 12-month period with no required deviations. The facility was at 100% staffing. The Warden stated that if a staffing issues occurs; the shift captain is required to contact the warden and submit the rosters for review and immediate approval of additional staff for PREA safety if required. The PREA manager stated that she was part of the Annual PREA staffing plan assessment once a year or as needed including the facility custody levels and population, patterns, video monitoring, supervision, locations, shifts, staff, all sexual abuse reports etc. These reviews are signed by the PCM, Facility Administrator, PREA Compliance Director, and Vice President of Facility Operations.

115.13 (c). The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Cibola County Correctional Center describes on pg. 8, Section D. The auditor observed the staffing plan for 2017 & 2018. The PREA manager stated that she was part of the Annual PREA staffing plan assessment once a year or as needed including the facility custody levels and population, patterns, video monitoring, supervision, locations, shifts, staff, all sexual abuse reports etc. These reviews are signed by the PCM, Facility Administrator, PREA Compliance Director, and Vice President of Facility Operations.

115.14 (d). The CoreCivic Policy 14-2 Sexual Abuse Prevention and Response for Cibola County Correctional Center describes on pg. 9, Section E. The auditor observed a random selection for the past 12 months on the CCCC Administrative Staff weekly visiting log which requires all administration staff responsible for the unannounced PREA rounds to sign the log of visits including date, location and different shifts. Staff is prohibited from alerting other staff of unannounced rounds. There were no disciplinary sanctions for this behavior from the facility. The facility has a confinement sign-log where unannounced are signed for each specific day and department. The facility has 225 surveillance cameras positioned in all areas of the facility for the protection of inmates against sexual abuse. The staffing levels are monitored the administration staff weekly log and daily post order review sheets 2017 & 2018. The facility has a plan in place to ensure deviations are directed through the facility Warden prior to changes. There have been no deviations from the staffing plan in the past 12 months.

Corrective Action: The auditor recommends no corrective action.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Cibola County Correctional Center does not house youthful offenders.

Corrective Action: The auditor recommends no corrective action.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?
 Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering a inmates housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmates' genital status? Yes No
- If a inmates' genital status is unknown, does the facility determine genital status during conversations with the inmates, 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? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. Policy 9-5 Searches of Inmates/Residents and Various locations
3. Cibola County Correctional Center (CCCC) PO-00 General Post Order
4. Lesson Plan-Searches

Secondary:

1. 4-2 A Training Activity Report
2. Photos-toilet/showers in inmate housing areas
3. Strip search logs

Interviews:

1. Random Staff
2. Random Inmates

Site Review Observations:

During the site review, the auditor observed the housing units from A pod through D pod and the special management unit with privacy doors, shower curtains and doors for the restroom areas. The gym and recreation toilets, & work restrooms have privacy doors and walls preventing cross-gender viewing from staff of the opposite gender. The facility did a good job at providing privacy screens and privacy barriers throughout the facility. The audit notice & zero tolerance signs were observed by the auditor in every housing unit in both English and Spanish above the door in a large display and in regular size posters for offender to read.

Every housing unit had a large sign above the door which read, "Opposite Gender Must Announce upon Entry" for all staff as a reminder. The special management has individual showers with full doors preventing cross-gender viewing. The open dorm showers have a large shower curtain preventing cross-gender viewing and visibility for safety. There were restroom stalls with doors preventing cross-viewing and the overall safety of the inmates. The recreation restroom did not have a door however had a half partition covering a full range from the shoulder to the lower part of the inmate ankle providing privacy from cross-gender viewing. The female shower areas have full shower curtains made out of a thick material with no transparency providing privacy and safety from the opposite gender. The female inmates stated that the male correctional staff would always knock and announced prior entering the pod; and most of them stated that male staff would not go into the dorm out of respect if the females were in the showers. The male inmates stated during the interviews that female staff announced themselves by yelling it out loud and that they have curtains when they shower, doors for the toilets and privacy when they change. There were no verbal complaints made during the inmate male/female interviews about privacy.

The holding areas observed by the auditor provided half-walls with privacy when using the urinals. The PREA information was posted in the required areas of the facility for the staff and inmates population.

Finding:

115.15 (a). The facility has Policy 14-2 Sexual Abuse Prevention and Response for CCCC on pg. 17 Section K describing Search and Observation which includes cross-gender searches. County and USMS inmates are searched by the same gender staff. CoreCivic personnel are not authorized to conduct physical searches of body cavities for ICE inmates. Body Cavity Searches are not authorized at CoreCivic facilities and will not be conducted by CoreCivic personnel without the prior approval of the Vice President, Operations. The CCCC did not conduct any cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months for any of the clients listed: County, USMS or ICE of either gender (male/female). The sex of the inmate/inmates is determined by the USMS/County prior to arrival. There were no exigent circumstances or performed by non-medical staff in the past 12 months. The medical interview determined that there were no searches involving medical staff. Random video footage was observed on 3/4/19 in central control for spot checks of pat-down searches of female & male inmates. The few pat-searches observed were conducted by the same gender staff. A review of non-body cavity searches was reviewed for regular strip searches for USMS and County inmates.

115.15 (b). The facility has Policy 14-2 Sexual Abuse Prevention and Response for CCCC on pg. 17 Section K describing Search and Observation which includes cross-gender searches. The CCCC did not conduct any cross-gender pat-down searches of female inmates in the past 12 months. Whenever a cross-gender-pat search of a female inmate or cross gender strip of any inmate occurs, the search shall be documented on the 5-1B Notice to Administration (NTA). There have been no NTA in the past 12 months. The medical interview with the Health Administrator determined that no medical searches had been conducted.

115.15 (c). The facility has Policy 14-2 Sexual Abuse Prevention and Response for CCCC on pg. 17 Section K describing Search and Observation which includes cross-gender searches. The CCCC did not conduct any cross-gender strip or cross-gender visual body cavity searches of inmates in the past 12 months for any of the clients listed: County, USMS or ICE of either gender (male/female). The sex of the inmate/inmates is determined by the USMS/County prior to arrival. There were no exigent circumstances or performed by non-medical staff in the past 12 months. The medical interview determined that there were no searches involving medical staff. Random video footage was observed on 3/4/19 in central control for spot checks of pat-down searches of female & male inmates. The few pat-searches observed were conducted by the same gender staff. The facility has a strip search log in place, however, there have been no documented cross-gender pat down searches or strip searches of male or female staff requiring the use of the log in the past 12 months (referencing cross-gender visual body cavity searches). A random review of the strip search log was conducted of every other month to check for gender of the officer conducting the search for same gender strip searching. The strip search logs reviewed described the date, time, inmate name, gender, person authorizing the search and staff conducting the search to include their gender.

There were no discrepancies noted. Random staff interviews determined that female officers are the only one's assigned to work the female housing area and would not restrict out-of-cell opportunities. The female inmate interviews determined that only female staff work their pods and they come out as needed.

115.15 (d). The facility the Policy 14-2 Sexual Abuse Prevention and Response on page 15 of 33 Section K. The outlines references the inmates may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstance (that is unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine cell/living quarter checks. Employees of the opposite gender must announce their presence when entering a inmates housing unit.

Spot checks of the surveillance cameras in central control were observed in both male and female housing units with no opportunity for incidental viewing. The policy requires staff of the opposite gender to knock and announce their presence when entering a inmates housing unit. The auditor observed these announcements from both male and female staff when entering the pods on 3/4/19 through 3/6/19. 24 out of 24 random interviews determined that officers male/female made the verbal announcement of the opposite gender for inmate privacy prior to entering the pod. 18 out of the 20 inmate random interviews stated that male/female staff made the announcements prior to entering the pod and that they had privacy from the opposite gender staff. The other two responses were vague with a yes or a nod of the head. The auditor observed both male and female staff make the opposite gender announcements verbally by saying female in the pod or male in the pod throughout the site review.

115.15 (e). The facility has policy 14-2 Sexual Abuse Prevention and Response on page 16 of 33 section 2 prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. There have been no intersex or transgender searches in the past 12 months. The facility policy 14-2 Sexual Abuse Prevention and Response on page 7 of 33 section b. The percent is at 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. CoreCivic provides all employees with additional training all all types of Searches, annual in-service requiring Search procedures of all contracts: USMS, ICE, and County (male/female) inmates. 24 of 24 random staff interviews stated that they attend this training once a year and also receive training during shift briefing.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on inmates interpreters, inmates readers, or other types of inmates assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmates’ safety, the performance of first-response duties under §115.64, or the investigation of the inmates’ allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and response
2. Policy 14-4 Inmate/Inmates Rights
3. Inmate Handbook-PREA (English/Spanish)
4. PREA Handout (English/Spanish)
5. Memo: Interpreter Services

Secondary:

1. Orientation Acknowledgement: PREA, Handbook
2. Language Line Interpreter Contract
3. Usage of Language Line Services
4. TDD Machine for Hearing Impaired & Inmate Telephone
5. Intake floor plan-Medical offices, Verbal referrals to medical staff

Interviews:

1. Warden
2. PREA Manager
3. Random Staff
4. Intake Staff
5. Medical staff

Site Review Observations:

1. Information posted in both English/Spanish
2. Staff interpreter list/TDD machine/Language Line

Findings:

115.16 (a). Policy 14-2 Sexual Abuse Prevention and Response on page 13 of 33 Section I. 2. a. establishing procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has contracts for the following: Language Line Interpreter, Contract Usage of Language Line Services and the TDD Machine for Hearing Impaired & Inmate Telephone. The language line log was reviewed, and had about 73 inmates calls were made for Spanish, Portuguese, Turkish, Lingala, French, and Russian. Twenty-six out of 217 employee files were reviewed for the inmates with disability training. LEP inmates stated that several staff spoke Spanish and they hand no problems communicating.

• Inmates with physical disability	2
• Inmates who are blind	0 (no blind inmates)
• deaf	0 (no deaf inmates)
• hard of hearing	0
• Inmate who are LEP	7
• Inmates with a cognitive disability	2

115.16 (b). Policy 14-2 Sexual Abuse Prevention and Response on page 13 of 33 Section b. describes the established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has contracts for the following: Language Line Interpreter, Contract Usage of Language Line Services and the TDD Machine for Hearing Impaired & Inmate Telephone. The language line log was reviewed, and had about 73 inmates calls were made for Spanish, Portuguese, Turkish, Lingala, French, and Russian. Twenty-six out of 217 employee files were reviewed for the inmates with disability training. LEP inmates stated that several staff spoke Spanish and they hand no problems communicating.

115.16 (c). Policy 14-2 Sexual Abuse Prevention and Response on page 13 of 33 Section c. prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety, the performance of first-response duties under §115.64, or the investigation of the inmate’s allegations. There were no documentation of inmate interpreters used in the past 12 months. The facility has contracts for the following: Language Line Interpreter, Contract Usage of Language Line Services and the TDD Machine for Hearing Impaired & Inmate Telephone. The language line log was reviewed, and had about 73 inmates calls were made for Spanish, Portuguese, Turkish, Lingala, French, and Russian. Twenty-six out of 217 employee files were reviewed for the inmates with disability training. LEP inmates stated that several staff spoke Spanish and they hand no problems communicating.

Corrective Action: The auditor recommends no corrective action.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Primary 14-2 Sexual Abuse Prevention and Response
2. Policy 3-20-2 Career Opportunities

Secondary:

1. New Hire Employees: 14-2H Self-Declaration of Sexual Abuse/Harassment, Initial ICE clearance, 5-year background clearance.
2. Employee Promotion: Initial ICE Clearance, Application for Promotion, 14-2H Self-Declaration of Sexual Abuse/Harassment (promotion application)
3. Promotion ICE Clearance
4. Acceptance Letter of Promotion
5. Contractor Hire: 14-2H Self-Declaration of Sexual Abuse/Harassment, Initial ICE Clearance

Interviews:

1. Human Resource Manager

Site Review Observation:

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, inmates who reported sexual abuse, PREA tracking log, inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, WellPath employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background (217)	26
Volunteer (25) /Contractors (43)	5/5
Inmate Files (1055)	29
Specialized training	3
Investigative File (reviewed all seven)	7
Total Files	73

Employee Files: The auditor reviewed a total of 26 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 26 employee files from the same list of the 47 reviewed files with a random selection in no specific order. The auditor attempted to review a few officers, department heads and contractors.

Inmate Files: The auditor reviewed a total of 29 files which corresponded with the inmate interview list of 39 inmates during the onsite phase of audit meeting all categories with the exception of three files reviewed that required corrective action for standard 115.41.

CCCC did not have any disciplinary or terminations for staff regarding abuse or sexual harassment. All allegations of staff sexual misconduct were determined to be unsubstantiated.

Findings:

115.17 (a) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have

contact with inmates who: • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. A review of 26 of 217 employee files determined proper criminal record background checks have been conducted and questions regarding past conduct.

115.17 (b) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The Human Resource Manager interview determined that all staff prior incidents of a sexual nature in the decision to hire.

115.17 (c) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The facility did not have any new hired individuals in the past 12 months. The HR interview determined that the facility performs background checks all employees to include newly hired, contractors or promotions.

115.17 (d) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 20.

115.17 (e) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. The facility opened up under the new contract dated 10/2017, therefore, the facility did not have any 5-year background checks for review.

115.17 (f) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, The HR manager stated during the interview that the facility shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

115.17 (g) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h) Policy 14-2 Sexual Abuse Prevention and Response on page 5 of 33 section B, unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The HR manager stated that all protocols would be followed prior to releasing any information according to policy.

Corrective Action: The auditor recommends no corrective action.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or

modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. Policy 7-1B PREA Physical Plant Considerations

Secondary:

1. Facility Surveillance Cameras
2. 2018 PREA Staffing Plan

Interviews:

1. Warden

Site Review Observations:

The facility provided the auditor with a surveillance camera report of all the locations describing the types of cameras.

The cameras are monitored from central control. The facility maintenance department provides technical assistance and operational support to video surveillance, video equipment/production, and technology. The maintenance assists in maintaining and repairing existing surveillance systems, as well as providing technical evaluation for augmentation and improvements. The auditor observed ten security mirrors and 225 surveillance cameras positioned in zones, sally-port gate, administration, recreation yards, mailroom hall, laundry hall, medical, education, housing pods A, B, C, D, and special management, visitation, gym, recreation, staff lounge, hallway to commissary, dining hall, main prep office, hobby shop, maintenance corridor, kitchen, commissary, property, barber shop, vehicle sally port, medical back hall, chapel, intake, front gate, and back gate to monitor inmates and staff movement. The recordings are maintained for 30 days. The security mirrors were positioned in areas identified by the facility as potential blind-spots or areas requiring more visibility for the overall safety.

Findings:

115.18 (a) Policy 14-2 Sexual Abuse Prevention and Response on page 32 of 33 section 1, Interviews with the agency head determined there have been no substantial expansions or modifications since 2012.

115.18 (b) Policy 14-2 Sexual Abuse Prevention and Response on page 32 of 33 section 2, the facility has not installed any new technology in the past 12 months.

Corrective Action: The auditor recommends no corrective action

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?
 Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?
 Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?
 Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and response
2. Correct Care Solutions B-04 Federal Sexual Assault Reporting Regulations

Secondary:

1. Investigation Planning Worksheet/Training Roster
2. Memorandum of Understanding with Milan Police Department
3. Memorandum of Understanding with the Rape Crisis Center of Central New Mexico
4. University of New Mexico Hospital (SANE) information
5. PREA Incident Report/Incident Investigation/ PREA Checklist

Interviews:

1. SANE/SAFE Staff (telephonic interview offsite location/hospital)
2. Random Staff
3. PREA Compliance Manager
4. Medical Staff

Site Review Observations:

The Cibola County Correctional Center has a MOU with the Rape Crisis Center of Central New Mexico. The auditor contacted the University of New Mexico on 3/4/19 and conducted a telephonic interview with an on-call 24/7 SANE/SAFE nurse which a confirmed the forensic medical examination process at the hospital once the inmates is transported. The facility transports all sexual assault victims to the local hospital where on-call SANE nurses are available 24/7. The auditor contacted the on-call SANE/SAFE nurse on 3/4/19 and conducted a telephonic interview. The SANE nurse stated that all inmates received from CCCC would be assessed as required. The SANE nurse did not disclose any other information regarding the inmate reports made due to confidentiality purposes.

Findings:

115.21 (a) Policy 14-2 Sexual Abuse Prevention and Response page 24 of 33, facility is responsible for conducting administrative or criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). The facility has an MOU with the Milan Police department. Twenty-four random staff explained their first responder duties and level of confidentiality.

115.21 (b) CCCC does not house youthful inmates.

115.21 (c) Policy 14-2 Sexual Abuse Prevention and Response page 24 of 33, the medical staff interviewed stated all inmates reporting sexual abuse would receive a SANE exam as required. The SANE are conducted offsite at the University of New Mexico Hospital. The facility offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost. The number of forensic medical exams conducted during the past 12 months: 1. The number of exams performed by SANES/SAFEs during the past 12 months: 1. The number of exams performed by a qualified medical practitioner during the past 12 months: 6.

115.21 (d) Policy 14-2 Sexual Abuse Prevention and Response page 24 of 33, the facility has an MOU with the Rape Crisis Center of Central New Mexico.

115.21 (e) Policy 14-2 Sexual Abuse Prevention and Response page 25 of 33, the facility has an MOU with the Rape Crisis Center of Central New Mexico. Inmates who reported sexual abuse stated that the medical SANE were available and that medical evaluations were free of charge.

115.21 (f) Policy 14-2 Sexual Abuse Prevention and Response page 25 of 33, The facility has an MOU with the Milan Police department.

115.21 (g) The CCCC utilizes the Milan Police department in the event further investigation is necessary, the facility will utilize the United States Marshal Services.

115.21 (h) University of New Mexico Hospital (SANE) qualified SANE/SAFE nurses on-call 24/7.

Corrective Action: The auditor recommends no corrective action.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: None requires taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. CC website information
3. MOU Milan Police department (MPD)

Secondary:

1. 5-1 G Incident Investigation Report
2. PREA Log
3. PREA outside agency referrals/MPD investigation

Interviews:

1. Warden

Site Review Observations:

Reviewed the sexual abuse investigations conducted at the facility for the past 12 months and interviewed the investigator to include a review of the specialized training.

Investigation Files: The auditor reviewed seven sexual abuse allegations in the past twelve months. Five of the investigations were Inmates-on-Inmates (one case referred for prosecution) and two were Staff-on-Inmates with no open cases. The PREA manager provided the investigations to the auditor on the first day of the audit for review.

The auditor reviewed seven investigations provided by the facility to include an interview with the facility investigator. The auditor received copies of seven administrative investigation records, including medical and mental health records, retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. The auditor reviewed one offender grievance with an allegation against staff on the facility. The facility had one investigator who is responsible for conducting all administrative and criminal investigations. The investigator is the facility investigator, however, is a certified peace officer. The facility works in conjunction with the Milan Police department for all criminal investigations. The facility reviewed the Grievances for the past 12 months and the facility had one grievance related to PREA. The auditor reviewed the grievance which was against an employee. A PREA investigation was conducted by the Assistant Warden. There was one record of criminal investigation pending during the audit for one of the inmate-o-inmate investigations. The auditor did not review any incidents reports involving ICE inmates to compare to the County and USMS inmates. The facility has ICE agents and representatives on-sight who conduct administrative investigations in conjunction with the facility investigator and local law enforcement for prosecution. The investigation dispositions are shown below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
1. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
2. Inmate-on-Inmate	Unfounded	No case opened	Administrative
3. Inmate-on-Inmate	Substantiated	Referred for prosecution	Criminal
4. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
5. Inmate-on-Inmate	Pending	Pending	Administrative
6. Staff-on-Inmate	Unsubstantiated	No open case	Administrative
7. Staff-on-Inmate	Unfounded	No case opened	Administrative

Findings:

115.22 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 20 of 33. The interview with the facility head determined that all administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment. The facility had seven investigations in the past 12 months. During the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received: 4.

During the past 12 months, the number of allegations resulting in an administrative investigation: 4. During the past 12 months, the number of allegations referred for criminal investigation: 1.

115.22 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 20 of 33, policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The investigative staff interview determined that the facility has an MOU with the Milan Police Department for all criminal cases.

115.22 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 24 of 33.

115.22 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 24 of 33, the facility has an MOU with the Milan Police department.

115.22 (e) Policy 14-2 Sexual Abuse Prevention and Response pg. 24 of 33, the facility has an MOU with the Milan Police department.

Corrective Action: The auditor recommends no corrective action.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. Policy 4-1 Staff Development and Training
3. PREA Lesson Plan

Secondary:

1. Training Acknowledgement 4-2A-Orientation
2. Policy Acknowledgement 14-2A
3. Training Acknowledgement 4-2A- In-service
4. Policy Acknowledgement In-service
5. Department Head Meeting 4-2A
6. Department Head Meeting Minutes

Interviews:

1. Random Staff

Site Review Observations:

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, inmates who reported sexual abuse, PREA tracking log, inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, WellPath employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background (217)	26
Volunteer (25) /Contractors (43)	5/5
Inmate Files (1055)	29
Specialized training	3
Investigative File (reviewed all seven)	7
Total Files	73

Employee Files: The auditor reviewed a total of 26 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 26 employee files from the same list of the 47 reviewed files with a random selection in no specific order. The auditor attempted to review a few officers, department heads and contractors.

Inmate Files: The auditor reviewed a total of 29 files which corresponded with the inmate interview list of 39 inmates during the onsite phase of audit meeting all categories with the exception of three files reviewed that required corrective action for standard 115.41.

Findings:

115.31 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 1 of 32 & Policy 4-1, trains all employees who may have contact with inmates on the following matters 115.31 (a) 1-10. Twenty-six out of 217 employee training files were reviewed for compliance (1-10). Twenty-four random staff interviews were determined that they take the training once a year and understand training and questions asked about their responsibilities.

115.31 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 6 of 33, training is tailored to the gender of the inmates at the facility. Twenty-six out of 217 employee training files were reviewed for compliance.

115.31 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 6 of 33, the number of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements 100%. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements. 100%.

115.31 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 of 33, Twenty-four files had the documentation of employee signatures or electronic verification signifying comprehension of the training.

Corrective Action: The auditor recommends no corrective action.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

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The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

1. Policy 14-2 Sexual Abuse Prevention and Response
2. PREA Lesson Plan
3. PREA Training handout
4. Volunteer Training Topic Matrix 22-1A

Secondary:

1. Volunteer File:
 - 4-2A Training Activity Enrollment/Attendance Roster
 - 14-2A Policy Acknowledgement
 - 14-2H Self-Declaration of Sexual Abuse/Attendance Roster
2. Contractors File
 - 4-2A Training Activity Enrollment/Attendance Roster
 - 14-2A Policy Acknowledgement
 - 14-2H Self-Declaration of Sexual Abuse/Attendance Roster

Interviews:

1. Volunteer(s) and Contractor(s) who have contact with inmates

Findings:

115.32 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 1 of 32, All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor reviewed 16 Volunteers who received the PREA volunteer training and 40 contractors who received the PREA training. The volunteer and contractors signed the PREA policy training acknowledgement and a self-declaration of sexual abuse/sexual harassment. The auditor interviewed two contractors and two volunteers and the stated that they have received the training and understand the reporting process and training requirements.

115.32 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 1 of 32, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates and notified of the agency's zero-tolerance policy. The volunteer and contractors signed the PREA policy training acknowledgement and a self-declaration of sexual abuse/sexual harassment. The auditor interviewed two contractors and two volunteers and the stated that they have received the training and understand the reporting process and training requirements.

115.32 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 1 of 32, maintains documentation confirming that volunteers/contractors understand the training they have received. The volunteer's and contractor files is the source to which the facility identifies the approval status of a volunteer. The facility provided the auditor with Acknowledgment of Volunteer Training 16 volunteers and 40 contractors confirming compliance with the standard.

Corrective Action: The auditor recommends no corrective action.

Standard 115.33: Inmates education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmates' new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmates education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmates education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmates education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmates education in formats accessible to all inmates including those who are otherwise disabled? Yes No

- Does the agency provide inmates education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmates participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmates handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 14-1 Inmate/Residents Rights

Secondary:

- 1. PREA Video schedule
- 2. Excerpt: Inmate Handbook
- 3. Admit Report/PREA/Inmate Handbook Acknowledgement
- 4. Continuous PREA Pamphlets
- 5. PREA Poster

Interviews:

1. Random Inmates
2. Intake Staff

Site Review Observations:

During the facility site review, random inmates were asked about their rights to be free from PREA and the reporting process. The facility had large PREA signs in both English and Spanish in all housing units.

Findings:

115.33 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 13 Section I. The intake supervisor was interviewed and stated that inmate receive zero-tolerance and PREA information immediately upon arrival. The number of inmates admitted during past 12 months who were given this information at intake: 3985. The PREA information is provided to the inmate handbook, Inmate video schedule showing Know your rights and the PREA video in both English and Spanish on channel 3 at different times. The inmate handbook provides ten different ways to report an abuse with clear instructions. The facility has an orientation verification that the inmate sign once they have watched the PREA video, orientation video, and are given the opportunity to ask questions. The receiving and discharge checklist ensures every inmate receives the PREA pamphlet.

115.33 (b) The number of inmates admitted during past 12 months who were given this information at intake: 3985. All incoming inmates received the PREA information. Intake staff interviews determined that the inmates are assessed upon arrival and provided the information. 19 random inmates said they remembered receiving the information and one inmate said he didn't remember but knows how to report a sexual abuse.

115.33 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 13 Section I. Intake staff stated that any inmate requiring the language line, TDD or other services for effective communication would be provided.

115.33 (d) Inmate PREA education is available in formats accessible to all inmates, including those who are Limited English proficient, Deaf, Visually impaired, otherwise disabled, and Limited in their reading skills. The agency maintains documentation of inmate participation in PREA education sessions.

115.33 (e) The PREA information is provided to the inmate handbook, Inmate video schedule showing Know your rights and the PREA video in both English and Spanish on channel 3 at different times. The inmate handbook provides ten different ways to report an abuse with clear instructions. The facility has an orientation verification that the inmate sign once they have watched the PREA video, orientation video, and are given the opportunity to ask questions. The receiving and discharge checklist ensures every inmate receives the PREA pamphlet.

115.33 (f) The facility has the PREA information largely displayed in both English and Spanish for the inmate population. The facility handbook has a section in the handbook on pg. 10 which describes multiple ways to report a sexual abuse. The facility has an orientation verification that the inmate sign once they have watched the PREA video, orientation video, and are given the opportunity to ask questions. The receiving and discharge checklist ensures every inmate receives the PREA pamphlet.

Corrective Action: The auditor recommends no corrective action.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. Investigator Training/Training Records
- 2. MOU Milan Police Department

Interviews:

- 1. Investigative Staff
- 2. 10 files reviewed for Specialized training for Investigations

Site Review Observations:

The facility investigator was interviewed and explained her training to include the investigative process. The facility investigator holds a Peace officers license. The facility has an MOU with the Milan Police Department.

Findings:

115.34 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section B. A review of the employment education and training record for the facility investigators meet the specialized training requirements. The investigators received the NIC PREA investigator training and PREA Investigation Protocols (Relias Learning).

115.34 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section B. The NIC PREA investigator training and PREA Investigation Protocols (Relias Learning) covers all the required trainings.

115.34 (c) The facility utilizes one Investigator on the facility for all sexual abuse investigations. All criminal cases will be referred to the Milan Police Department.

115.34 (d) The facility has an MOU with the Milan Police Department who are licensed Peace officers trained to conduct investigations.

Corrective Action: The auditor recommends no corrective action.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Correct Care Solutions B-04 Federal Sexual Assault Reporting Regulations

Secondary:

1. PREA Training Curriculum
2. CCS Specialized PREA Training
3. Training Certificates

Interviews:

1. Medical and Mental Health

Findings:

115.35 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 6 section C. The number and percent of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy: 100%. The facility has a total of 43 medical staff who have been trained. The Medical Director's training was reviewed for compliance.

115.35 (b) The medical staff interview confirmed that CCCC medical staff do not conduct forensic exams on the facility. Inmates are transported to the University of New Mexico Hospital where SANE nurses are available on-call.

115.35 (c) The facility has a total of 43 medical staff who have been trained. The Medical Director's training was reviewed for compliance.

115.35 (d) The facility has a total of 43 medical staff who have been trained. The Medical Director's training was reviewed for compliance.

Corrective Action: The auditor recommends no corrective action.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmates has a mental, physical, or developmental disability?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmates? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmates? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmates has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmates' criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmates has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmates is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmates about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmates is gender non-conforming or otherwise may be perceived to be LGBTI)?
 Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmates has previously experienced sexual victimization?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmates' own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmates is detained solely for civil immigration purposes?
 Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the inmates' arrival at the facility, does the facility reassess the inmates' risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess a inmates' risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a inmates' risk level when warranted due to a: Request? Yes No
- Does the facility reassess a inmates' risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess a inmates' risk level when warranted due to a: Receipt of additional information that bears on the inmates' risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmates' detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: None requires taken by the facility.

**The following evidence was analyzed in making compliance determination:
Documentation Reviewed:**

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Form 14-2B Sexual Abuse Screening Tool

Secondary:

- 1. Incident Report Log
- 2. 5-1A Incident Report
- 3. 14-2B Assessment and Reassessment

Interviews:

- 1. Staff responsible for Risk Screening
- 2. Random inmates
- 3. PREA Compliance Manager

Site Observations:

The facility provided the auditor with a list of documents through a secured website that included: Audit notices, PREA files, inmates who reported sexual abuse, PREA tracking log, inmates housing roster, sexual victimization roster, policies, PREA audit questionnaire, WellPath employee list, and supporting documentation.

Name of Record	Number Reviewed
Employee Files/Training/Background (217)	26
Volunteer (25) /Contractors (43)	5/5
Inmate Files (1055)	29
Specialized training	3
Investigative File (reviewed all seven)	7
Total Files	73

Employee Files: The auditor reviewed a total of 26 employee files with training records and background checks that corresponded with employees interviewed during the onsite phase of the audit. The auditor selected the 26 employee files from the same list of the 47 reviewed files with a random selection in no specific order. The auditor attempted to review a few officers, department heads and contractors.

Inmate Files: The auditor reviewed a total of 29 files which corresponded with the inmate interview list of 39 inmates during the onsite phase of audit meeting all categories with the exception of three files reviewed that required corrective action for standard 115.41.

Findings:

115.41 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 12 section H. Intake staff interviewed interview the inmates upon arrival and reassessed within 30-days. 18 of 20 random inmates remember being interviewed and the other two offenders said they didn't remember.

115.41 (b) The number of inmates entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility: 3985. A total of 26 inmate files were reviewed for the screening process and three required the initial risk screening. There was a total seven that required the 30-day reassessment. The intake staff was interviewed and described the PREA interview process and 30-day reassessment.

115.41 (c) The facility utilizes a sexual abuse screening tool for the initial screening, 30-day reassessment and new information.

115.41 (d) The facility utilizes a sexual abuse screening tool for the initial screening, and 30-day reassessment with the required criteria.

115.41 (e) A review of the initial risk screening determined that the question is on the form.

115.41 (f) The auditor reviewed a total of 26 inmate for the initial and 30-day reassessment. There was a total of three files that did not have the initial and seven that required the 30-day reassessment.

115.41 (g) Policy 14-2 Sexual Abuse Prevention and Response pg. 12 section H. The auditor reviewed a total of 26 inmate for the initial and 30-day reassessment. There was a total of three files that did not have the initial and seven that required the 30-day reassessment.

115.41 (h) There were no inmates disciplined for refusing to answer or for not disclosing complete information.

115.41 (i) Policy 14-2 Sexual Abuse Prevention and Response that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.

Corrective Action:

The auditor reviewed a total of 26 inmate files for the completion of the initial PREA risk assessment and the 30-day reassessment. There was a total of three files that had a computerized risk screening, however, did not meet all the elements of the PREA standard. The inmates were assessed upon arrival to the facility, but the standard question did not meet every provision of the standard. The PREA Compliance Manager interviewed clarified the discrepancy and explained how the facility identified the issue and corrected this by creating the Sexual Abuse Screening Tool 14-2B meeting the criteria. The implementation of this form was initiated sometime in 2018 due to the high level of incoming and outgoing chain, they were unable to review every file on the facility for screening update. The intake department conducts interview for all inmates from ICE, USMS and County upon arrival. The facility and auditor discussed the plan of action for these three specific inmate reviews and the PCM initiated a new initial assessment to capture all the required questions on completed the 30-day reassessment with no other issues. The facility could not produce the 30-day reassessments for seven inmate files that were reviewed within that 12- month period. The auditor and the PREA Compliance discussed the potential issue of the discrepancy. The facility administrator and PREA Compliance manager immediately took a proactive approach by initiating a training with the intake department and individuals responsible for the PREA assessments and 30-day reassessments. The training was conducted onsite by the PCM manager and provided a signature log of trained staff. Upon completion of the training, the 30-day reassessment interviews were conducted with the inmate population for PREA compliance on 3/15/19. The PREA Compliance Manager was instructed to monitor the initial and 30-day risk assessment for 30 days to ensure the facility remains on track with the required risk assessments. The facility and auditor worked together in collaborating a corrective action to meet the elements of the standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmates? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmates to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmates' health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmates' health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmates reassessed at least twice each year to review any threats to safety experienced by the inmates? Yes No

115.42 (e)

- Are each transgender or intersex inmates' own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. 14-2B Sexual Abuse Screening Tool

Interviews:

- 1. PREA Compliance Manager
- 2. Staff responsible for Risk Screening
- 3. Transgender/Intersex inmates Interviews (the USMS/County did not have any of the inmates population listed for interviews in this specific area (ICE Transgender inmates were not interviewed))

Site Review Observations:

The site review consisted of random interviews with male/female inmates, observing the pat-search practice, to include privacy and cross-gender viewing for the shower and toilet areas. The PREA Compliance Manager interview determined that transgender and intersex will be provided with the opportunity to shower separately.

Findings:

115.42 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 12 section H. The interview conducted with the intake supervisor and PCM determined that the information from the initial risk screening is used to protect the inmates from sexual abuse by assessing their housing assignment, work, and outside activity. The assessment is to ensure their overall safety. The auditor reviewed the assessment form which was revised in 2018 to reflect every provision of the standard.

115.42 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 13 section d. Staff who conduct the screenings for risk of victimization and abusiveness were interviewed and stated that the information was assessed for each individual coming in by assessing all the information on the screens, verifying the questions and answers to their individual safety. If the inmate requires monitoring, the codes of Victim, Potential Victim, Potential Predator and Predator and suicide alert will be entered immediately.

115.42 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 14 section J. The PCM/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned USMS or County inmates who identified as Transgender or Intersex for interviews. The ICE population did have a Transgender population, however, were not interviewed by the auditor.

115.42 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 14 section J. The PCM/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned USMS or County inmates who identified as Transgender or Intersex for interviews. The ICE population did have a Transgender population, however, were not interviewed by the auditor.

115.42 (e) Policy 14-2 Sexual Abuse Prevention and Response pg. 14 section J. The PCM/Screening staff interview determined that every individual is assessed upon arrival and is given the opportunity to identify as LGBTI. Inmates are also given the opportunity to address their views during the committee for consideration of placement or programs. The facility did not have any assigned USMS or County inmates who identified as Transgender or Intersex for interviews. The ICE population did have a Transgender population, however, were not interviewed by the auditor.

115.42 (f) Policy 14-2 Sexual Abuse Prevention and Response pg. 16 section 7. The interview with the PCM/Screening staff and policy review determined that Transgender and Intersex offenders are provided with the opportunity to shower separately from other inmates.

115.42 (g) Policy 14-2 Sexual Abuse Prevention and Response pg. 16 section 7. The interview with the PCM/Screening staff and policy review determined that Transgender and Intersex offenders are provided with the opportunity to shower separately from other inmates. Transgender and Intersex inmates will be housed according to their individual assessment for their safety and protection.

Corrective Action: The auditor recommends no corrective action.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?
 Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmates in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmates' safety? Yes No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?
 Yes No

115.43 (e)

- In the case of each inmates who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 10-101 Restrictive Housing Management

Secondary:

- 1. Segregation Confinement record
- 2. Segregation Activity Record
- 3. Protective Custody Investigation
- 4. Confinement Review

Interviews:

- 1. Warden
- 2. Staff who supervise inmates in segregation

Site Review Observations:

There were inmates at high risk of sexual victimization housed in protective custody during the site review.

Findings:

115.43 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 15 section 2. The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The Wardens interview determined that only in the last case scenario after all opportunities had been exhausted, would this be considered for involuntary segregation for protection and overall safety.

115.43 (b) The interview with staff who supervise inmates in segregated housing was conducted but stated by review of roster that no at high risk inmates had been placed while on duty. There were no inmate interviews for this population at the time of the audit for interviews.

115.43 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 15 section f. The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. The interview with staff who supervise inmates in segregated housing was conducted but stated by review of roster that no at high risk inmates had been placed while on duty. There were no inmate interviews for this population at the time of the audit for interviews.

115.43 (d) From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility’s concern for the inmate’s safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 1. The inmate was no longer on the facility and their was no file for review.

115.43 (e) Policy 14-2 Sexual Abuse Prevention and Response pg. 15 section f. The warden interview stated that all inmates in this category meeting the 30 days would be afforded a review for placement.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmates reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No

- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmates reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmates to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. CoreCivic Code of Conduct-Ethics & Compliance Hotline

Secondary:

1. Excerpt: Inmate Handbook
2. Form 14-2A, Preventing Sexual Abuse and Misconduct Brochures
3. USMS PREA Bulletin
4. Photograph-Poster
5. Facility Investigator Case Log
6. 5-1A Incident Report

Interviews:

1. Random sample of staff
2. Random sample of inmates

Site Review Observations:

Findings:

115.51 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section 4. During the facility site review, random and inmates were asked about the reporting process for sexual abuse and sexual harassment; both staff and inmates were able to describe how the reports would be made. 24 of 24 staff members interviewed stated that inmates can report using the PREA hotline, tell a family member, the PREA notices posted throughout the facility and the Rape Crisis hotline.

115.51 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section 4. There are no USMS, County detained solely for immigration purposes. 24 of 24 staff members interviewed stated that inmates can report using the PREA hotline, tell a family member, the PREA notices posted throughout the facility and the Rape Crisis hotline.

115.51 (c) The facility has a Memorandum of Understanding the Rape Crisis Center of New Mexico with a direct free phone number for inmates to call at any time. 20 random inmate interviews said during the interview that the phones in the dayroom had a PREA hotline number for use. The auditor contacted the PREA representative at the Rape Crisis Center for a review of sexual abuse reports.

115.41 (d) CoreCivic provides an Ethics line available for all staff 24 hours a day, seven days a week at 1-866-757-4448 on the website www.corecivic.ethicspoint.com. 24 of 24 random staff interviews described how to use the Ethics line.

Corrective Action: The auditor recommends no corrective action.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmates grievances regarding sexual abuse. This does not mean the agency is exempt simply because a inmates does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the agency always refrain from requiring a inmates to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: A inmates who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmates in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmates does not receive a response within the time allotted for reply, including any properly noticed extension, may a inmates consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of a inmates, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmates declines to have the request processed on his or her behalf, does the agency document the inmates' decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a inmates is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a inmates is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate Corrective Action: The auditor recommends no corrective action. may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmates is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines a inmates for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmates filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. Inmate Grievances
- 2. 5-1A Incident Report
- 3. Investigation Report Form

Interviews:

- 1. Inmates who reported sexual abuse
- 2. Grievance Coordinator

Findings:

115.52 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 17 section c. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Administrative Duty Officer for investigation. The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.52 (b) The interview it the PCM and Investigator determined that there are no timeframes for the submission of a grievance. The grievance process in the inmate handbook is on page 23.

115.52 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 17 section c. The inmate handbook provides the information under Inmate Grievances on page 23.

115.52 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 17 section c. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Administrative Duty Officer for investigation. The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action.

115.52 (e) The facility has a Memorandum of Understanding the Rape Crisis Center of New Mexico with a direct free phone number for inmates to call at any time. 20 random inmate interviews said during the interview that the phones in the dayroom had a PREA hotline number for use. The auditor contacted the PREA representative at the Rape Crisis Center for a review of sexual abuse reports. The inmates can request assistance from other inmates or staff for the assistance of a report.

115.52 (f) Policy 14-2 Sexual Abuse Prevention and Response pg. 17. Unless otherwise mandated by the contract, alleged PREA incidents will not be processed through the facility grievance process and will immediately be referred to the facility investigator or Administrative Duty Officer for investigation. The PCM interviewed determined that inmates are allowed to submit a sexual abuse grievance, however, upon receiving the grievance of a sexual nature it is immediately categorized a priority and forwarded to the facility investigator for immediate action. All sexual abuse grievances are processed as emergency grievances.

115.52 (g) Policy 14-2 Sexual Abuse Prevention and Response pg. 17. The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.53: Inmates access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. Memorandum of Understanding with the Rape Crisis Center of Central New Mexico
2. Inmate Handbook
3. Photograph

Interviews:

- 1. Random sample of inmates
- 2. Inmates who reported sexual abuse

Site Review Observations:

Findings:

115.53 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 10 section F. The facility has a Memorandum of Understanding with the Rape Crisis Center of Central New Mexico. This information is in the Inmate handbook on page 11 & 12: You can also contact the Rape Crisis Center of Central New Mexico, in writing or by telephone as follows: 24-hour hotline: 505-266-7711. Address: Rape Crisis Center of Central New Mexico 9741 Candelaria NE Albuquerque, New Mexico 87112.

115.53 (b) The auditor tested the line to the Rape Crisis Center and the extent of confidentiality is posted on the phone. Random interviews with the inmate population determined that they understood the possibility of monitoring calls and how to contact the PREA hotline and Rape Crisis Center.

115.53 (c) The facility has a Memorandum of Understanding with the Rape Crisis Center of Central New Mexico.

Corrective Action: The auditor recommends no corrective action.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. CoreCivic Website
- 2. Photographs

Site Review Observations:

During the site review, the auditor observed the Third-Party notices in visitation, staff break areas and other locations throughout the facility. The Third-Party information is also provided on the agency website.

Findings:

115.54 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section 4.

Third Party Reporting Method(s):

Write to the facility at the following address:

Cibola County Correctional Center

ATTN: Warden

Post Office Box 3540

Milan, NM 87021

Contact the facility: (505) 285-4900

Call the CoreCivic 24-Hour Ethics Line: 1-866-757-4448 or visit www.CoreCivic.ethicspoint.com

FOR ICE DETAINEES:

Call the DHS Office of Inspector General (OIG) toll-free hotline number at 1-800-323-8603

OR

Contact the ICE Office of Professional Responsibility (OPR) Joint Intake Center (JIC) toll-free hotline number at 1-877-246-8253 or e-mail joint.intake@dhs.gov

Mail a letter to:

P.O Box 14475

1200 Pennsylvania Ave

NW Washington D.C. 20044

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATES REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?
 Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. 5-1A PREA Incident Report
- 2. Tool-C Facility Case Log

Interviews:

- 1. Random sample of staff
- 2. Warden
- 3. PREA Compliance Manager
- 4. Medical/Mental Health staff

Findings:

115.61 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 17 section 2. 24 of 24 random staff interviews conducted on the facility determined that staff understands their duties and responsibilities of reporting.

115.61 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 15 section 2. 24 of 24 random staff interviews conducted on the facility determined that staff understands their duties and responsibilities of reporting and confidentiality.

115.61 (c) The medical staff interviews determined that they are required to report any allegations of sexual abuse.

115.61 (d) New Mexico has Criminal Laws Prohibiting Sexual Abuse of Individuals in Custody
<https://nicic.gov/fifty-state-survey-criminal-laws-prohibiting-sexual-abuse-individuals-custody>

115.61 (e) There have been no reports of retaliation against staff or inmates who have reported information regarding sexual abuse or sexual harassment upon interviewing Human Resources and the Warden.

Corrective Action: The auditor recommends no corrective action.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that a inmates is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. Sexual Abuse Screening Tool
2. Medical Evaluation
3. Incident Report packet: 5-1A Incident Report, 5-1E PREA Incident, 5-1G Incident Investigation Report
4. Sexual Abuse Incident packet: 14-C Sexual Abuse Incident Check sheet, 14-2 E PREA Allegation Status Notification, Tool-L Investigation Report Form

Interviews:

1. Warden
2. Random sample of staff

Findings:

115.62 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 12 section H. In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0. The Wardens interview determined that upon receiving any information of the substantial risk, all measures will be taken to safeguard the offender. 24 of 24 random staff explained their responsibilities for any inmate that is subject to a substantial risk of imminent sexual abuse.

Corrective Action: The auditor recommends no corrective action.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that a inmates was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. 5-1B Notice to Administration

Interviews:

- 1. Warden

Findings:

115.63 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 20 section 3. During the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 1. The auditor reviewed this investigation.

115.63 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 20 section 3.

115.63 (c) The facility documents this information by email and on the report.

115.63 (d) In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 0. The Warden interview determined that the process was in place and all protocols will be followed.

Corrective Action: The auditor recommends no corrective action.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that a inmates was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that a inmates was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmates was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating,

defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

- Upon learning of an allegation that an inmates was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Attachment 14-C Sexual Abuse Incident Check Sheet

Secondary:

- 1. First Responder Card handout to staff
- 2. 5-1A Incident Report
- 3. 14-2C Sexual Abuse Incident Check Sheet

Interviews:

1. First Responders
2. Random sample of staff

Findings:

115.64 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. 24 of 24 random staff interviews determined that staff understands the importance of first responder duties. (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and/or (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, the number of allegations that an inmate was sexually abused: 4. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 1. In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence. : 1.

115.64 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 3. Of those allegations responded to first by a non-security staff member, the number of times that staff member : (1) Requested that the alleged victim not take any actions that could destroy physical evidence: 3. (2) Notified security staff: 3. 24 of 24 random staff interviews determined that staff understands the importance of first responder duties.

Corrective Action: The auditor recommends no corrective action.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination: Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Attachment 14-2C Sexual Abuse Incident Check Sheet

Secondary:

1. Form 14-2C Sexual Abuse Incident Check Sheet
2. Form 14-2F Sexual Abuse Incident Review Report
3. Memo-Sexual Assault Response Team

Interviews:

1. Warden
2. Medical/Mental Health staff
3. Investigative staff

Findings:

115.65 (a) Policy 14-2 Sexual Abuse and Response pg. 18 section M. A facility review of policy and the Wardens interview determined the facility has a plan to coordinate amongst first staff responders, medical, investigators and facility administration.

Corrective Action: The auditor recommends no corrective action.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any

inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse and Response

Secondary:

No collection bargaining agreements at Cibola County Correctional Center

Interviews:

- 1. Agency head

Findings:

115.66 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. No collection bargaining agreements at Cibola County Correctional Center.

115.66 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. No collection bargaining agreements at Cibola County Correctional Center.

Corrective Action: The auditor recommends no corrective action.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmates victims or abusers, removal of alleged staff or inmates abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have
- suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmates disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmates housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmates program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

PREA Audit Report

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Cibola County Correctional Center

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. 5-1A Incident Report
2. Mental Health Clinic Notes
3. Form 14-2C Sexual Abuse Incident Check Sheet
4. Form 14-2D PREA Retaliation Monitoring Report

Interviews:

1. Agency head
2. Warden
3. Designated staff member charged with monitoring retaliation
4. Inmates who reported sexual abuse

Findings:

115.67 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 11 section 3. The facility has assigned a Grievance Coordinator/PCM for this position.

115.67 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 11 section 3. The Warden, staff designated with monitoring retaliation and the PCM explained the reporting process and protection from retaliation.

115.67 (c) The number of times an incident of retaliation occurred in the past 12 months: 0. The Warden, staff designated with monitoring retaliation and the PCM explained the reporting process and protection from retaliation.

115.67 (d) The length of time that the agency/facility monitors the conduct or treatment: 30, 60 90 days with no limitations and a reassessment of the investigation if required according to the Warden and staff assigned to monitor retaliation.

115.67 (e) The warden interview determined that staff or inmate witness involved in the reporting process of a sexual abuse would be monitored for retaliation.

115.67 (f) Unfounded cases will not be monitored.

Corrective Action: The auditor recommends no corrective action.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect a inmates who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. Segregation Confinement record
2. Segregation Activity Record
3. Protective Custody Investigation
4. Confinement Review

Interviews:

1. Warden
2. Staff who supervise inmates in segregation housing

Findings:

115.68 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 15 section 2. Documentation was reviewed for one inmate placed in segregation but not based on a sexual abuse incident. Interviews with the Warden determined that they would reference to standard 115.43 protective custody measures.

Corrective Action: The auditor recommends no corrective action.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]
 Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?
 Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmates or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a inmates who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?
 Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action.

**The following evidence was analyzed in making compliance determination:
Documentation Reviewed:**

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. 1-15 B Records Retention Schedule

Secondary:

1. Facility Case log
2. 5-1A Incident Report
3. 5-1G Investigator Report
4. Investigators Training Record
5. Investigation Report Form-Tool L
6. MOU with Milan Police Department

Interviews:

1. Investigative staff
2. Inmates who reported sexual abuse

Site Review Observations:

Findings:

115.71 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d. The auditor reviewed a total of sexual abuse allegations investigated administratively by a trained investigator. The investigator stated that the facility has an MOU with the Milan Police Department for criminal cases.

115.71 (b) The auditor reviewed documentation for investigators who took the specialized training placed in their file.

115.71 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d. The auditor reviewed a total of sexual abuse allegations investigated administratively by a trained investigator. The retention of files will be adhered to the facility policy.

115.71 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d. The auditor reviewed a total of sexual abuse allegations investigated administratively by a trained investigator. The investigator stated that the facility has an MOU with the Milan Police Department for criminal cases.

115.71 (e) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d. The investigator stated that the credibility of the victim, suspect or witness will be assessed on an individual basis.

115.71 (f) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d. The investigative interview determined that they will consider staff actions, to include all facts and findings.

115.71 (g) The investigator interview determined that all investigations are documented. The auditor reviewed seven documented investigations.

115.71 (h) Substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0.

115.71 (i) The investigations reviewed are maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

115.71 (j) The interview with the Warden and Investigative staff determined that the investigation will continue whether the victim/abuser have left the agency for completion and the outcome of the investigation.

115.71 (k) Policy 14-2 Sexual Abuse Prevention and Response pg. 7 section d.

115.71 (l) The Warden and Investigator were interviewed and stated that they would comply with all efforts and remain engaged during an investigation of an outside agency.

Corrective Action: The auditor recommends no corrective action.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. 14-2C Sexual Abuse Incident Check Sheet
- 2. 5-1A Incident Report
- 3. 5-1E Prison Rape Elimination Act (PREA Reporting)
- 4. 5-1G Incident Investigation Report
- 5. 5-1H Incident Packet Checklist and Administration Review

Interviews:

- 1. Investigative staff

Site Review Observations:

Findings:

115.72 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 25 section A. The interview with the investigator determined that the facility will not impose standards higher than preponderance of the evidence when making decisions.

Corrective Action: The auditor recommends no corrective action.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into a inmates’ allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into a inmates’ allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmates? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following a inmates’ allegation that a staff member has committed sexual abuse against the inmates, unless the agency has determined that the allegation is unfounded, or unless the inmates has been released from custody, does the agency subsequently inform the inmates whenever: The staff member is no longer posted within the inmates’ unit? Yes No

- Following a inmates' allegation that a staff member has committed sexual abuse against the inmates, unless the agency has determined that the allegation is unfounded, or unless the inmates has been released from custody, does the agency subsequently inform the inmates whenever: The staff member is no longer employed at the facility? Yes No
- Following a inmates' allegation that a staff member has committed sexual abuse against the inmates, unless the agency has determined that the allegation is unfounded, or unless the inmates has been released from custody, does the agency subsequently inform the inmates whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a inmates' allegation that a staff member has committed sexual abuse against the inmates, unless the agency has determined that the allegation is unfounded, or unless the inmates has been released from custody, does the agency subsequently inform the inmates whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following a inmates' allegation that he or she has been sexually abused by another inmates, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a inmates' allegation that he or she has been sexually abused by another inmates, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action: The auditor recommends no corrective action. taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

- 1. Form 5-1A Incident Report
- 2. Form 5-1E Prison Rape Elimination Act (PREA) Reporting
- 3. Form 14-2E Inmate PREA Allegations Status Notification

Interviews:

- 1. Warden
- 2. Investigative staff
- 3. Inmates who reported sexual abuse

Site Review:

Investigation Files: The auditor reviewed seven sexual abuse allegations in the past twelve months. Five of the investigations were Inmates-on-Inmates (one case referred for prosecution) and two were Staff-on-Inmates with no open cases. The PREA manager provided the investigations to the auditor on the first day of the audit for review. The auditor reviewed seven investigations provided by the facility to include an interview with the facility investigator. The auditor received copies of seven administrative investigation records, including medical and mental health records, retaliation monitoring for alleged victims, for incidents of sexual abuse and sexual harassment that were reported in the past 12 months immediately preceding the audit. The auditor reviewed one offender grievance with an allegation against staff on the facility.

The facility had one investigator who is responsible for conducting all administrative and criminal investigations. The investigator is the facility investigator, however, is a certified peace officer. The facility works in conjunction with the Milan Police department for all criminal investigations. The facility reviewed the Grievances for the past 12 months and the facility had one grievance related to PREA. The auditor reviewed the grievance which was against an employee. A PREA investigation was conducted by the Assistant Warden. There was one record of criminal investigation pending during the audit for one of the inmate-o-inmate investigations. The auditor did not review any incidents reports involving ICE inmates to compare to the County and USMS inmates. The facility has ICE agents and representatives on-sight who conduct administrative investigations in conjunction with the facility investigator and local law enforcement for prosecution. The investigation dispositions are shown below:

Description	Status	Criminal Case/Disposition	Criminal/Administrative
Inmate-on-Inmate			
1. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
2. Inmate-on-Inmate	Unfounded	No case opened	Administrative

3. Inmate-on-Inmate	Substantiated	Referred for prosecution	Criminal
4. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
5. Inmate-on-Inmate	Pending	Pending	Administrative
Staff-on-Inmate			
6. Staff-on-Inmate	Unsubstantiated	No open case	Administrative
7. Staff-on-Inmate	Unfounded	No case opened	Administrative

Findings:

115.73 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 25 section Q. The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 6. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 6. The auditor reviewed a total of seven investigations. The Warden and investigator were interviewed and knowledgeable of the process. There were on inmates onsite who reported sexual abuse for interviews.

115.73 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 25 section Q. The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 1. The auditor reviewed a total of seven investigations.

115.73 (c) There were no substantiated cases for the past 12 months.

1. Staff-on-Inmate	Unsubstantiated	No open case	Administrative
2. Staff-on-Inmate	Unfounded	No case opened	Administrative

115.73 (d) There have been no substantiated cases for inmate-on-inmate allegations for the past 12 months requiring a notification.

115.73 (e) There have been no substantiated cases for inmate-on-inmate allegations for the past 12 months requiring a notification.

115.73 (f) The facility’s obligation to report under this standard shall terminate if the inmate is released from custody.

Corrective Action: The auditor recommends no corrective action.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?
 Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

- A. Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2.

Findings:

115.76 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0.

115.76 (b) There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-inmates were unfounded and unsubstantiated.

115.76 (c) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-inmates were unfounded and unsubstantiated.

115.76 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 27 section 2. the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: 0. There have been no disciplinary or terminations for staff regarding sexual abuse or sexual harassment. The two staff-on-inmates were unfounded and unsubstantiated.

Corrective Action: The auditor recommends no corrective action.

Standard 115.77: Corrective Action: The auditor recommends no corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?
 Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?
 Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Interviews:

- 1. Warden

Findings:

115.77 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section 3. The interview with the Warden determined there have been no allegations or reports of sexual abuse or sexual harassment by volunteers or contractors at the facility.

115.77 (b) The interview with the Warden determined that the facility takes all measures and prohibits contact with inmates in the event of a violation of sexual abuse by a volunteer or contractor. The volunteer or contractor would not be allowed on the facility until completion of investigation for the protection of the offender.

Corrective Action: The auditor recommends no corrective action.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that a inmates engaged in inmates-on-inmates sexual abuse, or following a criminal finding of guilt for inmates-on-inmates sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a inmates' mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmates to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline a inmates for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 15-1 Offense and Penalty Code-Adult
- C. Policy 15-2 Disciplinary Procedures

Interviews:

- 1. Warden
- 2. Medical/Mental health staff

Findings:

115.78 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 26 section R. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0. In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0.

115.78 (b) The Wardens interview determined that there were no incidents of disciplinary sanctions imposed on inmates during the past 12 months for substantiated inmate-on-inmate sexual abuse or criminal findings of guilt for inmate-on-inmate sexual abuse, or for inmate-on-staff sexual contact abuse.

115.78 (c) The Wardens interview determined that the inmates mental disabilities or mental illness contributed to his or her behavior when making decisions on the types of sanctions to be imposed.

115.78 (d) Medical staff interviews determined that all inmates victims and abusers will be offered therapy, counseling, or other interventions designed to address and correct the reasons and actions for the abuse.

115.78 (e) The Wardens interview determined that there were no incidents of disciplinary sanctions imposed on inmates during the past 12 months for substantiated inmate-on-inmate sexual abuse or criminal findings of guilt for inmate-on-inmate sexual abuse, or for inmate-on-staff sexual contact abuse.

115.78 (f) The Wardens interview determined that the facility prohibits disciplinary action for a report made in good faith.

115.78 (g) The agency prohibits all sexual activity between inmates. If the agency prohibits all sexual activity between inmates and disciplines inmates for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Corrective Action: The auditor recommends no corrective action.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmates has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmates is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmates has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmates is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmates has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmates is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmates is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse and Response

Secondary:

1. Form 14-2B Sexual Abuse Screening Tool
2. Behavioral Health Initial Evaluation
3. Initial Health Screening
4. Follow-up Mental Health Appointment

Interviews:

1. Staff responsible for risk screening
2. Inmates who disclose sexual victimization at risk screening

Findings:

115.81 (a) The auditor reviewed the risk screening and interviewed medical determining that any inmate who disclosed prior victimization is offered a follow-up meeting with medical or mental health.

115.81 (b) The Health Service Administrator stated during the interview that all previously perpetrated sexual abuse are offered a mental health referral within 14-days.

115.81 (d) The Health Service Administrator stated that all information related to sexual abuse is highly confidential and strictly limited.

115.81 (e) The Health Service Administrator and policy reflect that informed consent must be obtained unless the inmate is under the age of 18.

Corrective Action: The auditor recommends no corrective action.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmates victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmates victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the*

facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Correct Care Solutions B-05, Procedures in the Event of Sexual Assault

Secondary:

1. 14-2C Sexual Abuse Checklist
2. Medical Health Notices-Initial Evaluation
3. Mental Health Notes-Initial Evaluation
4. Health Services Work Schedule

Interviews:

1. Medical/Mental health staff
2. Inmates who reported sexual abuse
3. Security staff and non-security staff first responders

Findings:

115.82 (a) The facility Medical Department is staffed and available 24 hours 7 days a week. The facility transports all victims of sexual abuse to the University of New Mexico Hospital where SANE nurses are on-call 24/7.

115.82 (b) The facility Medical Department is staffed and available 24 hours 7 days a week. The facility transports all victims of sexual abuse to the University of New Mexico Hospital where SANE nurses are on-call 24/7.

115.82 (c) The interview with the Health Service Administrator and review of documentation determine that inmate victims of sexual abuse are offered timely information and timely access to emergency contraceptive and STI's prophylaxis with the standard of care.

115.82 (d) The interview with the Health Service Administrator and sexual abuse investigation reviews determined that the victim is provided the services without financial cost.

Corrective Action: The auditor recommends no corrective action.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmates victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmates victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmates-on-inmates abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Correct Care Solutions B-04 Federal Sexual Assault Reporting Obligations
- C. Correct Care Solutions E-04 Initial Health Assessment
- D. Correct Care Solutions E-05 Mental Health Screening and Evaluation (MH Services Provided)

Secondary:

- 1. 5-1B Notification to Administration
- 2. Behavioral Health Initial Evaluation
- 3. Initial Health Screening
- 4. Follow-up Mental Health Appointment

Interviews:

- 1. Medical and Mental health staff
- 2. Inmates who reported a sexual abuse

Findings:

115.83 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. The auditor reviewed a total of 26 inmate files which included the referrals to medical. The Health Administrator interview determined that treatment is offered to all inmates who have been victims of sexual abuse.

115.83 (b) The Health Administrator interview determined that treatment is offered to all inmates who have been victims of sexual abuse.

115.83 (c) The Health Administrator interview determined that treatment is offered to all inmates who have been victims of sexual abuse consistent with the community level of care.

115.83 (d) The Health Administrator interview determined that treatment is offered to all inmates who have been victims of sexual abuse requiring a pregnancy test. There were no instances which required a pregnancy test.

115.83 (e) The Health Administrator interview determined that treatment is offered to all inmates who have been victims of sexual abuse requiring a pregnancy test. There were no instances which required a pregnancy test.

115.83 (f) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. There were no instances which required for sexually transmitted infections.

115.83 (g) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. The Health Service Administrator interview determined that treatment services are provided to the victim without any financial cost.

115.83 (h) Policy 14-2 Sexual Abuse Prevention and Response pg. 18 section M. The Health Service Administrator stated that medical conducts a mental health evaluation on all known victims and abusers. Both victims and abusers receive the same level of care.

Corrective Action: The auditor recommends no corrective action.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 5-1 Incident Reporting

Secondary:

- 1. Facility Case Log

2. 14-2F Sexual Abuse Incident Review Report
3. 14-2C Sexual Abuse Incident Check lists
4. 5-1A Incident Report
5. 5-1G PREA Incident Investigations
6. 5-1H Incident Packet Checklist and Administrative Review
7. Memo to File/SART Team Members

Interviews:

1. Warden
2. PREA Compliance Manager
3. Incident Review Team

Site Review Observations:

Description	Administrative Status	Criminal Case/Disposition	Criminal/Administrative
4. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
5. Inmate-on-Inmate	Unfounded	No case opened	Administrative
6. Inmate-on-Inmate	Substantiated	Referred for prosecution	Criminal MDP
7. Inmate-on-Inmate	Unsubstantiated	No case opened	Administrative
8. Inmate-on-Inmate	Pending	Pending	Administrative
9. Staff-on-Inmate	Unsubstantiated	No open case	Administrative
10. Staff-on-Inmate	Unfounded	No case opened	Administrative

Findings:

115.86 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 22 section N. The auditor reviewed a total of seven sexual abuse investigation. The required investigations had the Sexual Abuse Incident Review however, one of the investigations was over the 30-day timeframe.

115.86 (b) The required investigations had the Sexual Abuse Incident Review however, one of the investigations was over the 30-day timeframe.

115.86 (c) The review team was coordinated with all the required team members. The facility has a good process in place utilizing for 14-2F Sexual Abuse or Assault Incident Review which requires detailed information for the overall assessment. The Warden was interviewed and explained the process of the SART team.

115.86 (d) The review team was coordinated with all the required team members. The facility has a good process in place utilizing for 14-2F Sexual Abuse or Assault Incident Review which requires detailed information for the overall assessment. The Warden was interviewed and explained the process of the SART team. The review team considers 1-6.

115.86 (e) The facility implements any recommended improvement and documents on the form.

Corrective Action: The auditor reviewed a total of seven Sexual Abuse Investigations for four of the investigations that fell in the category of substantiated and unsubstantiated. The review determined that four of the investigations were unfounded and the other four were reviewed by the SART team using the 14-2F Sexual Abuse

or Assault Incident Review form. One of the four reports determined that the SART team reviewed the incident past the 30-day required timeframe. The facility PREA Compliance Manager (PCM) in conjunction with the Warden collaborated with the auditor to determine the best corrective action measures for ensuring the SART conducts the reviews within the 30-day timeframe. The PCM initiated a training for standard 115.86 (b) with the SART utilizing the report as a reference point to ensure the 30-day timeframes are followed. The PCM monitored the reports for 30-days and provided the signature training as part of the required Corrective Action.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 1-15 Retention of Records

Secondary:

- 1. 5-1BB PREA Incident Reporting Definitions
- 2. PREA Annual Report

Findings:

115.87 (a/c) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Retention of Records 1-15-1. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.87 (b) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Retention of Records 1-15-1. CoreCivic Records Retention Schedule.

115.87 (d) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Retention of Records 1-15-1. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.87 (e) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Retention of Records 1-15-1. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

115.87 (f) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Retention of Records 1-15-1. CoreCivic Records Retention Schedule. CoreCivic website with the PREA Annual Reports.

Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for Corrective Action: The auditor recommends no corrective action.

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking Corrective Action: The auditor recommends no corrective action. on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and Corrective Action for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency’s annual report include a comparison of the current year’s data and Corrective Action: with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response

Secondary:

1. CC Website
2. Department Head Meeting Minutes
3. 14-2F Sexual Abuse Incident Review Report
4. PREA Annual Report

Interviews:

1. Agency head
2. PREA Coordinator
3. PREA Compliance Manager

Findings:

115.88 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

115.88 (b) Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

115.88 (c) This report is approved by the agency head and Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

115.88 (d) The agency may redact specific material from the reports prior to publication: Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

Corrective Action: The auditor recommends no corrective action.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

The following evidence was analyzed in making compliance determination:

Documentation Reviewed:

Primary:

- A. Policy 14-2 Sexual Abuse Prevention and Response
- B. Policy 1-15B Records Retention Schedule

Secondary:

- 1. CC Website

2. PREA Annual Reports

Findings:

115.89 (a) Policy 14-2 Sexual Abuse Prevention and Response pg. 28 section T. The agency ensures that the incident based, and aggregate data are securely retained.

115.89 (b) Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

115.89 (c) All personal information will be removed prior to public distribution. Annual Reports may be viewed on the public website: <http://www.corecivic.com/facilities/cibola-county-correctional-center>.

115.89 (d) The agency maintains sexual abuse data collected pursuant to 118.87 for at least 10 years to include the Retention schedule.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND CORRECTIVE ACTION: THE AUDITOR RECOMMENDS NO CORRECTIVE ACTION.

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited

during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
 Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and inmates?
 Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

CoreCivic Cibola County Correctional Center demonstrated compliance with the standard. The auditor reviewed all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The audits were reviewed, at a minimum, a sampling of relevant documents and other records and information for the recertification period. The auditor had access to all areas of the audited facility. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, e.g., video tapes and interview

notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor interviewed a representative sample of offenders, staff, supervisors, and administrators. The auditor reviewed a sampling of available surveillance cameras and other electronically available data that may be relevant to the provisions being audited. The auditor was permitted to conduct private interviews with inmates. Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor was able to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The auditor concluded that the facility complies with the standard for the relevant recertification period.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action: The auditor recommends no corrective action.*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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: The auditor recommends no corrective action. recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific Corrective Action taken by the facility.

CoreCivic Cibola County Correctional Center publishes reports on their agency website, and has otherwise made publicly available all Final PREA Audit Reports within 90 days of issuance by auditor. The agency website is : <http://www.corecivic.com/facilities/cibola-county-correctional-center>. The facility is compliant with the reporting process and standard for this recertification review period.

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 inmates or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Noelda Martinez _____

4/22/19 _____

Auditor Signature

Date

¹

See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.