

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

Interim Final

Date of Interim Audit Report: N/A

Date of Final Audit Report: 8/6/2021

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 78104

Telephone: (210) 790-7402 Date of Facility Visit: May 18-20, 2021

Agency Information

Name of Agency: CoreCivic

Governing Authority or Parent Agency (If Applicable): NMCD

Physical Address: 5501 Virginia Way, Suite 110 City, State, Zip: Brentwood, Tennessee 37027

Mailing Address: Same as above City, State, Zip: -

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

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

Agency Chief Executive Officer

Name: Damon. T. Hininger, President and Chief Executive Officer

Email: Damon.Hininger@corecivic.com Telephone: (615) 263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson, Senior Director, PREA Compliance and Programs

Email: eric.pierson@corecivic.com Telephone: (615) 263-6915

PREA Coordinator Reports to:
Steven Conry, Vice President, Operations
Administration

Number of Compliance Managers who report to the PREA
Coordinator:
65 (indirect)

Facility Information

Name of Facility: Northwest New Mexico Correctional Center

Physical Address: 1700 East Old Hwy 66

City, State, Zip: Grants, NM 87020

Mailing Address (if different from above):
P.O. Box 800

City, State, Zip: Grants, NM 87020

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Othe

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Betty Judd

Email: Betty.Judd@corecivic.com

Telephone: (505) 287-9601

Facility PREA Compliance Manager

Name: David Brown

Email: DavidLee@corecivic.com

Telephone: (505) 287-9602

Facility Health Service Administrator N/A

Name: Ardith Allcorn

Email: ardith.allcorn@corecivic.com

Telephone: (505) 287-2941 ext. 23477

Facility Characteristics	
Designated Facility Capacity:	673
Current Population of Facility:	387
Average daily population for the past 12 months:	505
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 to 70
Average length of stay or time under supervision:	6 to 48 months
Facility security levels/inmate custody levels:	Low/Medium
Number of inmates admitted to facility during the past 12 months:	477
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	477
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	477
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input checked="" type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	138
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	55

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	33
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	33
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	0
Number of single cell housing units:	10
Number of multiple occupancy cell housing units:	1
Number of open bay/dorm housing units:	12
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	29
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input checked="" type="checkbox"/> Other (please name or describe: SANE Clinic, Albuquerque)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	2
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (NMCD OPS Investigation)) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe: (NMCD/OPS)) <input type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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) re-certification audit for the Northwest New Mexico Correctional Center (NWNMCC) CoreCivic in Grants, New Mexico was conducted on May 18-20, 2021, 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 requirements according to the Department of Justice (DOJ) standards and PREA audit handbook to include the following:

Pre-Audit

1. Post Notice of Audit
2. Communication with Community Based or Victim Advocates
3. Agency/Facility Questionnaire
4. Instructions for completing
5. Agency facility information
6. Information requested by standard
7. Initial Auditor Review and discussions with PREA Compliance Manager
8. Audit Compliance Tool

Onsite Audit

1. Facility Site Review
2. Instructions/guidance for conducting tour
3. Additional document review
4. Staff interviews
5. Inmate interviews
6. Surveillance review
7. Observations
8. Informal interviews

Post-Audit

1. Auditor compliance tool
2. Response Review
3. Auditor Report
4. Corrective Action Plan
5. Final Report
6. Agency Appeal

The NWNMCC was provided with the pre-audit questionnaire and process map six to eight weeks prior to the audit. The facility was prepared and forwarded the information through a secure website to the auditor. The agency included an email with instructions on retrieving the confidential information. The information received included the pre-audit questionnaire, supporting documentation and files. The PAQ and additional audit information was expedited in a timely manner allowing follow-up questions & additional documentation as needed.

CDC COVID Procedures: The agency/facility was under COVID restrictions following all protocols to minimize and reduce the spread and exposure of Coronavirus.

The World Health Organization declared the virus a global health emergency and rated COVID-19's global risk of spread and impact as "very high". March 13, 2020, the president declared a national state of emergency. The agency/facility followed the Centers for Disease Control and Prevention rules and regulations for the overall safety of the inmates and employees. The auditor was notified prior to the audit that all COVID-19 rules and regulations would be followed to minimize and reduce the risk of COVID-19 during the onsite portion of the audit. The auditor was required to test for COVID-19 upon arrival to the facility on each day of the audit. The auditor was required to swab the nose several times and provide the swab sample to the supervisor. The auditor's information was entered into a tablet and the auditor was required to wait fifteen minutes for the results. The auditor results were negative for COVID-19 on each day. The auditor was required to wear a face mask prior to access of the facility and answer COVID-19 questions as part of the protocol, provide a temperature check and present identification as part of the process. The auditor was required to remain 6 feet apart from others, wear a mask covering the nose and mouth, the use of hand sanitizer, and wash hands frequently. The auditor followed all CDC and facility guidelines to prevent the spread and exposure of COVID-19. The auditor conducted interviews in a private setting in an office on a one-on-one basis following all CDC guidelines by wearing a mask, sitting six feet apart and using hand sanitizer in between interviews and washing hands.

Posting Notice of the Audit

The facility posted the notice of audit with the auditor information weeks prior to the audit in both English and Spanish for offenders to send confidential information or correspondence to the auditor. Inmates were provided with the opportunity to write the auditor in a confidential manner as needed. The notices were posted throughout the facility to include visitation, housing areas, inmate work areas, and offices. The auditor observed the notice of audit posted on 3/24/2021 during the site review and through random inmate interviews identifying the notice in both English and Spanish. The auditor conducted random inmate interviews during the site review and inmates were able to point out and identify the notice of audit.

Correspondence

The inmates at the facility were given the opportunity to write the auditor in a confidential manner marked as legal mail, if needed. The auditor did receive inmate correspondence from the facility and the auditor interviewed the inmates during the site review to address issues and concerns. During the random inmate interviews, the auditor asked the inmates if they were aware of the Audit Notice with the auditor's information, and the random responses were "yes." During the site review, the auditor randomly asked inmates if they could point out the auditors posted information to ensure it was made available. The information was posted for the inmate population in the housing areas. 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 administrator during the site review. The facility administration was transparent with policies, procedures, inmate information, and staff interviews. Good communication was established and maintained throughout the duration of the audit.

Audit Methodology (Pre-Onsite Audit Phase):

The auditor utilized the U.S Department of Justice's PREA Standards for Adult Prisons and Jails which included the following instruments. The pre-audit questionnaire, auditor compliance tool, instructions for PREA audit tour, interview protocols: Agency head or designee, Facility director or designee, PREA coordinator, specialized staff, random staff, and inmates; the auditor report template, process map and checklist of documentation. The facility provided the following documentation to the auditor: inmate roster (Youthful if any), inmates with disabilities, LEP inmates, LGBTI inmates, inmates who reported sexual abuse, inmates who reported sexual victimization during risk screening, staff roster, specialized staff, all contractors/volunteers who may have contact with inmates, grievances made in the past 12 months, all allegations of sexual abuse/sexual harassment 12 months preceding the audit, all hotline calls made during the 12 months preceding the audit, and community-based or victim advocacy information. The auditor also used the PREA auditor handbook for continued guidance and reference throughout the audit. The auditor and warden maintained constant communication throughout the duration of the audit. The auditor established a positive working relationship with the facility administration and key facility staff engaging in a productive working atmosphere.

The warden was receptive and eager to engage in dialogue and discussions regarding the standards. It was explained to the warden and key staff about the importance to have unfettered access to all areas of the facility, file review of staff, 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 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 time frame for the submission of the final PREA report. The auditor also notified the warden and staff of the responsibilities and expectations as an auditor and the agencies right to report any violation of the auditor's code of conduct to the PREA Resource Center. The warden and auditor discussed information regarding the 90-day appeal process.

Litigation/Internet Search:

The Warden was interviewed and stated that the facility was not under any litigation, DOJ involvement, and or federal consent decree. The auditor conducted an internet search regarding the NWNMCC with the following website links and information.

<https://cd.nm.gov/divisions/adult-prison/nmcd...>

<https://www.corecivic.com/facilities/northwest-new...>

Point of Contact:

A point of contact (POC) was established with the facility administration prior to the audit and constant communication was maintained. Staff and inmate interviews were conducted in an office setting with plenty of room and privacy for one-on-one interviews. During the audit planning and logistics phase, the auditor remained engaged with the Warden and PREA manager regarding the audit process, expectations, and coordinated the logistics of the onsite portion of the audit. 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, and supporting documentation.

Community Based Victim Services:

The facility had a Memorandum of Understanding between the New Mexico Corrections Department and New Mexico Coalition of Sexual Assault Programs, Inc. The memorandum of understanding was entered into agreement between Northwest New Mexico Correctional Center and the Rape Crisis Center of Central New Mexico. The purpose of the MOU is to assure a unified effort between the entities involved to provide incarcerated victims or complainants of sexual assault with confidential support, crisis intervention, information, and referrals related to sexual violence as required by Prison Rape Elimination Act.

The auditor conducted a telephonic interview with the Albuquerque SANE nurse (name provided during interview) Clinical Coordinator on 5/20/2021 @ 9:26 AM regarding the SANE exams and victims of sexual abuse in confinement and advocacy and treatment services comparable to those available to victims outside of confinement. The Clinical Coordinator explained the process occurred through the Clinic Family Advocacy Rape Unit conducted by a SANE nurse and expressed a good working rapport with the facility. The facility provides all inmates access to the address and toll-free phone number for inmate to use. Services are provided for inmates and confidential access for emotional support services related to sexual assault by giving inmates the contact information. The facility informs inmates, prior to giving them access to Crisis and Support Line and/or mailing address, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to facility's PREA Compliance Manager in accordance with mandatory reporting laws. Random inmate interviews determined that the information was made available as needed and displayed throughout the facility. The auditor observed the information displayed throughout the facility made available to the inmate population if needed. Random informal inmate interviews determined their knowledge of the contact information made available to the population through multiple forms. The pre-onsite audit preparation included a review of the CoreCivic PREA policies, procedures, training curriculums, pre-audit questionnaire and support PREA-related documentation.

Video Surveillance/Security Mirrors:

The Northwest New Mexico Correctional Center had 296 surveillance cameras in different locations throughout the facility. Northwest New Mexico Correctional Center had no upgrades or modifications to the physical plant or camera system during 2020. The surveillance cameras are serviced by Sierra Electronics. The auditor reviewed the surveillance cameras in several different areas at different times during the site review to include housing areas, library, G-unit, and back cameras.

The surveillance cameras provided a clear view into the areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area. The cameras are reviewed by authorized staff only. There were 32 security mirrors throughout the facility for the prevention of blind spots.

On-Site Audit Phase:

The site review was conducted on May 18, 2021, and the introductory meeting was held with the Warden, Assistant Warden and additional staff. The auditor and administration staff discussed the logistics of a workspace to conduct staff/inmate interviews and 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 Warden and Assistant Warden to include 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 safety.

During the site review, the auditor conducted informal interviews with staff/inmates in the following areas: administration, housing units, kitchen, maintenance, and medical. Employees interviewed during the site review were able to describe the process in a consistent manner and received training as first responders. The correctional staff carry a first responder card with their duties and responsibilities. The auditor observed the areas for cross-gender announcements in housing units, cross-gender viewing in housing areas, grievance boxes in housing units, PREA zero-tolerance posters/third party reporting, notice of audit, access to reporting entities, housing activity, inmate activity, search areas, restroom and shower procedures, privacy screens, staffing ratios, surveillance cameras, working telephones, and supervision practices.

Site Review/Locations:

The following information describes the areas observed by the auditor during the site review which included: Front entrance, metal detector, search area and identification process, Administration offices, conference room, visitation, education, janitor closet, medical, diagnostics, property, hallways, laundry, A, B, C, D, E, F, G unit, restrictive housing, control, vehicle sallyport, food service, commissary, maintenance, intake, corrections industry, court yard, records department, chapel, library, showers and restrooms, mop closets, parking lot, and informal random interviews regarding the reporting and notification process for sexual abuse and sexual harassment. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the entire facility. The signs were displayed in a large print for to inmates to view and with disabilities or limited reading skills. The sign included: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included).

The Northwest New Mexico Correctional Center had 296 surveillance cameras and security mirrors positioned in areas for the overall coverage of blind spots. The auditor reviewed the surveillance cameras in several different areas at different times. The surveillance cameras provided a clear view into the housing areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area.

The Northwest New Mexico Correctional Center site review was conducted by the auditor on 5/18/2021. The Warden, Assistant Warden and additional staff escorted the auditor during the site review providing information and unfettered access to the auditor with no hesitation. The auditor observed the parking lot and signs displayed to include the security perimeter, surveillance cameras, security mirrors, working gates and the identification process upon entering the facility. The auditor was required to wear a mask due to the COVID-19 pandemic to include all employees, visitors, and inmate population. The auditor's temperature was checked upon entrance and upon clearance continued through the metal detector, identification process and search process. The auditor was required to sign in, provide identification and a pat-searched was conducted as part of the security operations. The auditor left the ID in exchange for a badge number. The auditor walked through administration building which was composed of the command post/conference room, administration offices, staff restrooms, employee break room with the PREA signs and third-party notices. The notice of audit dated 3/24/2021 was displayed in the hallway in both English and Spanish for all employees and inmates. The auditor observed surveillance cameras and security mirrors in the hallways.

The auditor observed two inmate workers assigned to the administration area during the site review. The facility had 296 surveillance cameras and 37 security mirrors throughout the facility. The PREA information was displayed in both English and Spanish, notice of audit dated 3/24/2021 in English and Spanish and the staff carried the first responder cards. The front lobby and administration building had the PREA information displayed for staff and inmates in both English and Spanish. The auditor observed the visitation area with chairs, vending machines and social distancing. The visitation was conducted virtually during the site review. The in-person visitation stopped on April 30, 2020 due to COVID-19. The facility received five I-pads utilized for virtual visitation by appointment seven days a week. The virtual visits are allowed for 30 minutes during the week and 45 minutes during the weekends following all COVID-19 rules and regulations. The signs were displayed in a large print for to inmates to view and with disabilities or limited reading skills. The sign included: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish. The auditor observed surveillance cameras and security mirrors in the visitation area. The shakedown room was utilized to conduct strip searches by same gender staff in a professional manner. The shakedown room was labeled for identification and there was no view into the search area. The window was covered with mirror tint and no view or visibility for privacy. There was a capacity of 12 inmates per visitation following COVID-19 rules and regulations.

The auditor entered the Education building and observed the following staff during the site review: (1) principal, RDAP teachers and counselors, and (4) classroom. The education building allowed 20 inmates at a time with 5-10 per classroom. The pat-searches were conducted prior to the inmates leaving their housing unit. The auditor randomly informally interviewed a teacher during the site review, and she explained the reporting process and the PREA card carried by staff. The education building had surveillance cameras in the building. The auditor observed the janitor closet during the site review. The inmate restroom was facilitated with a door and privacy. The signs were displayed in a large print for to inmates to view to include inmates with disabilities or limited reading skills. The sign included in both English and Spanish: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish.

The inmate population were issued different color uniforms which designated the different levels observed by the auditor. Red was designated for level 3, orange was designated for level 2, purple was designated for graduated seminary program, yellow was designated for kitchen workers, and green or brown coveralls were assigned to maintenance.

The Mental Health department had the signs in both English and Spanish: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish. The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were also allowed to press #3 on the phone for the PREA hotline. The medical department had a surveillance camera and a security mirror for the prevention of blind spots. The department had a mental health clerk, two mental health coordinators, and one contracted psychiatrist three days a week. The employee restroom was labeled for easy visibility.

The Diagnostic office had the PREA signs in both English and Spanish: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish. The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were also allowed to press #3 on the phone for the PREA hotline. The opposite gender must announce upon entry sign was displayed for staff to verbally announce prior to entering the area.

The Warden verbally announced, "female in the area" prior to entering the diagnostics area. There were five cells and a multipurpose area, a constant watch cell and two surveillance cameras. The shower area was utilized one at a time and had a curtain for privacy and the prevention of cross-gender viewing. The PREA information was painted on the walls for the inmate population and easy access by the phone. There was an officer assigned to the area conducting normal duties during the site review. The diagnostic area was clean and free of clutter.

The property area was observed with one female officer and two inmate workers assigned to the area wearing orange uniforms. The hours of operation consisted of Monday through Friday from 7:00AM-3:30PM. There was a security mirror and a surveillance camera in the property area. The PREA signs were displayed in both English and Spanish: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish. The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The inmate searches were conducted in the inmate housing unit prior to leaving on a random basis.

The laundry area was observed to have one inmate clerk assigned to the area during the site review. There were two security mirrors in the area for the prevention of blind spots. The laundry department had three dryers and three washers. The PREA signs were displayed in both English and Spanish: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The notice of audit dated 3/24/2021 was displayed in both English and Spanish. The mechanical room was observed to have one surveillance camera.

C Housing Unit had a capacity of ten inmates with seven assigned to the unit during the site review. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The signs were displayed in a large print for all inmates to include inmates with disabilities or limited reading skills. The information included to report PREA violations, I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline.

The auditor observed the "Opposite Gender must announce upon entry" sign displayed on the entrance door of each housing unit. The auditor observed staff of the opposite gender verbally announce prior to entering housing unit. There was a working phone for inmate use with the PREA information readily available. There was a unit manager, counselor and a correctional officer assigned to the area during the site review. The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. There were two inmate showers with a privacy wall and a curtain for privacy to include an additional half wall for the prevention of cross-gender viewing. The cells were facilitated with a door for privacy, sink, toilets and bunk in the housing area. The dayroom was facilitated with a television, microwave, tables, and seats. The auditor requested for a random inmate in C-unit to test the PREA hotline number during the site review. The inmate tested the PREA line by pressing the #9 and explained that he was testing the line for the auditor during the site review. The TTY phone device was stored in the medical department and utilized as needed or upon request. The auditor requested for another random inmate to test the Rape Crisis of Santa Fe line by pressing #3 during the site review. The auditor observed a recreation area that was not in use.

The control room was facilitated with two correctional staff and prior to entering staff obtained approval by the shift supervisor. The auditor received clearance and provided identification prior to entering the area. The surveillance camera monitors were located in central control and viewed by employees assigned to the area. The control room itself had a surveillance camera to observe assigned staff.

The officer control room monitored the surveillance cameras with limited live feed. The key vault was a restricted area and utilized by authorized staff only. Two officers were assigned to the control room with three large monitors with a view of live feed only. Upon exit of the control room, the vehicle sally port was observed to have building 115 shed for biohazard and a trash compactor. There was an empty portable building that was not in use and vacant. The armory building had restricted access for armory staff only. The emergency vehicles and transports were allowed in and out of the sally port with approval. The auditor observed cameras in the sally port area.

The food service employees were contracted by Trinity staff. The auditor observed four Trinity employees and 29 inmates assigned to the kitchen during the site review. The inmates assigned to the food service department were wearing yellow uniforms. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The auditor observed the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The signs were displayed in a large print for all inmates to include inmates with disabilities or limited reading skills. The information included to report PREA violations, I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The tool was observed during the site review. The pat-search procedure was conducted at the entrance of the food service department when inmates enter and exit the building. The Trinity staff hours of operation consisted of 2:00AM to 9:30AM and 9:30AM to 6:30PM. The inmate work schedule consisted of 2:00AM to 9:30AM seven days a week.

The auditor observed the utility closet, dry storage area (surveillance camera), Chief of Security office, and the facility added a security mirror during the site review. The following areas were observed: freezer, cooler, hotbox/cooler, the serving line/diet line, two icemakers, and the chow hall with the PREA information and notice of audit. The facility provided meals to the inmate population by satellite feeding as of April 30, 2020. The inmate restrooms were labeled with privacy and prevention of cross-gender viewing.

The commissary department had the PREA signs in both English and Spanish displayed on the walls for the inmate population throughout the facility. The signs were displayed in a large print for all inmates to include inmates with disabilities or limited reading skills. The information included how to report PREA violations, I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The staff restroom was labeled for employee use only. The commissary department had a surveillance camera and a security mirror in the area. The auditor walked down the hallway to the maintenance/warehouse department. The auditor observed five employees and six inmates assigned to the department. The maintenance department had surveillance cameras in the area and the department was clean and organized. The fire and safety caustic room was observed and had one surveillance camera. The strip searches were conducted in the restroom area behind a closed door one at a time by security staff. The auditor observed the following boxes for inmates in the hallway: medical boxes, U.S. mailboxes, grievance boxes, mental health boxes and the PREA signs displayed throughout the facility.

E/F Housing Unit were observed by the auditor. F1 pod, F2 pod, and E pod to include E/F central control were observed. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included).

The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information.

The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the restroom area with three shower stalls, shower curtains and privacy during the site review. There were four toilets and four sinks in the restroom inmate for inmate use with privacy. The pods offer privacy from cross-gender viewing allowing inmates to change with privacy. The dayroom was facilitated with televisions, a play station, a microwave, tables, and seats for the inmate population. The auditor observed surveillance cameras and security throughout the facility. The auditor requested for random inmate in F2 pod to test the phone line to the Advocacy and Emotional Support Services of Santa Fe of New Mexico during the site review. The inmate then pressed (4) @ 10:55AM and was prompted to leave a message. The auditor evaluated the different phone numbers made available to the inmates for reporting sexual abuse. E-pod (level 3) was observed by the auditor during the site review. 1 row and 2 row had individual cells with a door for privacy, a toilet, sink and bunk. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. E-pod dayroom had four phones, tables, chairs, tv's and a game boy for the inmates.

The auditor observed the staff training during the site review which holds pre-service and in-service classes throughout the year. The PREA information was displayed in both English and Spanish. The auditor observed the back area during the site review.

D-pod was the Restricted Housing Unit (RHU) with a capacity of 24 beds, D-J COVID-19 pod, D-H protective custody, and D-K RHU/PHD. The auditor observed a mailbox and grievance box for inmate use in the housing area. Grievance forms were made available to the inmate population. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The inmates were provided with a showers, and shower curtains for privacy. The recreation area was observed and D-control during the site review. The sweat lodge was in the back area of the facility utilized on weekends to minimize and prevent COVID-19. The auditor observed the intercom system throughout the facility. The boss chair was utilized for all inmates entering and exiting the facility for contraband purposes. The strip searches were conducted in-cell with privacy. The U.S. mailbox and legal mail was designated in the same housing unit for inmate use. The staff restroom was labeled for employee use.

The chaplain was informally interviewed during the site review and stated that the facility did not have any volunteers as of April 30, 2020. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline.

The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The intake area was observed where the SRNS process takes place with in a 72-hour timeframe upon arrival conducted one at a time in an office setting by staff with the data collected entered into the computer. The intake staff explained the process and the how the information was entered into the computer during the onsite. The information is entered into the CMIS offender system, evaluations and referrals are forwarded as needed to mental health and the 30-day reassessments are conducted by a designated Case Manager in an office setting with privacy one at a time. All referrals are immediately forwarded to Mental Health and the ADO.

The Correction Industry had a state employee, a correctional officer and seven inmates assigned to the area during the site review. The inmate restroom was labeled and located in the front area; the strip searches were conducted with privacy one at a time. There were two large security mirrors positioned to provide view of the inmate population. The inmates were working on embroidery on clothing, screen printing during the site review. The state employee stated that the work done in the industry promoted team building and problem solving. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The employees carried the first responder card with the PREA information.

The courtyard/recreation yard had two basketball goals and tables. D-gym was utilized by inmates following the daily recreation schedule. There was a barber shop and a recreation coordinator assigned to the area. The pat-searches were conducted by correctional officers as needed. There were six surveillance cameras and security mirrors in the gym. The PREA information was displayed on the entire wall in large print for inmate population. F-pod inmates were in the gym at the time of the audit. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The auditor observed the following offices: records department, contract manager, and one porter assigned to the area. B-Unit was vacant and not in use due to construction and the replacement of pipes. The auditor observed a case manager office in the hallway, the chapel and the closet. The PREA information and notice of audit were displayed in the hallway.

The library was observed with a thirteen inmates during the site review. The law library had a small security mirror to prevent blind spots. The PREA signs included the following information on how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information.

B-Unit (B1, B2, B3, B4) B4 pod was vacant and having the septic line replaced during the site review. The PREA information was displayed, and the notice of audit dated 3/24/2021. The facility had hand sanitizer stations in all areas of the facility.

A-Unit (AA, AD, AC) was observed by the auditor during the site review. Prior to entering the housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment.

Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The PREA information was painted on the walls by the vending machine for the inmate population. One row and two row were observed during the site review. The auditor observed surveillance cameras and security mirrors in the housing area.

The auditor randomly/informally asked staff for their PREA cards and staff provided the cards onsite. The auditor observed the restroom area with four shower stalls, shower curtains and a wall for privacy during the site review. There were toilets and sinks in the restroom for inmate use with privacy. The pods offer privacy from cross-gender viewing allowing inmates to change with privacy. The dayroom was facilitated with televisions, a microwave, tables, and seats for the inmate population.

The auditor walked down G-unit hallway to the medical department. The auditor observed medical offices, HSA office, administrative assistant office, storage area, dental office, medical room, psyche office, RN, Pharmacy, ICN, and the nurse's station with restricted access. There was one officer assigned to the medical with a limited capacity of 8 inmates due to COVID-19. The PREA information was displayed in both English and Spanish and the notice of audit was dated 3/24/2021. The auditor walked to the laundry area where two inmates were assigned from 8:00AM to 3:45PM with three dyers and two washers. The laundry area had a surveillance camera and security mirror to prevent blind spots.

G-Unit was observed with RDAP in G1 pod and there was a unit manager assigned, offices, and the PREA information displayed throughout the unit for the inmate population. The capacity for G unit was 313 with a current population of 210 during the site review. The auditor observed the control room, G1 housing, G2 housing, G3 housing, G4 housing, G5 housing, and G6 housing. Prior to entering the G6 housing unit, the correctional staff verbalized the opposite gender announcement in a loud and consistent tone to notify the inmate population and was announced several times. The signs were displayed in a large print to facilitate inmates with disabilities or limited reading skills. The information included how to report PREA violations: I have a responsibility to immediately report allegations of sexual abuse or harassment. Immediately report PREA violations: tell a supervisor or call: PREA hotline (phone number included), Third Party Reporting line (phone number included) or Rape Crisis Advocacy line (phone number included). The PREA hotline number was listed with a notification email forwarded to corporate. The inmates were allowed to press #3 on the phone for the PREA hotline. The auditor observed the Notice of audit dated 3/24/2021 in both English and Spanish with the auditor's information. The dayroom had four phones, tables, chairs, tv's and a vending machine for the inmates. The dorm was facilitated with open bunks, a play station, six showers (walls/dividers) and shower curtains with privacy and prevention of cross-gender viewing. The auditor requested permission to enter the G control room. Once clearance was provided and the hallways were cleared of inmates, the auditor entered the control room. Inmate grievances were made available for the inmate population upon request. The auditor walked around the control room and viewed the G1-G6 with no visibility of cross-gender viewing by the opposite gender. The facility provided privacy for inmates to shower, change and use the restroom.

The Northwest New Mexico Correctional Center designated capacity was 673 with an onsite inmate population of 387 on May 18, 2021. The auditor walked through the main entrance where all staff were required to present identification, test for COVID-19, and walk through the metal detector. A workspace was provided for the auditor to conduct staff and inmate interviews to include the file review. The requested files for staff and inmates were made available to the auditor upon request with no hesitation or delay.

Employee Files: The auditor reviewed a total of 10 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit.

Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

Investigation Review: The facility had a total of 13 criminal and or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed ten investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations reviewed provided a description, status and type of investigation completed.

Description	Status	Type
1. Inmate/Inmate Sexual Abuse	Substantiated	Referred/OPS Review
2. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
3. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
4. Inmate/Staff Voyeurism	Unfounded	Referred/OPS
5. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
6. Inmate/Inmate Sexual Harassment	Substantiated	Referred/OPS
7. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
8. Inmate/Inmate Sexual Harassment	Unsubstantiated	Referred/OPS
9. Inmate/Staff Sexual Abuse	Unfounded	Referred/OPS
10. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS

The information provided to the auditor included the following: PREA audit questionnaire, Auditor compliance tool, Instructions for PREA site review, Investigations, Sexual abuse screening tool, Northwest New Mexico Correctional Center PREA policy, Educational materials, Training curriculums, Organizational charts, Posters, Brochures, Reports, Inmate population, Agreements, Community based contact information, Facility layout, and PREA files to demonstrate compliance with the Prison Rape Elimination Act standards.

Staff/Inmate Interviews:

The auditor conducted the staff and inmate interviews on May 18-20, 2021, in a private setting on an individual basis with no distractions or delays.

Staff Category	Interviews
Specialized Staff Total	28
Random Staff Total	15
Total Staff Interviews	43
Warden or Designee	1
PREA Compliance Manager/Quality Assurance Manager	2
Intermediate or higher-level facility staff	4
Line staff who supervise youthful inmates; if any	0 adult male facility
Education and program staff who work with youthful inmates, if any;	0 adult male facility
Medical and mental health staff	2
Administrative (human resources) staff	1
SANE/SAFE Nurse (off-site)	1
Volunteers and Contractors who have contact with inmates	4
Investigative staff	2
Staff who perform screening for risk of victimization and abusiveness;	1
Staff who supervise inmates in segregated housing	1
Staff on the incident review team	1
Designated staff member charged with monitoring retaliation	1
First responders, both security and non-security staff	6
Intake staff	1
Random Staff Interviews	15
Night Shift Correctional Officers	5
Day Shift Correctional Officers	10

Inmate Interviews:

The auditor conducted the inmate interviews on May 18-20, 2021. The auditor selected a geographically diverse sample of male inmates from different housing units and pods and inmates who met the criteria for the targeted interviews to ensure a fair overall selection. The Northwest New Mexico Correctional Center population was 387 on the first day of the onsite audit.

Inmate Category	Interviews
Number of Random Inmates Interviews	15
Number of Targeted Inmate Interviews	15
Total number of inmate Interviews	30
Targeted Inmate Interviews	
Youthful inmates	0 NWNMCC houses adult male inmates
Inmates with a physical disability	4
Inmates who are <ul style="list-style-type: none">• Blind• Deaf• Hard of Hearing	0 0 0
Inmates who are LEP	3
Inmates with a cognitive disability	0
Inmates who identify as <ul style="list-style-type: none">• Lesbian• Gay• Bisexual	0 3 1
Inmates who identify as <ul style="list-style-type: none">• Transgender• Intersex	1 0
Inmates in segregated housing for high risk of sexual victimization	0
Inmates who reported sexual abuse	0
Inmates who reported sexual victimization during risk screening	3
Random Inmate Interviews	
Random Inmates-A, C, D, E, F, G,	15

The inmate interviews were conducted in an office setting on an individual basis with privacy and enough 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 sexual harassment, how to report sexual abuse and sexual harassment. An exit meeting was held on 5/20/2021 with the NWNMCC Administration to discuss the overall audit process. 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 facility was prepared with primary documentation to include resources supporting each PREA standard. The on-site audit consisted of the site review, additional document review, to include staff and inmate 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 recertification for the facility.

During the re-certification audit conducted on May 18-20, 2021, by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period with the following 6 exceed standards: 115.11, 115.15, 115.33, 115.51, 115.54 and 115.64. 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 inmate, resident or detainee 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.

The Northwest New Mexico Correctional Center (NWNMCC) is privately owned and operated by CoreCivic, located at 1700 East Old Hwy 66 in Grants, NM 87020. The customer base is New Mexico Department of Correction with multi-security owned since 1989. The designed facility capacity is 673 beds for housing of adult male population consisting of New Mexico Department of Corrections. The current inmate population was 387 for the onsite visit on May 18, 2021. The average daily population for the past 12 months was 505 housing male population in the age range of 18 and older. The average length of stay or time under supervision was 6-48 months. The facility security levels/inmate custody levels were low to medium. The facility does not house female or youthful inmates at the facility. The number of staff currently employed by the facility who may have contact with inmates: 138.

Community Activities:

Future Foundation Family Center, Cibola Chamber of Commerce, Grants VFW and Auxiliary, Grants/Cibola County Schools, American Legion, Disabled Veterans, Grants Main Street, Roberta's Place, Grants Food Pantry, Local Law Enforcement, Elks Lodge, Knights of Columbus, CYFD (Children Youth and Family), Cibola General Hospital and Rotary

Facility Awards: Accreditation by the American Correctional Association (ACA).

Facility PREA Information

The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003).

Compliance Manager: Vacant

CONTACT THE FACILITY:

Northwest New Mexico Correctional Center
Attention: Warden
PO Box 800
Grants, NM 87020
505-287-2941

CONTACT THE NEW MEXICO DEPARTMENT OF CORRECTIONS:

PREA Hotline: 575-523-3303
e-mail: nmcd-preareporting@state.nm.us
PREA Coordinator
PO BOX 639
Las Cruces, New Mexico 88004

Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline

Facility PREA Policy (14-2): [Download](#)

PREA Audit Date or Scheduled Audit Date: June 19-21, 2017

PREA Audit Report: [Download](#)

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

During the re-certification audit conducted on May 18-20, 2021, by Noelda Martinez, and the auditor determined the facility was 100% compliant with the Prison Rape Elimination Act standards for this relevant review period with the following 6 exceed standards: 115.11, 115.15, 115.33, 115.51, 115.54 and 115.64. 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.

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

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: §115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator, §115.15 – Limits to Cross-Gender Viewing and Searches, §115.33 – Inmate Education §115.51 – Inmate Reporting, §115.54 – Third-Party Reporting, §115.64 – Staff First Responder Duties

Standards Met

Number of Standards Met: Number of Standards Met: 39

§115.12 - Contracting with other entities for the confinement of inmates
§115.13 – Supervision and Monitoring
§115.14 – Youthful Inmates
§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient
§115.17 – Hiring and Promotion Decisions,
§115.18 – Upgrades to Facilities and Technology
§115.21 – Evidence Protocol and Forensic Medical Examinations
§115.22 – Policies to Ensure Referrals of Allegations for Inv
§115.31 – Employee Training
§115.32 – Volunteer and Contractor Training
§115.34 – Specialized Training: Investigations
§115.35 – Specialized training: Medical and mental health care
§115.41 – Screening for Risk of Victimization and Abusiveness
§115.42 – Use of Screening Information
§115.43 – Protective Custody
§115.52 – Exhaustion of Administrative Remedies
§115.53 – Inmate Access to Outside Confidential Support Services
§115.61 – Staff and Agency Reporting Duties
§115.62 – Agency Protection Duties
§115.63 – Reporting to Other Confinement Facilities
§115.65 – Coordinated Response
§115.66 – Preservation of ability to protect inmates from contact with abusers
§115.67 - Agency Protection Against Retaliation
§115.68 – Post-Allegation Protective Custody
§115.71 – Criminal and Administrative Agency Investigations
§115.72 – Evidentiary Standard for Administrative Investigations
§115.73 – Reporting to Inmate

- §115.76 – Disciplinary sanctions for staff
- §115.77 – Corrective action for contractors and volunteers
- §115.78 – Disciplinary sanctions for inmates
- §115.81 – Medical and mental health screenings; the history of sexual abuse
- §115.82 – Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 – Sexual abuse incident reviews
- §115.87 – Data Collection
- §115.88 – Data Review for Corrective Action
- §115.89 – Data Storage, Publication, and Destruction
- §115.401 – Frequency & Scope of Audits
- §115.403 - Audit contents and findings

Standards Not Met

Number of Standards Not Met:	0
List of Standards Not Met:	0

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*)

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 recommendations where the facility does

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- NWNMCC (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures
- Organizational Charts (CoreCivic Corporate, NWNMCC and NMCD)
- FSC designating a position of a Senior Director, PREA Programs & Compliance
- NWNMCC PREA Compliance Manager's Appointment Memo

Interviews:

- PREA Coordinator/PREA Compliance Manager

Site Review Observations:

- PREA information displayed in both English/Spanish throughout the facility
- Opposite Gender announcement sign observed in all the housing doors prior to entering
- Privacy screens/barriers: showers/toilet areas in housing units, gyms, recreation yard
- PREA hotline information numbers
- Assistant Warden assigned as the facility PREA Manager

Findings:

115.11 (a) New Mexico Corrections Department: CD-150100 Offender Protection Against Abuse: Sexual Misconduct: Reporting Procedures: PREA. The facility had a mandated zero-tolerance policy towards all forms of sexual abuse and sexual harassment. Such conduct is prohibited by this policy and will not be tolerated; to include inmate-on-inmate/detainee sexual abuse or harassment and employee-on-inmate sexual abuse or harassment.

115.11 (b) The NWNMCC had a designated the Assistant Warden as the PREA manager with sufficient time to complete all PREA duties and responsibilities.

115.11 (c) The Agency PREA Coordinator appointment: the designated Senior Director PREA Audit and Compliance in the Correctional Programs department implements and oversees company policies and procedures in complying with the standards of the Prisons Rape Elimination Act (PREA).

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.) 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

Findings:

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

115.12 (b) 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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Generally accepted detention and correctional practices?

Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Post Order-Shift Supervisor CCA PO-01
- 2020 PREA Staffing Plan
- Memo to File
- Facility Camera Schedule
- Excerpts from PREA Rounds/logbooks

Interviews:

- Warden or Designee

- PREA Compliance Manager
- Intermediate or Higher-Level Facility staff

Site Review Observations:

1. Unit Logbook showing unannounced PREA rounds
2. Shift Roster showing ADO roster audit

Findings:

115.13 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures) on page 7. Since August 20, 2012, or last PREA audit, whichever is later:

- The average daily number of inmates: 505
- The average daily number of inmates on which the staffing plan was predicated: 673

Staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration:

- (1) Generally accepted detention and correctional practices.
- (2) Any judicial findings of inadequacy.
- (3) Any findings of inadequacy from Federal investigative agencies.
- (4) Any findings of inadequacy from internal or external oversight bodies.
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated).
- (6) The composition of the inmate population.
- (7) The number and placement of supervisory staff.
- (8) Institution programs occurring on a particular shift.
- (9) Any applicable State or local laws, regulations, or standards.
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

The auditor conducted interviews with Warden or designee and PREA compliance manager during the site review.

115.13 (b) The facility shall make its best efforts to comply on a regular basis, with the approved PREA staffing plan and shall document and justify all deviations. There were no deviations to the staffing plan in the past 12 months. The auditor conducted an interview with the Warden or Designee during the site review.

115.13 (c). The staffing plan was reviewed for a 12-month period with no required deviations. The facility was at 100% staffing. Annually the facility holds a meeting to assess, determine and document whether adjustments are needed to the staffing plan, the facility's deployments of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. The documentation of the review shall be forwarded to the agency level PREA coordinator for review. Interviews with the PREA manager/Assistant Warden determined the annual PREA staffing plan assessment whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan will be completed. The auditor conducted an interview with the PREA Coordinator during the site review. An interview was conducted with the PREA Manager/Assistant Warden. The auditor observed the staffing plans and 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.

115.13 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures) on pg. 7. The auditor observed a random selection for the past 12 months on the NWNMCC Administrative Staff logbook which requires higher-level staff responsible for the unannounced PREA rounds to sign the log of visits including date, location, and different shifts. Supervisors shall conduct unannounced facility rounds to identify and deter employee sexual abuse and sexual harassment.

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 restrictive housing sign-log where unannounced are signed for each specific day and department. The Northwest New Mexico Correctional Center had 296 surveillance cameras and several security mirrors throughout the facility. The staffing levels are monitored the administration staff. 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. The auditor conducted interviews with intermediate or higher-level facility staff during the onsite audit. The auditor randomly reviewed video footage and observed the unannounced rounds during the audit process.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

115.14 (a) Northwest New Mexico Correctional Center does not house youthful inmates per contract with the New Mexico Department of Corrections.

115.14 (b) Northwest New Mexico Correctional Center does not house youthful inmates per contract with the New Mexico Department of Corrections.

115.14 (c) Northwest New Mexico Correctional Center does not house youthful inmates per contract with the New Mexico Department of Corrections.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate 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 inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-130300/Search Policy)
- Training Curriculums-Searches, PREA, Cross-Gender, Transgender, and Intersex searches
- Training Records
- ICE Detention Facilities Cross-Gender Search Requirements
- Strip Search Log
- Photos of the Opposite Gender Announcement in the housing areas
- Memo to File

Interviews:

- Random Sample of Staff
- Random Sample of Inmates (adult male facility)
- Transgender/Intersex Inmate

Site Review Observations:

- Opposite Gender verbal announcements
- Privacy doors, shower curtains, Walls for privacy
- Zero-Tolerance signs in English and Spanish

Findings:

115.15 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Cross-gender inmate strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners. In the past 12 months: The number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0. The number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0. The auditor conducted interviews with non-medical staff with no involvement in cross-gender strip or visual searches.

115.15 (b) NWNMCC does not house female inmates and does not allow cross-gender strip searches. NWNMCC does not allow body cavity searches. In the event of an emergency, cross-gender strip searches will be documented on the strip search log.

115.15 (c) NWNMCC does not house female inmates and does not allow cross-gender strip searches. NWNMCC does not allow body cavity searches. In the event of an emergency, cross-gender strip searches will be documented on the strip search log.

115.15 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). 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 circumstances (that is, temporary 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 an inmate housing unit. The auditor conducted onsite interviews with a Random Sample of Inmates and a Random Sample of Staff. The auditor observed the employees of the opposite gender verbally announce their presence prior to entering the dorm several times in a loud and consistent manner. The auditor made observations and randomly informally asked questions during the site review.

115.15 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The auditor conducted interviews with a Random Sample of Staff and Transgender Inmates during the onsite portion of the audit. There were no intersex inmates assigned to the facility for interviews during the onsite portion of the audit.

115.15 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency provides training to security staff on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility requires the documentation of all strip searches in commonly used areas. Staff members of the opposite sex of the inmate population must announce their presence when entering an inmate housing unit. The announcements are logged into the housing unit daily log. In addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a manner that is professional, respectful and the least intrusive possible while being consistent with security needs. The auditor reviewed employee files for the required training, facility training curriculums, and course objectives. The auditor interviewed a Random Sample of Staff and staff was knowledgeable regarding the search procedures. The employees carry a PREA card with them as part of the uniform. The facility staff were knowledgeable about the search procedures, professional and carried the first responder PREA card as part of their uniform. The facility provided the inmates with plenty of privacy with doors to the cells, doors/walls to the restrooms/shower area and individual stalls/doors for the restrooms. The showers were facilitated with shower curtains and the facility did not have any surveillance cameras and security mirrors in direct view of the shower or restroom area with staff in designated areas for the overall privacy and safety of the inmate exceeding the requirement of the standard.

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 inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Inmate Handbook-English and Spanish
- Inmate Handbook Acknowledgement-English and Spanish
- Inmate Orientation Verification and Policy Acknowledgment
- List of Staff Interpreters
- Copy of the inmate ID Card with PREA phone number on back side

Interviews:

- Agency Head
- Inmates (with disabilities or who are limited English proficient)

Site Review Observations:

- Inmate Handbook-English/Spanish
- Language Line Services
- Signs displayed in large print in both English and Spanish

Findings:

115.16 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The auditor conducted interviews with the Agency Head and Inmates (with disabilities or who are limited English proficient). The facility had contracts for the following: Language Line Services, Inc, Contract Usage of Language Line Solutions, and the TDD Machine for Hearing Impaired & Inmate Telephone. The language Identification Guide had the following languages: Europe, Pacific Islands, North America, South America, and Caribbean, India, Pakistan, and Southwest Asia Africa - continued Middle East Asia, and Africa.

115.16 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In the event an inmate has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated orally to such inmates on an individual basis. The NWNMCC Inmate handbook provides instructions on how to report a sexual abuse. To report allegations of sexual abuse or harassment you may also all the CoreCivic NWNMCC PREA/Crime Tip hotline by dialing 8 then **** (number provided) on any inmate phone. You may also report to at Third Party out-side of CoreCivic by dialing (number provided). If you would like an advocacy or talk to someone from your local Rape Crisis Center, you may dial *XXXX (number provided) from any inmate phone. This call is free, unmonitored and unrecorded and will not require you to enter your pin number. If you would prefer reporting to a third party, outside of NMCD, you may write to PREA reporting Office (address provided) and this matter will be forwarded to the Agency PREA Coordinator for review and investigation (additional information is provide in both English and Spanish). The auditor conducted interviews with Inmates (with disabilities or who are limited English proficient) during the onsite portion of the audit. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the inmate shall be provided when simple written or oral communication is not effective.

115.16 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC does not rely upon inmates to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate safety, the performance of first responder duties, or the investigation of the inmate allegations. The facility had a list of staff interpreters which included the STIU officer, Correctional Counselor, Case Manager, Correctional officer, and the language line. The facility had In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.64, or the investigation of the resident's allegations: 0. The auditor conducted interviews with a Random Sample of Staff and Inmates (with disabilities or who are limited English proficient).

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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-030200/Recruitment, Selection, and Hire of Correctional officers, Correctional officer specialists and probation and parole officers)
- CoreCivic Policy 3-17 Harassment/Sexual Harassment
- Background checks (current to 5-year)
 - CoreCivic Employees
 - Trinity Contract Employees
 - Wexford Contract Employees
 - Mind Institute
- Employee New Hire
 - Self-Declaration of Sexual Abuse/Harassment (14-2H)
 - Background check
- Employee Promotion
 - Self-Declaration of Sexual Abuse/Harassment (14-2H)
- Contractor
 - Self-Declaration of Sexual Abuse/Harassment (14-2H)
 - Background Check
- Prison Rape Elimination Act Questionnaire for prior Institutional Employers (3-20-2B)
- Memo to File

Interviews:

- Administrative (Human Resources) Staff

Site Review Observations:

- Employee Files/Records

Findings:

115.17 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility 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.

Employee Files: The auditor reviewed a total of 10 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.17 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates. The auditor reviewed contractor files during the audit process. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit.

115.17 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In accordance with state and federal statutes, a criminal record check shall be conducted on all new employee's contract personnel, interns, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance or delivery of services. If this record check returns the comprehensive identifier information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task force or another similar agency. Employee Files: The auditor reviewed a total of 10 PREA Audit-Adult Prisons & Jails Documentation Review-Employee Files/Records for standards: 115.17, 115.31, 115.32, 115.34, and 115.35 for the onsite portion of the audit. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The 14-2H Self-Declaration of Sexual Abuse/Sexual Harassment form shall be completed by current employees on annual basis to serve as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy. The completed 14-2H form is retained in each employees. file.

115.17 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In accordance with state and federal statutes, a criminal record check shall be conducted on all new employee's contract personnel, interns, and volunteers prior to assuming their duties to identify whether there are criminal convictions that have a specific relationship to job performance or delivery of services. If this record check returns the comprehensive identifier information on matters with potential terrorism connections is returned on a desirable applicant, it is forwarded to the local Joint Terrorism Task force or another similar agency. 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: 49. The auditor conducted an interview with the Administrative (Human Resources) Staff during the onsite portion of the audit. The auditor reviewed records of background checks of contractors who might have contact with inmates.

115.17 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Agency policy 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 auditor reviewed data of the facility employee five-year background check list of employees/contractors and verified the employment date, last five-year clearance and next clearance date due for 2021 through 2025. The auditor conducted an interview with the Administrative (Human Resources).

The auditor reviewed the background investigation and authorization form, self-declaration of sexual abuse/sexual harassment for applicants, employees, unescorted contractors, and volunteers/civilians. The auditor reviewed the criminal history results which included random employees, contractors, and volunteers.

115.17 (f) Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). All applicants and employees who may have direct contact with inmates shall be asked about previous misconduct, as outlined in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The self-declaration of sexual abuse/sexual harassment form 14-2H and CoreCivic PREA Questionnaire for prior institutional employer's form 3-20-2B is utilized as part of the hiring process. The auditor conducted an interview with the Administrative (human resources) staff.

115.17 (g) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. All applicants and employees who may have direct contact with inmates shall be asked about previous misconduct, in written applications or interviews for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

115.17 (h) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). To the extent permitted by law, facility may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The auditor conducted an interview with the Administrative (human resources) staff during the onsite portion of the audit.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Memo to File
- Facility camera design

Interviews:

- Agency Head
- Warden or Designee

Site Review Observations:

- Surveillance Cameras

Findings:

115.18 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. NWNMCC had no upgrades or modifications to the physical plant or camera system during 2020. Interviews with the Agency Head and Warden or Designee determined that the facility did not acquire any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

115.18 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology. The agency will consider how such technology may enhance the ability to protect inmates from sexual abuse. Interviews with the Agency Head and Warden or Designee determined that the facility did not acquire any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. The Northwest New Mexico Correctional Center had 296 surveillance cameras in different locations throughout the facility. Northwest New Mexico Correctional Center had no upgrades or modifications to the physical plant or camera system during 2020. The surveillance cameras are serviced by Sierra Electronics.

The auditor reviewed the surveillance cameras in several different areas at different times during the site review to include housing areas, library, G-unit, and back cameras. The surveillance cameras provided a clear view into the areas and different locations reviewed. There were no cameras observed by the auditor in direct view of a shower or toilet area. The cameras are reviewed by authorized staff only. There were 32 security mirrors throughout the facility for the prevention of blind spots and overall safety of the inmate population.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Department of Corrections (Policy CD-03180/Office of Professional Standards/OPS/Personnel Investigations and Staff Misconduct Reporting)
- MOU between Albuquerque New Mexico Correctional Center and the Rape Crisis Center of Central New Mexico
- MOU between Northwest New Mexico Correctional Center and the Grants Police Department

Interviews:

- Random Sample of Staff
- PREA Compliance Manager
- Inmates who Reported a Sexual Abuse (no inmates assigned to unit)

Site Review Observations:

- Investigations

Findings:

115.21 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The investigating entity shall follow a uniform evidence protocol for administrative proceedings and criminal prosecutions. If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility: OPS. The auditor conducted interviews with a Random Sample of Staff during the onsite portion of the audit.

115.21 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. NWNMCC does not house youthful offenders per contract.

115.21 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility offers all inmates who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. In the past 12 months: The number of forensic medical exams conducted: 0. The number of exams performed by SANEs/SAFEs: 0. The number of exams performed by a qualified medical practitioner: 0. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the SANE/SAFE supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding MOU between Albuquerque New Mexico Correctional Center and the Rape Crisis Center of Central New Mexico.

115.21 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The investigating entity provides the victim a victim advocate from a rape crisis center. The investigating entity utilizes a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provides similar victim services. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the SANE/SAFE supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding MOU between Albuquerque New Mexico Correctional Center and the Rape Crisis Center of Central New Mexico. The auditor conducted interviews with the PREA Compliance Manager and no Inmates who Reported a Sexual Abuse were assigned to the facility.

115.21 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). As requested by the victim, either the victim advocate, a qualified investigating entity staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview with the SANE/SAFE supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding MOU between Albuquerque New Mexico Correctional Center and the Rape Crisis Center of Central New Mexico. The auditor conducted interviews with the PREA Compliance Manager and Inmates who Reported a Sexual Abuse.

115.21 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity comply with these requirements. The auditor reviewed several sexual abuse/sexual harassment investigations and conducted an interview SANE/SAFE supervisor during the onsite portion of the audit. The auditor reviewed the Memorandum of understanding (MOU) between Northwest New Mexico Correctional Center and the Grants Police Department. The auditor reviewed the documentation of the memorandum and responsibilities of the investigating agency.

115.21 (g) N/A

115.21 (h) N/A

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-031800/Office of Professional Standards/OPS)
- Core Civic Policy 5-01 Incident Reporting
- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- MOU Grants Police Department
- PREA Incident Packet
- Memo: Criminal Investigations

Interviews:

- Agency Head
- Investigative Staff

Site Review Observations:

- Memorandum of Understanding
- Investigations
- Website

Findings:

115.22 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. In the past 12 months: The number of allegations of sexual abuse and sexual harassment that were received: 13. The number of allegations resulting in an administrative investigation: 13. The number of allegations referred for criminal investigation: 0. Referring to allegations received in the past 12 months, all administrative and/or criminal investigations were completed. The Warden was interviewed during the onsite portion of the audit. The auditor reviewed reports of sexual abuse and harassment and documentation of investigations including full investigative reports with findings.

115.22 (b) The auditor reviewed the Memorandum of understanding (MOU) between Northwest New Mexico Correctional Center and the Grants Police Department. The auditor reviewed the documentation of the memorandum and responsibilities of the investigating agency. The auditor reviewed documentation of referrals of allegations of sexual abuse/sexual harassment. The auditor conducted interviews with the investigative staff during the onsite portion of the audit. The following information is provided in accordance with PREA (Prison Rape Elimination Act of 2003).

CONTACT THE FACILITY:

Northwest New Mexico Correctional Center
Attention: Warden
PO Box 800
Grants, NM 87020
505-287-2941

CONTACT THE NEW MEXICO DEPARTMENT OF CORRECTIONS:

PREA Hotline: 575-523-3303
e-mail: nmcd-preareporting@state.nm.us

PREA Coordinator
PO BOX 639
Las Cruces, New Mexico 88004

Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline

Facility PREA Policy (14-2):

PREA Audit Date or Scheduled Audit Date: June 19-21, 2017

PREA Audit Report:

115.22 (c) The auditor reviewed the following website [Northwest New Mexico Correctional Center \(Formerly New Mexico Women's Correctional Facility\) \(corecivic.com\)](http://www.corecivic.com) the policy is made available publicly. The auditor reviewed documentation of referrals of allegations of sexual abuse/sexual harassment. The auditor conducted interviews with the investigative staff during the onsite portion of the audit.

115.22 (d) N/A

115.22 (e) N/A

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-130300/Search Policy)
- PREA Training Guide
- PREA Training-Correctional Officer Training Transcript
Training Acknowledgment (4-2a)
PREA Policy Acknowledgement (14-2a)
- Annual Custody Training Curriculum-2019, 2020 and 2021

Interviews:

- Random Sample of Staff

Site Review Observations:

- Employee Files/Records
- PREA Cards

Findings:

115.31 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility employees shall receive training on the zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following. The auditor conducted a random sample of staff interviews and reviewed as sample of staff training records and determined that the reviewed employee files had the required documentation.

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment.
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- (3) Inmates' rights to be free from sexual abuse and sexual harassment.
- (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- (5) The dynamics of sexual abuse and sexual harassment in confinement.
- (6) The common reactions of sexual abuse and sexual harassment victims.
- (7) How to detect and respond to signs of threatened and actual sexual abuse.
- (8) How to avoid inappropriate relationships with inmates.
- (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Such training shall be tailored to the gender of the inmates at the facility. At a minimum, all employees shall receive pre-service and annual in-service training on the following. The auditor conducted a random sample of staff interviews and reviewed a sample of staff training records and determined that the reviewed employee files had the required documentation. Employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned facility. The auditor conducted interviews with a Random Sample of Staff and reviewed a sample of training records.

115.31 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The number of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements enumerated above: 136. The frequency with which employees who may have contact with inmates receive refresher training on PREA requirements: annually. The auditor reviewed a sample of training records during the onsite portion of audit.

115.31 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training the PREA policy and training acknowledgement form. Signed documentation will be maintained in the employees training file. The auditor reviewed several 14-24 Policy Acknowledgement and/or training acknowledgement form for Employee, Civilian/Volunteer or Contractor. The auditor reviewed the training/activity attendance roster for employees, volunteers, and contractors.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-060201/Citizen Involvement and Volunteers)
- PREA Training Guide
- Volunteer Training Record
- Contractor Training Record
- Completed form with 4-2A Policy Acknowledgment

Interviews:

Volunteer(s) or Contractor(s) who have Contact with Inmates

Findings:

115.32 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). 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. Criminal background checks shall be conducted by the NMCD coordinator of Volunteer Programs on all volunteers who have direct, unsupervised contact with inmates. As of March 13, 2020, the facility did not have any volunteers and no volunteer orientation and or training was conducted. The number of volunteers and individual contractors, who have contact with inmates, who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response: 89. The auditor conducted interviews with Volunteer(s) or Contractor(s) who have Contact with Inmates during the onsite portion of the audit. The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates.

115.32 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The level and type of training provided to civilians/volunteers/contractors shall be based on the services they provide and level of contact they have with inmates. All civilians/volunteers/contractors who have contact with inmates shall be notified of the zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor reviewed a Sample of training records of volunteers and contractors who have contact with inmates. The auditor conducted interviews with Contractor(s) who have Contact with Inmates during the onsite portion of the audit.

115.32 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. The auditor reviewed a sample of training acknowledgements for volunteers and contractors during the onsite audit.

Corrective Action: The auditor recommends no corrective action.

Standard 115.33: Inmate 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 the comprehensive education referenced in 115.33(b)? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate 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 inmate 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, inmate 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-041000 Inmate Orientation)
- Inmate Booking PREA Acknowledgement
- Inmate Orientation PREA Acknowledgement
- Inmate Handbook-English/Spanish
- Inmate Handbook Acknowledgement-English/Spanish

- 14-2AA Brochure PREA-Prevent, Detect, and Respond-English/Spanish
- List of Staff Interpreters (Spanish)
- Photo of PREA Poster

Interviews:

- Intake Staff
- Random Sample of Inmates

Site Review Observations:

- Handbooks (English/Spanish)
- PREA signs displayed throughout facility

Findings:

115.33 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Of inmates admitted during the past 12 months: The number who were given this information at intake: The percent who were given this information at intake: 911. The auditor reviewed inmate records of inmates entering the facility in the past 12 months. The auditor reviewed the PREA brochure provided to the inmate in both English and Spanish, procedures for inmates who are limited English proficient, hearing/vision impairment, language line services, inmate handbook, Orientation acknowledgement form and the arrival and departure date of the inmate. The auditor conducted interviews with intake staff and a random sample of inmates during the onsite audit

115.33 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility reassesses inmates within 25 days after the inmate's arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The number of those inmates during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: 911. The auditor interviewed the intake staff and a random sample of inmates for the onsite audit.

115.33 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. All new intakes shall receive written orientation materials and/or translations in their own language. When a literacy problem exists, a staff member assists the inmate in understanding the material. The information is communicated orally and in writing, in a language clearly understood by the offender, upon arrival at the facility and the completion of orientation verification form signed and dated by the inmate. During orientation, all inmates are provided with information about sexual abuse or assault including prevention intervention, self-protection, reporting sexual abuse or assault, and treatment and counseling. The auditor reviewed the PREA brochure provided to the inmate in both English and Spanish, procedures for inmates who are limited English proficient, hearing/vision impairment, language line services, inmate handbook, Orientation acknowledgement form and the arrival and departure date of the inmate. The auditor conducted interviews with intake staff and a random sample of inmates during the onsite audit

115.33 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures).

Inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmate who have limited reading skills. The auditor reviewed inmate education and staff responsible for conducting the interviews. The facility had the language line available, TDD for deaf inmates and other methods for disabled and LEP inmates.

115.33 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility shall maintain documentation of inmate participation sessions pertaining to sexual abuse and sexual harassment. The auditor reviewed a sample of Inmate Orientation Acknowledgement forms during the onsite audit.

115.33 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures) describes on pg. 16 of 35. In addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The auditor observed the PREA signs in both English and Spanish, PREA signs largely displayed for the inmate population, inmate handbooks and other PREA brochures.

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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- CoreCivic Internal Investigation Handbook
- Investigator Training Curriculum
- Investigator Training Records
- Training Certificates for Investigators

Interviews:

- Investigative Staff

Site Review Observations:

- Investigation review

Findings:

115.34 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts

sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The auditor conducted interviews with Investigative staff and reviewed training records on file. The auditor reviewed sexual abuse/sexual harassment investigations during the onsite portion of the audit.

115.34 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Medical, Mental Health, and Investigative staff must take the training class for their respective specialized areas concerning PREA. The facility maintains documentation that these specialized staff members have been trained. The auditor conducted interviews with Investigative staff and reviewed training records on file. The auditor reviewed sexual abuse/sexual harassment investigations during the onsite portion of the audit.

115.34 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with policies. The Internal Investigation Handbook (CCA) was reviewed during the site review. The number of investigators currently employed who have completed the required training: 1. The auditor reviewed the training curriculum and specialized training for investigations to include the training certificates, and training activity enrollment/attendance roster.

115.34 (d) N/A

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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

suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

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 or the agency does not employ medical staff.)

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)

Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)

Yes No NA

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- PREA Lesson Plan
- Roster Wexford Medical and CoreCivic Mental Health
- Medical and Mental Health Staff Training Records
- PREA Specialty Training for Medical and Mental Health
- Memo to File

Interviews:

- Medical and Mental Health Staff

Findings:

115.35 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

- (1) How to detect and assess signs of sexual abuse and sexual harassment.
- (2) How to preserve physical evidence of sexual abuse.
- (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 100 %. The auditor conducted interviews with the Medical and Mental Health Staff and reviewed Training records and personnel records.

115.35 (b) NWNMCC medical staff does not conduct forensic examinations. Interviews with the Medical and Mental Health Staff determined that forensic examinations were not conducted by the facility staff.

115.35 (c) The auditor reviewed the following documentation for the medical and mental health staff and the facility maintains the specialized training curriculum and the training activity enrollment/attendance roster.

115.35 (d) The auditor reviewed the training logs of medical and mental health care practitioners to ensure they received the training for employees and contractors/volunteers (depending on their status) in the referenced standards.

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 inmate 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 inmate? 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 inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate 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 inmate's 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 inmate 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 inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmate 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 inmate's 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 inmate 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, as 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, as 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, as 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 inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes 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 inmate's 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Inmate Intake/Follow-up Screening
 1. Daily Admit Report
 2. Inmate Physical Characteristics
 3. Initial Assessment Sexual Abuse Screening Tool
 4. 30-day Re-assessment Sexual Abuse Screening Tool

Interviews:

- Staff Responsible for Risk Screening
- Random Sample of Inmates
- PREA Coordinator/PREA Compliance Manager

Findings:

115.41 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25-days after the inmate's arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information that bears upon an inmates' risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly. Transgender and Intersex inmates shall be screened every six months. In the event of an incident, both the inmate perpetrator and/or inmate victim will be re-screened. The auditor reviewed the data system which allows the tracking and arrival of all inmates. The auditor interviewed the Staff Responsible for Risk Screening and a Random Sample of Inmates during the onsite portion of the audit. Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

115.41 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25-days after the inmate's arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. 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: 911. The auditor reviewed a random sample of inmate PREA screening and interviewed Staff Responsible for Risk Screening and a Random Sample of Inmates.

115.41 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The auditor reviewed a sample of the PREA screening which included the inmate intake/follow-up screening: daily admit report, inmate physical characteristics, initial assessment sexual abuse screening tool and the 30-day re-assessment sexual abuse screening tool (SRNS/SRNS II) during the site review to verify compliance. Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

115.41 (d) The NWNMCC utilized the PREA screening tool with the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability. (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The auditor conducted an interview with Staff Responsible for Risk Screening during the site review.

115.41 (e) The auditor reviewed a random sample of the initial risk screening and determined that the required information is considered on the screening tool. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The auditor conducted an interview with the Staff Responsible for Risk Screening during the site review. Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

115.41 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25-days after the inmate's arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Inmates will be reassessed thereafter due to a referral, request, incident of sexual abuse or sexual harassment, or receipt of additional information that bears upon an inmates' risk of sexual victimization or abusiveness. Housing and program assignments will be made accordingly. Transgender and Intersex inmates shall be screened every six months. In the event of an incident, both the inmate perpetrator and/or inmate victim will be re-screened. 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 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake: 911. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates. The auditor reviewed a random sample of initial assessment and reassessments for risk of sexual victimization and abusiveness.

115.41 (g) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates shall be screened within 48 hours of arrival at the facility and reassessed 25-days after the inmate's arrival for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The auditor conducted interviews with Staff Responsible for Risk Screening and a Random Sample of Inmates. The auditor reviewed a sample of records during the site review. Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

115.41 (h) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates may not be 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. The auditor conducted an interview with the Staff Responsible for Risk Screening and determined that inmates may not be 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.

115.41 (i) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening of risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmates. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

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 inmate? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis whether a placement would ensure the inmate's 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 inmate's 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 inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? Yes No

115.42 (e)

- Are each transgender or intersex inmate's 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)
 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Inmate Screening-Potential Victim
 1. Sexual Risk Need Screening
 2. Housing Assignment
 3. Job/Program Assignment
- Inmate Screening
 - Sexual Risk Need Screening
 - Housing Assignment
 - Job/Program Assignment

Memo to File

Interviews:

- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Transgender/Intersex Inmates (if assigned to unit)
- PREA Coordinator
- Transgender/Intersex/Gay/Lesbian Inmates

Findings:

115.42 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates that are identified as high risk with a history of criminally sexual behavior shall be assessed by a mental health or other qualified professional within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Inmates with a history of criminally sexual behavior shall be identified, monitored, and counseled. The facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. The auditor reviewed inmate files for the documentation of risk-based housing decisions.

115.42 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates identified as at risk for sexual victimization shall be assessed by a mental health or other qualified professional within 14 days of learning of such abuse history and offered treatment when deemed appropriate by mental health practitioners. Inmates at risk for sexual victimization shall be identified, monitored, and counseled. The auditor conducted an interview with Staff Responsible for Risk Screening and determined that the facility makes individualized determinations about how to ensure the safety of each inmate.

115.42 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. The auditor conducted interviews with the PREA Compliance Manager and interviewed Transgender Inmates. There were no intersex inmates assigned to the facility during the onsite portion of the audit. Inmate Files: The auditor reviewed a total of 27 PREA Audit-Adult Prisons & Jails Documentation Review-Inmate Files/Records for standards 115.33, 115.41, and 115.81 for the onsite portion of the audit with a population of 387 on May 18, 2021.

115.42 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review whether any threats to safety were experienced by the inmate. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening.

115.42 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The auditor conducted interviews with the transgender population meeting the criteria. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. There were no intersex inmates assigned to the facility.

115.42 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Transgender and Intersex inmates shall be given the opportunity to shower separately from other inmates. The auditor conducted interviews with the transgender population and determined that they were given the opportunity to shower separately with plenty of privacy. The auditor conducted interviews with the PREA Compliance Manager and Staff Responsible for Risk Screening. The auditor conducted a site review to all areas on the facility observing the inmate shower areas and transgender/intersex access to shower separately from other inmates.

115.42 (g) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The establishment of a unit or pod solely dedicated to the housing of LGBTI and/or gender non-conforming inmates is strictly prohibited unless required by consent decree, court order or other comparable legal authority. The auditor observed the facility and determined that the facility does not house inmates solely on the basis of identification. The auditor conducted interviews with the PREA Compliance Manager and Transgender/Intersex/Gay/Lesbian Inmates.

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 inmate 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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 inmate's 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 inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Memo to File

Interviews:

- a. Warden or Designee

- b. Staff who Supervise Inmates in Segregated Housing
- c. Inmates in Segregated Housing for risk of sexual victimization/who allege to have suffered sexual abuse (none assigned)

Findings:

115.43 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency has a policy prohibiting the placement of 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. 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 auditor conducted an interview with the Warden or Designee during the onsite portion of the audit.

115.43 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The auditor conducted interviews with staff who Supervise Inmates in Segregated Housing. There were no Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) during the onsite portion of the audit for interviews.

115.43 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In the past 12 months, the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement: 0. The auditor conducted interviews with the Warden or Designee and Staff who Supervise Inmates in Segregated Housing. There were no Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for interviews.

115.43 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). 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: 0.

115.43 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The auditor conducted an interview with staff who supervise inmates in segregated housing. There were no inmates in this category for interviews during the onsite portion of the audit.

Corrective Action: The auditor recommends no corrective action.

REPORTING

Standard 115.51: Inmate 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 inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- CoreCivic website
- MOU with the State of Colorado
- PREA Poster and Posting
- Inmate Handbook (English/Spanish)
- Inmate Intake Brochure (English/Spanish)
- 5-1C Incident Report

Interviews:

Random Sample of Staff
Random Sample of Inmates

Findings:

115.51 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The inmates are provided the following information: PREA Poster and Posting, Inmate Handbook, Inmate Intake brochure in English/Spanish, and 5-1C Incident Report. The auditor conducted interviews with a random sample of staff and a random sample of inmates during the onsite portion of the audit. Staff are required to carry a PREA card as part of uniform.

115.51 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmate Reporting. The facility provides at least one way for inmates to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The auditor conducted interviews with the PREA Compliance Manager and a Random Sample of staff. Inmates can make reports of sexual abuse to the following entities:

- Tell any staff member, contractor or volunteer
- Call the NMCD PREA hotline, (phone number provided) free call and is a recorded line.
- File a grievance
- Write to the statewide PREA coordinator (address provided)
- Tell a third party (family or friend) and ask them to make a report for you. They can call the facility directly or email (email provided)
- Write to an external third party, PREA reporting office (address provided)
- You can remain anonymous
- Advocacy (****) call is free, unrecorded and unmonitored

CONTACT THE FACILITY:

Northwest New Mexico Correctional Center
Attention: Warden
PO Box 800
Grants, NM 87020
505-287-2941

CONTACT THE NEW MEXICO DEPARTMENT OF CORRECTIONS:

PREA Hotline: 575-523-3303
e-mail: nmcd-preareporting@state.nm.us
PREA Coordinator
PO BOX 639
Las Cruces, New Mexico 88004

115.51 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmate Reporting. Employees must take all allegations of sexual abuse seriously, including verbal, anonymous, and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. Interviews with a Random Sample of Staff determined that employees take all inmate allegations seriously and reports were made immediately. The staff interviewed expressed the importance of the reporting process and understood the PREA laws and their responsibility to report.

115.51 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Staff can call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline. Interviews with a Random Sample of Staff determined that employees may privately report sexual abuse and sexual harassment of inmates.

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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

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 an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes 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 inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
 Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes 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 an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes 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 inmate 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 an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Memo to File

Interviews:

Inmates who Reported a Sexual Abuse (no inmates assigned)

Site Review Observations:

Grievances

Incident Report

PREA Investigation

Findings:

115.52 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. The inmates have access to the Inmate Grievance form, Inmate 5-day notice of receipt of formal grievance form, and Inmate informal complaint form. 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) Northwest New Mexico Correctional Center policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The inmate handbook had the relevant information provided for the inmate grievance procedures.

115.52 (c) The NWNMCC policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. NWNMCC policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The inmate handbook had the relevant information provided for the inmate grievance procedures.

115.52 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In the past 12 months, the number of grievances filed that alleged sexual abuse: 1. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 1. In the past 12 months, number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0. Northwest New Mexico Correctional Center has not had any PREA grievances filed 2020. There were no Inmates assigned to the facility who Reported a Sexual Abuse during the onsite portion of the audit. 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) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. The number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline: 0.

115.52 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0. The number of those grievances in 115.52 (e) – 3 that had an initial response within 48 hours: 0. The number of the grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions within five days: 0.

115.52 (g) The NWNMCC 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. In the past 12 months, the number of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith: 0.

Corrective Action: The auditor recommends no corrective action.

Standard 115.53: Inmate 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-150300/Access to telephones, Telephone monitoring, and attorney phone calls)
- MOU with the Rape Crisis Center
- Posters, Information boards and Inmate notification poster

Interviews:

- a. Random Sample of Inmates
- b. Inmates who Reported a Sexual Abuse

Site Review Observations:

Rape Crisis Center information and signs displayed

Findings:

115.53 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility provides 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) for local, state, or national victim advocacy or rape crisis organizations. Giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. Enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The NMCD had a Memorandum of Understanding between New Mexico Corrections Department and New Mexico Coalition of Sexual Assault Program, Inc/Rape Crisis Center of Central New Mexico. The auditor conducted interviews with a random sample of inmates and no inmates who reported sexual abuse were assigned to the facility during the site review.

115.53 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility informs inmates, prior to giving them

access to outside support services, the extent to which such communications will be monitored. The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The auditor conducted interviews with a random sample of inmates and no inmates who reported sexual abuse were assigned to the facility during the site review. The Rape Crisis information was displayed in many different forms throughout the facility for the inmate population to make contact if needed. The facility made the information easy and accessible to the inmate population to include LEP and inmates with disabilities.

115.53 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility had a memorandum of understanding is entered in agreement between Northwestern New Mexico Correctional Center and Rape Crisis Center of Central New Mexico. The purpose of the MOU was to assure a unified effort between the entities involved to provide incarcerated victims or complainants of sexual assault with confidential emotional support services, crisis intervention, information, and referrals related to sexual violence. The auditor conducted an interview with the SANE/SAFE representative regarding the MOU and services provided the facility and inmate population. The auditor conducted a site review and observed the Rape Crisis signs with the information required in both English and Spanish throughout the facility visible to the inmate population to include disabled and LEP inmates. The auditor conducted a Random Sample of Inmates and no Inmates assigned who Reported a Sexual Abuse during the onsite portion of the audit.

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 an inmate? 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*)

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 recommendations where the facility does

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-150500/Inmate Grievances)
- MOU for NMCD and CDOC
- 14-2AA Preventing Sexual Abuse and Misconduct
- Inmate Handbook-Third Party Reporting
- CoreCivic Website
- Poster and informational boards

Findings:

115.54 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). If a party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The State of New Mexico Corrections Department had an intergovernmental agreement for PREA reporting with the State of Colorado Department of Corrections.

CONTACT THE FACILITY:

Northwest New Mexico Correctional Center
Attention: Warden
PO Box 800
Grants, NM 87020
505-287-2941

CONTACT THE NEW MEXICO DEPARTMENT OF CORRECTIONS:

PREA Hotline: 575-523-3303
e-mail: nmcd-preareporting@state.nm.us
PREA Coordinator
PO BOX 639
Las Cruces, New Mexico 88004

Call the CoreCivic Ethics and Compliance Hotline: 1-800-461-9330, or www.corecivic.com/ethicsline

Facility PREA Policy (14-2):

PREA Audit Date or Scheduled Audit Date: June 19-21, 2017

PREA Audit Report:

Corrective Action: The auditor recommends no corrective action.

OFFICIAL RESPONSE FOLLOWING AN INMATE 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- PREA Training Overview
- Staff Training Roster-PREA
- 5-1A Incident Report
- Staff notification poster/Inmate notification poster
- Memo to file
- PREA First Responder Card

Interviews:

- Random sample of staff
- Warden or Designee
- PREA Compliance Manager
- Medical/Mental Health staff

Findings:

115.61 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This must be reported to one or more of the following persons: Secretary of Corrections, Office of Professional Standards Case Assignments officer, Inspector General, PREA Coordinator, Warden, Shift Supervisor, Institutional Investigator, District Supervisor or any other employee of NMCD and take immediate action. The auditor conducted interviews with a Random sample of staff during the onsite portion of the audit. The staff interviewed was knowledgeable of the PREA reporting process and carried the PREA first responder cards at all times.

115.61 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. A Random sample of staff were interviewed and determined that they understand the importance of confidentiality when reporting sexual abuse.

115.61 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Unless otherwise precluded by federal, state, or local

law, medical and mental health professionals shall be required to follow reporting procedures as outlined and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The auditor conducted interviews with medical and mental health staff during the onsite portion of the audit.

115.61 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The NWNMCC does not house youthful inmates per the contract. The auditor conducted interviews with the Warden and PREA manager during the onsite portion of the audit.

115.61 (e) The NWNMCC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor reviewed investigations, investigator training and files to include interviews with the Warden or Designee.

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 an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- 5-1 Incident Report packet

Interviews:

Agency Head

Warden or Designee
Random Sample of Staff

Findings:

115.62 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). When NWNMCC learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, the number of times the agency or facility determined that an inmate was subject to substantial risk of imminent sexual abuse: 0. If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: 0. The longest amount of time elapsed before taking action--if not "immediate" (i.e., without unreasonable delay), please explain: 0.

The auditor conducted interviews with the Agency Head, Warden or Designee and a Random Sample of Staff during the onsite portion of the audit. The auditor reviewed a random sample of investigations for immediate action to protect inmates.

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 an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 15-1 Incident Reporting
- NTA- Notification to Administration
- E-mail communication from Staff to Warden
- E-mail communication from Warden to Warden

Interviews:

- Agency head
- Warden or designee

Findings:

115.63 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC policy requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The auditor randomly reviewed investigations during the onsite portion of the audit. In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0.

115.63 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Policy requires the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

115.63 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency shall document that it has provided such notification within 72 hours of receiving the allegation. Northwest New Mexico Correctional Center has not received any allegations that an inmate was sexually abused while confined at another facility.

115.63 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 14. The auditor conducted interviews with the Warden during the onsite portion of the audit.

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

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- PREA Card-First Responder Duties Card
- PREA Incident Packet
Incident Report
Incident Checklist

Interviews:

- a. Security Staff and Non-Security Staff First Responders
- b. Inmates who Reported a Sexual Abuse
- c. Random Sample of Staff

Findings:

115.64 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (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 (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: 0. Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0. 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: 0. Of these allegations, the number of times the first security staff member to respond to the report:

(1) Preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:

(2) Requested 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:

(3) Ensured 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: 0. Interviews were conducted with Security Staff and Non-Security Staff First Responders (different shifts) and no Inmates assigned who Reported a Sexual Abuse.

115.64 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. 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: 0. 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: (2) Notified security staff: 0. Interviews were conducted with Security Staff and Non-Security Staff First Responders (different shifts) and no Inmates assigned who Reported a Sexual Abuse.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 5-1 Incident Reporting
- Sexual Abuse Incident Check Sheet (14-2C)
- New Mexico Corrections Department (Sexual Abuse or Assault Incident Review Team Form/CD-150102.3)
- PREA Card

Interviews:

- a. Warden or Designee

Findings:

115.65 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC had a developed written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor conducted an interview with the Warden during the onsite audit.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults)
- Memo to File

Finding:

115.66 (a) The auditor conducted an interview with the Warden or Designee a determined that NWNMCC does not have a collective bargaining agreement.

115.66 (b) N/A

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 inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes 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 inmate 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 inmate 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 inmate 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults)
- NMCD Retaliation Monitor

- PREA Incident Packet
 1. Incident Report
 2. Sexual Abuse Incident Check Sheet
 3. Investigation Reporting
- NMCD Retaliation Monitoring

Interviews:

Agency Head

Warden or Designee

Designated Staff Member Charged with Monitoring Retaliation (or Warden if not available)

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) no inmates assigned

Inmates who Reported a Sexual Abuse

Findings:

115.67 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC had 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. The Treatment Manager services as the designated staff person conducting the 30/60/90-day monitoring.

115.67 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC employs multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The auditor conducted interviews with the Agency Head, Warden or Designee, Designated Staff Member Charged with Monitoring Retaliation. There were no Inmates in this category of Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) for interviews. The auditor conducted interviews with Inmates who Reported a Sexual Abuse.

115.67 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Wardens or designees will monitor those who report sexual abuse or cooperate with investigations for ninety (90) days and take appropriate steps to protect individuals from retaliation, including periodic status checks on inmates. Retaliation Monitoring will be completed utilizing the Staff Retaliation Monitoring form and once completed at the end of 90 days (or longer when necessary) be sent to the agency PREA coordinator. The number of times an incident of retaliation occurred in the past 12 months: 0. The auditor conducted interviews with the Warden or Designee and the Designated Staff Member Charged with Monitoring Retaliation during the onsite portion of the audit.

115.67 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). In the case of inmates, such monitoring shall also include periodic status checks. Retaliation Monitoring will be completed utilizing the Staff Retaliation Monitoring form and once completed at the end of 90 days (or longer when necessary) be sent to the agency PREA coordinator. This shall include periodic status checks of inmates and review of relevant documentation. The Treatment Manager serves as the designated staff person conducting the 30/60/90-day monitoring.

115.67 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency ensures any other individual who

cooperates with an investigation and expresses fear of retaliation is protected from retaliation. The auditor conducted an interview with the Warden and reviewed sexual abuse investigations.

115.67 (f) N/A

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 an inmate 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)

Interviews:

Warden or Designee

Staff who Supervise Inmates in Segregated Housing

Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) no inmates assigned

Findings:

115.68 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there

is no available alternative means of separation from likely abusers. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0. The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0. Interviews were conducted with the Warden, Staff who Supervise Inmates in Segregated Housing and no Inmates were interviewed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

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 inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- CCA/CoreCivic Investigation Handbook
- Policy 1-15 Policy Retention of Records
- Investigator Training Records
- Investigator Certification
- 5-1G Investigation Report
- MOU Grants Police Department

Interviews:

- Investigative Staff
- Inmates who Reported a Sexual Abuse
- Warden or Designee
- PREA Coordinator
- PREA Compliance Manager

Investigation Review: The facility had a total of 13 criminal and or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. The auditor reviewed ten investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations reviewed provided a description, status and type of investigation completed.

Description	Status	Type
1. Inmate/Inmate Sexual Abuse	Substantiated	Referred/OPS Review
2. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
3. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
4. Inmate/Staff Voyeurism	Unfounded	Referred/OPS
5. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
6. Inmate/Inmate Sexual Harassment	Substantiated	Referred/OPS
7. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
8. Inmate/Inmate Sexual Harassment	Unsubstantiated	Referred/OPS
9. Inmate/Staff Sexual Abuse	Unfounded	Referred/OPS
10. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS

Findings:

115.71 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). All written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment are to be retained for as long as the alleged abuser is incarcerated or employed by the agency, plus 5 years, at a minimum. The auditor conducted interviews with Investigative Staff and determined that the facility is responsible for administrative investigations and criminal investigations are referred to Grants Police Department. The NWNMCC had an MOU with the Grants Police Department. The auditor reviewed a Sample of investigative records/reports for allegations of sexual abuse or sexual harassment.

115.71 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The auditor reviewed the specialized training for investigators by a review of the curriculum and verified training. The auditor conducted interviews with Investigative staff during the onsite portion of the audit.

115.71 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The auditor conducted interviews with Investigative staff and reviewed reports, and record retention schedule during the onsite portion of the audit.

115.71 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The auditor conducted interviews with Investigative Staff and reviewed a Sample of administrative investigation reports. The auditor reviewed a Sample of cases involving reported allegations to ensure that they were referred.

115.71 (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies

of all documentary evidence where feasible. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (h) NWNMCC had an MOU with the Grants Police department and substantiated allegations of conduct that appears to be criminal shall be 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. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (i) NWNMCC retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor conducted interviews with Investigative staff and reviewed Sample of investigation reports during the onsite portion of the audit.

115.71 (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The interviews with Investigative Staff determined that investigations are completed thoroughly.

115.71 (k) N/A

115.71 (l) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews were conducted with the Warden, PREA Compliance Manager and Investigative Staff.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- CCA/CoreCivic Investigation Handbook
- 5-1A Incident Report with 5-1G Investigation Report

Interviews:

- a. Investigative Staff

Findings:

115.72 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. The auditor reviewed a sample of incident investigation reports during the onsite audit.

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 an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer posted within the inmate's unit? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever:
The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate 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 an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Formal Letter from NMCD informing inmate of the outcome of the allegation

Interviews:

- Warden or Designee
- Investigative Staff
- Inmates who Reported a Sexual Abuse

Investigation Review: The facility had a total of thirteen criminal and or administrative investigations of alleged inmate sexual abuse completed by the facility in the past 12 months. The auditor reviewed ten investigations for the following standards 115.71, 115.72, 115.73, and 115.86. The investigations reviewed provided a description, status and type of investigation completed.

Description	Status	Type
1. Inmate/Inmate Sexual Abuse	Substantiated	Referred/OPS Review
2. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
3. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS
4. Inmate/Staff Voyeurism	Unfounded	Referred/OPS
5. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
6. Inmate/Inmate Sexual Harassment	Substantiated	Referred/OPS
7. Inmate/Staff Sexual Abuse	Unsubstantiated	Referred/OPS
8. Inmate/Inmate Sexual Harassment	Unsubstantiated	Referred/OPS
9. Inmate/Staff Sexual Abuse	Unfounded	Referred/OPS
10. Inmate/Staff Sexual Harassment	Unsubstantiated	Referred/OPS

Findings:

115.73 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency had a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. In the past 12 months: The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility: 0. Of the alleged sexual abuse investigations that were completed, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 0. The auditor conducted interviews with the Warden or Designee, Investigative Staff and no Inmates who Reported a Sexual Abuse. The auditor reviewed a sample of alleged sexual abuse investigations completed by NWNMCC during the onsite portion of the audit.

115.73 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC is responsible for conducting administrative investigations and the facility has an MOU with Grants Police Department for the criminal investigations and referrals.

The number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months: 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of inmates alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 0. The auditor reviewed a sample of alleged sexual abuse investigations completed by the facility.

115.73 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. There were no inmates who Reported a Sexual Abuse during the site review and the auditor reviewed a sample of investigations substantiated, unsubstantiated and unfounded.

115.73 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. There were no Inmates who Reported Sexual Abuse during the onsite portion of the audit. The auditor reviewed a sample of investigations.

115.73 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). All inmate notifications or attempted notifications shall be documented on the 14-2E Inmate Allegations Status Notification. At the conclusion of an investigation into an inmate's allegation against another inmate, the alleged victim will be informed in writing of the outcome of the investigation. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: thirteen. Of those notifications made in the past 12 months, the number that were documented: 13.

115.73 (f) N/A

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)

Findings:

115.76 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Northwest New Mexico Correctional Center did not have any substantiated instances of a CoreCivic or contract staff sexual abuse or sexual harassment.

115.76 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures) describes on pg. 6. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies: zero. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0. The auditor reviewed a sample of employee files during the onsite portion of the unit.

115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: zero. The auditor reviewed a sample of employee files during the onsite portion of the unit.

115.76 (d) 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: zero.

Corrective Action: The auditor recommends no corrective action.

Standard 115.77: 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)

Interviews:

- a. Warden

Findings:

115.77 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures) describes on pg. 6. The agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates: zero. The auditor reviewed additional employee files with no reports in the past 12 months.

115.77 (b) The facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The auditor conducted an interview with the Warden and determined that the facility did not receive any reports in the past 12 months.

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

115.78 (b)

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

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes 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 inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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*)

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 recommendations where the facility does

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-090100/Inmate Discipline)
- Inmate Handbook (English/Spanish)

Interviews:

- a. Warden
- b. Medical and Mental Health Staff

Findings:

115.78 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: zero. 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) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The auditor interviewed the Warden during the onsite portion of the audit. The auditor reviewed reports and documentation during the onsite portion of the audit.

115.78 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The auditor interviewed the Warden during the onsite portion of the audit. The auditor reviewed reports and documentation during the onsite portion of the audit.

115.78 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The auditor conducted interviews with Medical and Mental Health Staff during the onsite portion of the audit.

115.78 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures).

The inmate may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The auditor reviewed reports and documentation during the onsite portion of the audit.

115.78 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78 (g) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). 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 inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
 Yes No NA

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? 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 inmate 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 1-15A Retention Schedule
- CoreCivic and NMCD 2019 Annual PREA Report
- CoreCivic and NMCD website with link to PREA annual report

Interviews:

Inmates who Disclose Sexual Victimization at Risk Screening
Staff Responsible for Risk Screening

Findings:

115.81 (a/c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). All inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening.

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: 100%. The auditor conducted interviews with Inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening during the onsite portion of the audit.

115.81 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Inmates identified during the intake screening as high risk with a history of sexually assaultive behavior, whether it occurred in an institutional setting or in the community, shall be offered a follow-up meeting with a medical or mental health or other qualified professional within 14 days of the intake. The auditor conducted interviews with Inmates who Disclose Sexual Victimization at Risk Screening and Staff Responsible for Risk Screening.

115.81 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. The auditor made observations during the site review and reviewed a sample of inmate records.

115.81 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18. The auditor conducted interviews with Medical and Mental Health Staff during the site review.

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 inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes 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 inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults)
- 5-1A Incident Report with Medical Anatomical
- 14-C Sexual Abuse Incident Check Sheet
- Letter from NMCD to alleged Victim

Interviews:

Medical and Mental Health Staff
 Inmates who Reported a Sexual Abuse
 Security staff and non-security staff first responders

Findings:

115.82 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures); New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults). Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The auditor conducted interviews with Medical and Mental Health Staff and Inmates who Reported a Sexual Abuse.

115.82 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures); New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults). If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The auditor conducted interviews with Security staff and non-security staff first responders during the onsite portion of the audit.

115.82 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures); New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults). Inmate victims of sexual abuse while incarcerated are 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. The auditor conducted interviews with Medical and Mental Health Staff and no Inmates assigned to the facility who Reported a Sexual Abuse.

115.82 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures); New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults). Treatment services shall be 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.

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 inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether*

such individuals may be in the population and whether this provision may apply in specific circumstances.) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate 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 inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- 5-1A Incident Report
- Mental Health Counseling

Interviews:

Medical and Mental Health Staff
Inmates who Reported a Sexual Abuse

Findings:

115.83 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC offers 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.

115.83 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures); New Mexico Corrections Department (Policy CD-150102/Coordinated Response to Sexual Assaults). The evaluation and treatment of such victims shall 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. The auditor conducted interviews with Medical and Mental Health Staff and no Inmates assigned who Reported a Sexual Abuse.

115.83 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility shall provide such victims with medical and mental health services consistent with the community level of care. The auditor conducted interviews with Medical and Mental Health staff during the audit.

115.83 (d) N/A The facility does not house female inmates.

115.83 (e) N/A The facility does not house female Inmates.

115.83 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). A review of medical records and additional documentation to include interviews with inmates who reported sexual abuse determined that Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. There were no inmates assigned who reported sexual abuse and the auditor reviewed a random sample of alleged sexual abuse investigations.

115.83 (g) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Treatment services are 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. There was no inmates assigned who reported a sexual abuse during the onsite audit.

115.83 (h) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC it attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. The auditor conducted interviews with Medical and Mental Staff to include a review of medical records and additional documentation.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 5-1 Incident Reporting
- 5-1 IRD Incident Log
- Incident Packet

Interviews:

- a. Warden
- b. PREA Compliance Manager
- c. Incident Review Team

Findings:

115.86 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The auditor reviewed a random sample of administrative investigations during the onsite portion of the audit.

115.86 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The auditor reviewed a random sample of administrative investigations during the onsite portion of the audit.

115.86 (c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical

or mental health practitioners. The auditor conducted an interview with the Warden and reviewed the incident review team during the onsite audit.

115.86 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The auditor conducted interview with the Warden, PREA Compliance Manager and Incident Review Team.

115.86 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC implements the recommendations for improvement or documents its reasons for not doing so. The auditor conducted interview with the Warden, PREA Compliance Manager and Incident Review Team.

Corrective Action: The auditor recommended no 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 5-1 Incident Reporting
- Policy 1-15A Retention Schedule
- CoreCivic and NMCD 2019n Annual PREA Report
- CoreCivic and NMCD website with link to PREA Annual Report

Findings:

115.87 (a/c) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, 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.

115.87 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC shall aggregate the incident-based sexual abuse data at least annually. The auditor reviewed a sample of aggregated data during the site review.

115.87 (d) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency obtains incident-based and aggregated

data from every private facility with which it contracts for the confinement of its inmates. The auditor reviewed a sample of incident based and aggregated data from the facility.

115.87 (f) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). Upon request, CoreCivic shall provide all data as outlined above from previous calendar year to the Department of Justice no later than June 30.

Corrective Action: The auditor recommends no corrective action.

Standard 115.88: Data review for 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 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 actions 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 actions 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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Core Civic and NMCD 2019 Annual PREA report
- CoreCivic and NMCD websites with link to PREA annual report

Interviews:

Agency Head
PREA Coordinator
PREA Compliance Manager

Findings:

115.88 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The agency reviews 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, and training, including Identifying problem areas; Taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The auditor conducted interviews with the Agency Head and PREA Compliance Manager during the onsite portion of the audit.

115.88 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

115.88 (c) NWNMCC makes its annual report readily available to the public at least annually through its website: [Northwest New Mexico Correctional Center \(Formerly New Mexico Women's Correctional Facility\) \(corecivic.com\)](http://corecivic.com). The auditor conducted an interview with the Agency Head and Warden during the site review.

115.88 (d) NWNMCC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The auditor conducted an interview with the PREA Coordinator during the site review.

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*)

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

The following evidence was analyzed in making compliance determination:

Documentation Reviewed: (Policies, directives, forms, files, records, etc.)

- New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures)
- Policy 1-15A Retention Schedule
- CoreCivic and NMCD 2019 Annual PREA Report
- CoreCivic and NMCD websites with link to PREA Annual Report

Interviews:

PREA Coordinator

Findings:

115.89 (a) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). The auditor conducted an interview with the PREA Coordinator during the site review.

115.89 (b) New Mexico Corrections Department (Policy CD-150100/Offender Protection Against Abuse and Sexual Misconduct; Reporting Procedures). NWNMCC shall 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. NWNMCC makes its annual report readily available to the public at least annually through its website: : [Northwest New Mexico Correctional Center \(Formerly New Mexico Women's Correctional Facility\) \(corecivic.com\)](http://Northwest New Mexico Correctional Center (Formerly New Mexico Women's Correctional Facility) (corecivic.com).).

115.89 (c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The auditor reviewed a sample of publicly available sexual abuse data on the website : [Northwest New Mexico Correctional Center \(Formerly New Mexico Women's Correctional Facility\) \(corecivic.com\)](http://Northwest New Mexico Correctional Center (Formerly New Mexico Women's Correctional Facility) (corecivic.com).)..

115.89 (d) NWNMCC shall 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.

Corrective Action: The auditor recommends no corrective action.

AUDITING AND 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 detainees? 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*)

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

CoreCivic Northwest New Mexico Correctional Center demonstrated compliance with the standards. The auditor reviewed the relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for the facility. The auditor 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 PREA Audit Report 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 given the opportunity 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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

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

CoreCivic Northwest New Mexico 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 : [Northwest New Mexico Correctional Center \(Formerly New Mexico Women's Correctional Facility\) \(corecivic.com\)](http://Northwest New Mexico Correctional Center (Formerly New Mexico Women's Correctional Facility) (corecivic.com)). 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 inmate 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

8/6/2021

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>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.