

PREA Facility Audit Report: Final

Name of Facility: New Mexico Men's Recovery Academy

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Dave Andraska	Date of Signature: 08/09/2024

AUDITOR INFORMATION	
Auditor name:	Andraska, Dave
Email:	ddafalls@hotmail.com
Start Date of On-Site Audit:	06/24/2024
End Date of On-Site Audit:	06/26/2024

FACILITY INFORMATION	
Facility name:	New Mexico Men's Recovery Academy
Facility physical address:	1000 Main Street Northwest, Los Lunas, New Mexico - 87031
Facility mailing address:	

Primary Contact

Name:	Matthew Lange
Email Address:	mlange@geogroup.com
Telephone Number:	505-460-2830

Facility Director	
Name:	Matthew Lange
Email Address:	mlange@geogroup.com
Telephone Number:	505-460-2830

Facility PREA Compliance Manager	
Name:	Matthew Lange
Email Address:	mlange@geogroup.com
Telephone Number:	O: (505) 866-0590

Facility Characteristics	
Designed facility capacity:	124
Current population of facility:	76
Average daily population for the past 12 months:	74
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	22-67
Facility security levels/resident custody levels:	Low/Minimum
Number of staff currently employed at the facility who may have contact with	26

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
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Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
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Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
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Name:	Manuel Alvarez	Email Address:	Manuel.Alvarez@geogroup.com
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Facility AUDIT FINDINGS	
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Summary of Audit Findings	
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

4

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.217 - Hiring and promotion decisions
- 115.231 - Employee training
- 115.287 - Data collection

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-24
2. End date of the onsite portion of the audit:	2024-06-26

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Valencia Shelter Services

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	124
15. Average daily population for the past 12 months:	74
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	76
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>4</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>26</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>No text provided.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents were randomly selected from a roster provided by the facility on the first day of the onsite. Residents were selected based on housing unit, race, ethnicity and age.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Facility Director/PREA Compliance Manager reported there were no residents assigned to the facility with cognitive disabilities.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the interviews the auditor and Facility Director reviewed the at-risk log and LGBTI log to determine the targeted population to interview. During the audit, risk screening documents were reviewed and formal and informal interviews with staff and residents, the auditor found no evidence to dispute this.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>3</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Facility administration provided resident rosters and indicated that there were no residents within the targeted category in the facility at the time of the onsite. There is no segregated housing area at the facility.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

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

	<input type="checkbox"/> Other
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81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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83. Provide any additional comments regarding selecting or interviewing specialized staff.	The Facility does not utilize contractors.
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of residents, security rounds, interaction between staff and residents, shower and toilet areas, placement of PREA posters, observation of availability of PREA information located in housing areas, The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing the monitors.</p>
<p>Documentation Sampling</p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Twelve resident records were randomly selected and reviewed to determine compliance with screening requirements. All residents are screened within 24 hours of arrival at the facility and reassessment within 30 days. Residents determined to be at risk of victimization or abusiveness are referred for evaluations. Residents must sign to accept or decline the service. All resident records reviewed contained appropriate acknowledgment for receiving PREA educational materials.

Ten staff records were randomly selected and reviewed. All records reviewed contained an acknowledgment of annual PREA training, including training on searches. All files examined contained initial background clearances from both the New Mexico Corrections Department and GEO. Self-disclosure statements are renewed and signed annually as part of a performance evaluation.

The facility does not use contractors. Volunteers are vetted and trained by the New Mexico Corrections Department.

There were two investigations completed in the past 12 months, and both investigative files were reviewed.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	1	0	1	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	2	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There were no sexual abuse allegation reported

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. New Mexico Men’s Recovery Academy (NMMRA) Pre-Audit Questionnaire (PAQ) b. GEO Corporate Policy and Procedure Manual 5.1.2 c. GEO Corporate Policy and Procedure Manual 5.1.2-A c. New Mexico Recovery Academies (NMRA) Local Policy 2024-1 c. Agency Organizational Chart 2. Interviews: <ol style="list-style-type: none"> a. PREA Coordinator c. PREA Compliance Manager c. Random Staff d. Random residents 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p>

115.211(a):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ responses. GEO Corporate Policy and Procedure Manual 5.1.2 (p. 1) establishes: GEO mandates zero tolerance towards all forms of sexual abuse and sexual harassment in all its facilities. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 5) Requires that each facility have a current policy mandating zero tolerance towards all forms of Sexual Abuse and Sexual Harassment and outlining GEO's approach to preventing, detecting, and responding to such conduct. NMRA Policy 2024-1 (p.1) establishes: It is the policy of New Mexico Recovery Academies to protect the rights of residents and employees. New Mexico Recovery Academies mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment. New Mexico Recovery Academies policy is that sexual conduct between Employees, Volunteers, or Contractors and residents in the New Mexico Recovery Academies facility or Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions."

The responses provided on the Facility PAQ indicated:

1. That the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly.
2. That the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment
3. That the policy includes definitions of prohibited behaviors.
4. That the policy includes sanctions for those found to have participated in prohibited behaviors.
5. That the policy includes a description of the agency's strategies and responses to reduce and prevent sexual assault and sexual harassment of residents.

The auditor reviewed these written policies and found them to be comprehensive policies which clearly mandate a zero-tolerance on all forms of sexual abuse and harassment and outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The language in the policies provides definitions of prohibited behaviors in accordance with the standard and includes sanctions for those who have been found to have participated in prohibited behaviors. The definitions contained in the policy are consistent and in compliance with PREA definitions.

Interviews with random staff indicated that they were trained in and understood the zero-tolerance policy. They understand their role regarding prevention, detection, and response procedures for PREA allegations. The facility trains all staff on an annual basis. Interviews with random residents indicated they all received education about the zero tolerance policy when they first arrived at the facility. The auditor reviewed both the staff PREA training curriculum and the PREA material provided to the residents and both contain information regarding Geo's zero tolerance policy.

115. 211(b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies and organization chart in its PAQ responses. GEO Corporate

Policy and Procedure Manual 5.1.2-A (pp. 2-3): GEO shall designate a PREA coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee GEO's efforts to comply with the PREA standards in all its facilities. PREA coordinator duties include:

- a. PREA oversight for U.S. Secure Services, and Reentry Services facilities.
- b. Developing the corporate PREA policy to comply with standard requirements.
- c. Work with Contract Compliance (CC) on the refinement of the PREA audit tools.
- d. Work with facilities if an incident occurs.
- e. Review the results of every investigation of sexual abuse and harassment.
- f. Compile annual reports on findings and corrective actions for GEO.
- g. Develop and implement best practices in training, identification, treatment, and reporting.
- h. Supervise the corporate CC PREA team.

Corporate PREA Manager

GEO shall appoint PREA managers, at the corporate level with sufficient time and authority to develop, implement, and oversee GEO's efforts to comply with the PREA standards in all its facilities. PREA manager duties include:

- a. Serving as the primary point of contact for facility PREA compliance matters.
- b. Conducting PREA mock audits and serving as a subject matter expert for Annual Corporate Audits.
- c. Scheduling PREA certification audits and completing pre-certification audit document review and preparation.
- d. Supporting PREA certification audits and corrective action plans when required.
- e. Tracking and reviewing PREA related investigations.
- f. Providing training and education to PREA compliance managers and corporate staff.

Facility PREA Compliance Manager

Each facility administrator shall appoint a local PREA compliance manager for each U.S. Secure Services facility with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PREA compliance manager duties include:

- a. Gathering of facility statistics and reports on incidents of sexual activity and sexual abuse.
- b. Assist with development/revision of any site specific PREA policies.
- c. Assist with PREA training initiatives.
- d. Assist with PREA facility assessments.
- e. Prepare an annual report on findings and corrective actions for the facility.
- f. Monitoring for retaliation in accordance with Section N (2) of this policy.

The responses provided on the Facility PAQ indicated:

1. That the agency employs an upper-level, agency-wide PREA Coordinator.
2. That the PREA Coordinator has sufficient time and authority to develop, implement, and oversee the agency efforts to comply with the PREA standards.
3. The position of the PREA Coordinator in the agency's organizational structure:

	<p>The GEO Corporate Organizational Chart outlines the PREA Coordinator and PREA Manager positions within the organization. The NMRA Organizational Chart outlines the position of PREA Compliance Manager as the Facility Director reporting to the Corporate PREA Coordinator.</p> <p>The auditor interviewed the PREA Coordinator. He reported that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all of the community confinement facilities. The auditor interviewed the Facility PREA Compliance manager. He reported he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>After review of the policies, memos, organizational charts, training, observations, and interviews with the Facility staff, residents and the PREA Coordinator and PREA Compliance Manager the auditor concluded that the Agency and Facility is committed to the prevention, detection and response to sexual abuse and sexual harassment.</p> <p>Based upon the systematic review and analysis of all available evidence, the Auditor determined the facility exceeded the requirements of this standard.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ 2. Interviews: <ol style="list-style-type: none"> a. Agency Head <p>Findings:</p> <p>115.212(a-c):</p> <p>The PAQ states that facility has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>The New Mexico Recovery Academies are operated by The GEO Group, Inc. which is a private for-profit agency. Interview with the Agency Head confirmed that the agency has not entered into or renewed a contract for the confinement of residents since the last PREA audit.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>

115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual 5.1.2-A c. NMRA Local Policy 2024-1 d. Staffing Plan e. Annual Review of the Staffing plan f. Facility floor plan with camera locations 2. Interviews: <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.213 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 7): Outlines that each facility must develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals against sexual abuse. NMRA Local Policy 2024-1(pp. 3-4): Outlines responsibilities for developing and documenting a staffing plan that provides adequate levels of staff and where applicable, video monitoring, to protect residents against sexual abuse.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. That the facility develops and documents a staffing plan that provides for adequate levels of staffing. 2. That the average daily number of residents was 74 since the last PREA audit and that the staffing plan was developed based on 124 residents. <p>An Interview with PREA Coordinator corroborated that a staffing plan has been developed for the facility that provides adequate levels of staffing and video monitoring. The plan is reviewed each year. An Interview with Facility Director corroborated that a staffing plan is in place that is reviewed each year. The staffing plan takes into account the number and composition of residents, the physical layout of the facility, as well as the availability of cameras and mirrors throughout the facility, the number of substantiated and unsubstantiated incidents of sexual abuse and any other relevant factors. He also stated that based on the facility's contract with the New Mexico Probation and Parole Division, a minimum staffing is required to be in place and any deviations must be documented and reported.</p> <p>The auditor reviewed the approved facility staffing plan, the Annual reviews of facility staffing plan for the past three years and Facility layout diagram with camera</p>

locations. The staffing plan and Annual reviews take into consideration the four requirements of this provision.

During the site review, the auditor observed staffing over both shifts and no areas were identified that needed additional or enhanced supervision. Observation of camera and mirror placement was reviewed and they covered all blind spots and entrance/exits to areas where residents were not allowed. Informal conversations with staff regarding staffing levels indicated that overtime was available and normally not mandated. Staff confirmed that minimal staffing must be in place for each shift.

115.213(b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 7): Requires the Facility Director document and justify any deviations from the staffing plan.

The responses provided on the Facility PAQ indicated N/A and indicated:

1. That there have been no instances where the staffing plan has not been complied with.
2. Reported that if the staffing plan were deviated from, it would be documented and reasons justified.

Per an interview with Facility Director, he stated there were no deviations from the staffing plan and that he is required to document and report any deviations from the staffing plan.

115.213(c):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 7) establishes: That each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources. The NMRA Policy 2024- (pp. 3-4) establishes:

That each facility assess, determine and document no less frequently than once each year whether adjustments are needed to the staffing plan, deployment of video technology or other resources.

The response provided on the Facility PAQ indicated:

1. That the staffing plan is reviewed yearly.

Per an Interview with Facility Director, he reported that he reviews the staffing plan yearly in conjunction with corporate leadership to determine if any adjustments need to be made with staffing levels, additional monitoring technology or allocation of facility resources are needed to ensure compliance with the staffing plan.

The Auditor reviewed the three Annual reviews, and they take into consideration the four requirements of provision (a) of this standard as well as if any adjustments are needed to the staffing patterns, deployment of video monitoring systems, and

	<p>documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual 5.1.2-A c. NMRA Local Policy 2024-4 d. Training Curriculum e. Training logs 2. Interviews: <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager b. Random staff c. Random residents 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.215 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 12), prohibits cross-gender strip searches and body cavity searches of residents, except in exigent circumstances or by medical practitioners. The NMRA Policy 2024-4 (p. 2) prohibits cross-gender strip searches and body cavity searches of residents.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. That the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. 2. That there has been zero cross-gender strip or cross-gender visual body cavity searches of residents in the past twelve months. <p>To corroborate the information provided in the PAQ (that there have been no cross-gender strip or visual body cavity searches conducted), this auditor asked random residents whether they had been or know of another person that had been the subject of a strip search or visual body cavity search. All responded with “No”, they don’t do any strip or body cavity searches here. Further, this auditor asked all</p>

random staff whether these searches were permitted to be conducted. All staff interviewed reported that they were not allowed to conduct any type of strips or visual body cavity searches of residents. As such there were no cross-gender strip or cross-gender visual body cavity search logs to review.

115.215(b-c):

The Facility indicated these provisions were not applicable to them as it does not house females. The auditor confirmed that the facility only houses male per review of confined person's rosters. The facility reported in its PAQ responses that there were no cross-gender strip searches, visual body cavity, or pat-down searches of females being conducted over the past 12 months.

115.215 (d):

The Facility indicated compliance with this provision and provided the Facility PREA Policy in its PAQ response. The NMRA Policy 2024-4 (p. 3) establishes:

- 1., That residents are required to change clothes in the resident bathroom area.
2. That facility staff are required to loudly announce themselves when entering into a dorm housing residents of the opposite gender.
3. That staff are prohibited from entering the restroom area in opposite gender dorms without loudly announcing their presence and gaining verbal assurance that occupants in the area are fully clothed.
4. That residents have the right to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, (excluding exigent circumstances).

The responses provided on the Facility PAQ indicated:

1. That the facility has implemented policy and procedures that enable residents to 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 or when viewing is incidental to routine cell checks.
2. Reported that policy and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

Random resident interviewed stated that staff of the opposite gender consistently announces their presence when entering an area where they may be showering, using the toilet, or changing their clothes. Residents also stated that there has not been an instance where staff of the opposite gender has seen a resident in an unclothed state. Random Staff interviewed stated that they always announce themselves when entering an area where residents of the opposite gender are living. Staff interviewed also stated that residents are able to dress, shower and use the toilet without being viewed by staff of the opposite gender.

During the Facility site review, the auditor observed that private (single toilet stall/ single shower staff) bathroom facilities are available to residents in each dorm area. Mirrors and camera placement do not provide views into areas where residents shower, toilet or change clothes. Staff made loud verbal announcements and knocked on doors before entering living areas of residents of the opposite gender.

	<p>115.215(e):</p> <p>The Facility indicated compliance with this provision and provided the Facility PREA Policy in its PAQ response. The NMRA Policy 2024-4 (p. 3) prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. That there is a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status. 2. That zero searches as described above have occurred in the past 12-months. <p>Random Staff interviewed reported that they were aware of policy prohibiting the searching or physically examining of transgender or intersex residents for the sole purpose of determining genital status. There were no transgender or intersex residents currently housed at the facility to interview.</p> <p>115.215(f):</p> <p>The Facility indicated compliance with this provision and provided the Facility PREA Policy in its PAQ response. The NMRA Policy 2024-4 (p. 3) establishes that all staff shall be trained on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. That 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner. <p>During Interviews with random staff, they stated that they had received training in conducting cross-gender pat-down searches as well as searching transgender and intersex residents in a professional and respectful manner.</p> <p>The auditor reviewed the training curriculum and a random sampling of training files. The training files revealed that all staff had received and acknowledged training on conducting cross-gender pat down searches and searches of transgender and intersex residents.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy Oversight-2024-2
 - d. PREA Resident Education Manual (English/Spanish)
 - e. PREA Resident Education Manual – Large Print (English/Spanish)
 - f. PRRC resident reporting options posters (English/Spanish)
 - g. Language line contract
2. Interviews:
 - a. Agency Head
 - b. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.216 (a-b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 12):

1. Requires that facilities ensure that individuals with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
2. Requires that facilities provide written materials to every resident in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

The NMRA Policy 2024-2 (p.p.1&4):

1. Establishes the facility's policy to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment.
2. Establishes the facility's policy to provide written materials to every offender in formats or through methods that ensure effective communication with individuals with disabilities, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision.

The responses provided on the Facility PAQ indicated:

1. That the agency has established procedure to provide disabled resident equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment.
2. Reported that the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual assault and sexual harassment.

Per an interview with Agency Head, he stated that in all of GEO's facilities we have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally

benefit from the PREA program. We have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTY phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. Facilities are prohibited from relying on inmates to do this for us. GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist us. Interviews with random staff confirmed PREA material was available in English and Spanish. They also reported that numerous staff at the facility were bilingual and can speak English and Spanish.

There were no residents with disabilities or limited English proficient housed at the facility during the onsite visit.

During the site review, the auditor observed that Telecommunication Device for the Deaf (TDD) were available to use in the event a resident was housed at the facility who was deaf. The Facility provided a copy of the contact with Language Line Solutions for translation services. Instructions for use of this service were available for staff to use in the privacy of staff offices. Signage for reporting and emotional support services were observed in both English and Spanish. Educational material was observed in both English and Spanish.

115.215(c):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policies in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 12) states residents shall not be relied on as reader or other types of assistants except in limited circumstances.

The NMRA Policy 2024-2 (p.1) establishes that offenders may not be relied on as readers or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder's duties in an emergency, or the investigation of the individual's allegations.

The responses provided on the Facility PAQ indicated:

1. That the agency prohibits the use of resident interpreters except in limited circumstances where an extended delay could compromise the resident's safety, the performance of first responder duties or the investigation of the resident's allegations.
2. Reported that any use of resident interpreters is documented.
3. Reported that in the past 12 months there were zero instances where residents were used to interpret.

Staff interviewed stated that it was against policy to other residents to interpret. Staff also stated that there was a language line available when interpretation services were needed and staff members who were bilingual were not present.

There were no residents with disabilities or limited English proficient housed at the facility during the onsite visit.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions

	of this standard.
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c.. Staff personnel files 2. Interviews: <ol style="list-style-type: none"> a. Facility Director b. Facility HR Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.217 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 8) establishes that GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with residents who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community.</p> <p>The responses provided on the Facility PAQ indicated:</p> <p>That the agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <ol style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. 2. 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. 3. Has been civilly or administratively adjudicated to have engaged in the activity described above. <p>Interview with the HR Manager confirmed that GEO is prohibited from hiring anyone who meets the criteria listed above. The review of random employee files revealed that staff hired or promoted in the past 12 months had criminal record background checks conducted and questions regarding past conduct were asked and answered on the application.</p> <p>115.217(b):</p>

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 8) establishes that GEO Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program.

Interview with the HR Manager confirmed that GEO considers any incidents of Sexual Harassment in determining whether to hire or promote anyone. She confirmed that background checks are completed through a contracted agency. Also, all new hires have to be cleared by the New Mexico Department of Corrections prior to working in the facility.

115.217(c):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 8) establishes that each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years.

The responses provided on the Facility PAQ indicated:

1. That the agency policy requires that before it hires any new employee who may have contact with residents, it conducts a criminal background record check and makes its best efforts to contact all prior institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
2. In the past 12 months, 12 persons were hired who may have contact with residents and who have had criminal background record checks:

Interview with the HR Manager confirmed that background checks are completed through a contracted agency. If the applicant had previously worked at an institution the contract agency would contact the employer.

Review of random employee files revealed that all had background checks completed and if required contact was made with institutional employers for information on substantiated allegation of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.217(d):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 16) establishes that each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.

The responses provided on the Facility PAQ indicated:

1. That the agency policy requires that a criminal background check be completed before enlisting the services of any contractor who may have contact with residents.
2. That the facility does not use the services of contractors who may have contact with residents.

Interview with the Facility Director confirmed that they do not have any contractor who may have contact with residents

115.217(e):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 8 & 16) establishes:

1. Background checks shall be repeated for all Employees at least every five years.
2. Background checks shall be repeated for all Contractors at least every five years.

The responses provided on the Facility PAQ indicated:

1. That the agency policy requires that a criminal background check be conducted at least every five years for current employees and contractors who may have contact with residents.

Interview with HR Manager confirmed that background checks are completed at least every five years, or when an employee is promoted. She also confirmed that the facility does not use contractors for services where staff covered under the contract may have contact with residents.

Review of random employee files revealed that background checks are completed every five years.

115.217(f-g):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 4) establishes That GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility directly about previous sexual misconduct as part of its hiring and promotional processes and during annual performance reviews for current employees. GEO shall also impose upon employees a continuing affirmative duty to disclose any such conduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Interview with the HR Manager confirmed that staff are required to sign a disclosure form prior to hire and again as part of their yearly performance appraisal. She confirmed all employees have a continuing affirmative duty to disclose any such conduct and material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Review of random employee files revealed that these questions are asked during the application process, promotions and during annual performance reviews.

115.217(h):

The Facility indicated compliance with this provision and provided the Agency PREA

	<p>Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 4) establishes that unless prohibited by law, GEO shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.</p> <p>Interview with the HR Manager confirmed that corporate will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving request.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility has exceeded the requirements of this standard.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings 115.218(a-b)</p> <p>The responses provided on the Facility PAQ indicated: The facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, including installing or updating a video monitoring system since the last PREA audit.</p> <p>Interview with the Facility Director confirmed that the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, including installing or updating a video monitoring system since the last PREA audit.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E

- c. NMRA Local Policy 2024-6
 - d. SAFE/SANE provider information
 - e. MOU Agreements
2. Interviews:
- a. Facility Director
 - b. Random Staff
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.221 (a-b):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 5) establishes: Facilities that are responsible for investigating allegations of sexual abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be 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.

The responses provided on the Facility PAQ indicated:

1. That the agency is responsible for conducting administrative sexual abuse investigations.
2. That the facility is not responsible for conducting criminal sexual abuse investigations.
3. That local law enforcement agencies are responsible for all criminal sexual abuse investigations.
4. When conducting sexual abuse investigations, the agency investigators follow uniform evidence protocol.
5. The protocol was adapted from the DOJ’s Office on Violence Against Women publication: “A National Protocol for Sexual Assault Medical Forensic Examinations”.

Interviews with random staff indicated they understood the agency’s protocols for preserving and maintaining physical evidence if a resident alleges sexual abuse and gave examples of the steps they would take. All staff have a first responder card which describes the process for obtaining usable physical evidence.

115.221(c):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 5) establishes:

- Facilities shall offer all individuals in a GEO facility who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim’s consent and without cost to the individual and regardless of

whether the victim names the abuser or cooperates with any investigation arising out of the incident.

- Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite qualified medical practitioner may perform the examination if a SAFE or SANE is not available. The facility shall document its efforts to provide SAFEs or SANES.

The responses provided on the Facility PAQ indicated:

1. The facility offers all residents who experience sexual abuse access to forensic medical examinations.
2. Forensic examinations are offered without financial cost to the victim.
3. Examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANES).
4. When SANES or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.
5. The facility documents efforts to provide SANES or SAFE's.
6. There were zero forensic medical exams conducted during the past 12 months.
7. There were zero exams performed by SANES/SAFEs during the past 12 months.
8. There were zero exams performed by a qualified medical practitioner during the past 12 months.

The Facility Director reported that the Albuquerque SANE Collaborative would be contacted to provide a SANE exam when required. The Facility Director confirmed there were zero SANE exams conducted during the past 12 months

115.221(d-e):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 5) establishes; A victim advocate from a rape crisis center shall be made available to accompany the victim through examinations and investigatory interviews. A rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. Upon request by the victim and with the victim's consent, either in writing or on audio tape, the victim advocate may participate in supporting the victim throughout the forensic medical examination process (ensuring compliance with confidentiality laws) and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

The responses provided on the Facility PAQ indicated:

1. The facility attempts to make available to the victim a victim advocate from a rape crisis center either in person or by other means.
2. That all efforts are documented.
3. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

During the on-site audit, the MOU with Valencia Shelter Services was made available and reviewed. Valencia Shelter Services agrees to provide a rape crisis advocate to and provides emotional support, crisis intervention, information, and referrals.

Interview with the Facility Director confirmed that the GEO policy requires each facility to ensure residents are offered access to a community-based provider capable of providing emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. In the event a community-based provider is unavailable, an agency staff member is trained on the provision of victim advocacy services.

There were no residents in the facility at the time of the onsite audit who had reported a sexual abuse.

115.221(f):

The Facility indicated compliance with this provision and provided the Facility PREA Policy in its PAQ. The NMRA Policy 2024-6 (pp. 5-6)) establishes; The facility shall report all allegations of Sexual Abuse and Sexual Harassment to the New Mexico Corrections Department Probation and Parole and/or local law enforcement for investigation. New Mexico Recovery Academies shall attempt to secure a PREA MOU with local law enforcement outlining the responsibilities for each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a Law Enforcement MOU shall be documented and retained by the facility.

The Facility Director during interview confirmed all allegations of sexual abuse are reported to the New Mexico Corrections Department Probation and Parole and to local law enforcement for investigation.

115.221(g):

Auditor is not required to audit this provision.

115.221(h):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (pp. 5-6) establishes; GEO facilities may not utilize facility employees as victim advocates unless the following documentation exists:

- a. Documentation is on file that no other alternatives are available in the community; and,
- b. Documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.

The Facility Director reported If no alternatives are available, a staff member is screened for appropriateness to serve as an advocate and trained on the provision of victim advocacy services. Agency staff training is documented and maintained as part of the staff member's official training record. There are no trained staff advocates currently at the Facility as it attempts to make a victim advocate from a rape crisis center available to victims.

	Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 d. GEO Website 2. Interviews: <ol style="list-style-type: none"> a. Agency Head 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.222 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p.1) establishes that each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.</p> <p>NMRA Local policy 2024-6 outlines the process to ensure all allegations of sexual abuse or sexual harassment are investigated and referred to a law enforcement agency with legal authority to conduct criminal investigations.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 2. That in the past 12 months there were two allegations of sexual abuse and sexual harassment that were received. 3. That In the past 12 months, there were two allegations resulting in an administrative investigation: 4. That In the past 12 months, there were zero allegations referred for criminal investigation. 5. During the past 12 months, the two administrative investigations were completed.

	<p>During the interview with the Agency Head, he stated that all allegations of sexual abuse and sexual harassment are investigated.</p> <p>115.222(b-c): The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp.1-2) establishes:</p> <ol style="list-style-type: none"> 1. That each facility shall have a policy in place to ensure that all allegations of sexual abuse or sexual harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. 2. That GEO shall publish its corporate investigations policy on its website. <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations. 2. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. 3. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. <p>Review of the Agency’s website at https://www.geogroup.com/PREA corroborated that the agency publishes their policy regarding investigations on their website.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.231	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A (effective 1/04/24) c. PREA Staff Training Curriculum d. PREA Staff Training Acknowledgements 2. Interviews <ol style="list-style-type: none"> a. Facility Director b. Random Staff (15)

3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.231 (a &c):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 9) establishes; All employees, contractors, and volunteers shall receive training on GEO's PREA program before assignment. Each facility shall train all employees who may have contact with individuals in a GEO Facility or Program on:

1. It's 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. An individual in a GEO facility or program right to be free from sexual abuse and sexual harassment.
4. The right of individuals in a GEO facility or program 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 Individuals in a GEO facility or program.
9. How to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals.
10. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

The responses provided on the Facility PAQ indicated:

1. The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.
2. The agency trains all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
3. The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment.
4. The agency trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The agency trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement.
6. The agency trains all employees who may have contact with residents on the common reactions of sexual abuse and sexual harassment victims.
7. The agency trains all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse.
8. The agency trains all employees who may have contact with residents on how to

avoid inappropriate relationships with residents.

9. The agency trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents.

10. The agency trains all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

11. Between trainings the agency provides employees who may have contact with residents receive refresher information about current policies regarding sexual abuse and harassment at staff meetings, department head meetings and through PREA postings.

12. Employees who may have contact with residents receive training on PREA requirements on an annual basis.

During the on-site audit, the Facility Director and random staff were interviewed. Interviews with random staff indicated they received initial training and annual training on all required aspects of this standard. They indicated the training is presented by a staff facilitator and they are required to take and pass a test at the end of the training. In addition to these trainings, they mentioned that PREA is also discussed at monthly staff meetings. During informal conversation with staff, staff indicated they are also mandated to completed 40 hours of training annually on the computerized LMS system which also contains a PREA component.

The auditor reviewed random employee training files and found that they contained a signed acknowledgement by staff that initial and annual training was provided and understood. The PREA staff training curriculum was reviewed, and it includes all required aspects of this standard.

115.231(b):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 9) establishes that employee training shall be tailored to the gender of the individuals in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring.

The responses provided on the Facility PAQ indicated:

1. Training is tailored to the gender of the residents at the facility.
2. Employees who are reassigned from facilities housing the opposite gender are given additional training.

Review of the training curriculum found it contains training tailored to both male and female residents. During informal conversation with the Facility Director, he indicated as the NMRA has a separate male and female facility and staff can be assigned to work at either facility.

115.231(d):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 9) establishes; Unless client mandates require electronic verification, employees shall

	<p>document training through signature on the PREA Basic Training Acknowledgement form (see Attachment E) to confirm they understand the training they have received. This form shall be used to document pre-service and annual in-service PREA training.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. <p>The review of random employee training records revealed that they contain a signed acknowledgement by staff that training was provided and understood.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility exceeded all provisions of this standard.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. New Mexico Corrections Department Volunteer clearance checks c. New Mexico Corrections Department Volunteer PREA training records 2. Interviews: <ol style="list-style-type: none"> a. Facility Director <p>Findings</p> <p>115.232(a-c):</p> <p>The NMMRA does not utilize the services of contractors. All volunteers are vetted and trained by the New Mexico Department of Corrections. During the on-site audit, volunteer training records and background checks were reviewed.</p> <p>During the on-site audit, the Facility Director was interviewed. The Facility Director confirmed the facility does not have contractors who have contact with residents. He reported the facility has five religious volunteers who received PREA training from the New Mexico Corrections Department.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>

115.233	Resident education
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local PREA Policy 2024-2
 - d. PREA Resident Education Manual (English/Spanish)
 - e. PREA Resident Education Manual acknowledgement receipts
 - f. PREA Resident video acknowledgement receipts
 - g. PREA resident reporting options posters (English/Spanish)
2. Interviews
 - a. Intake staff
 - b. Random Residents (17)
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.233 (a):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 8) establishes.

- a. During the intake process, Reentry facilities shall provide each individual in a GEO facility with written information (i.e., handbooks, pamphlets, etc.) on GEO's zero tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
- b. Reentry facilities shall provide refresher information whenever an individual in a GEO facility is transferred to a different facility.
- c. During the intake process, facilities shall provide each individual in a GEO facility with written information (i.e., handbooks, pamphlets, etc.) on GEO's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- d. Individuals in a GEO facility shall receive education each time they are transferred to/from a different facility.
- e. The comprehensive education shall include information on individuals' right to be free from sexual abuse and sexual harassment, the right to be free from retaliation for reporting such incidents, and facility policies and procedures for responding to such incidents.

NMRA Local Policy 2024-1(pp.3-4) establishes; The offender will be provided with

written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment, how to report incidents or suspicions of Sexual Abuse or Sexual Harassment, their right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. Each offender will be issued a "PREA Resident Education Manual" within 24 hours and sign an acknowledgment form verifying the have received the manual and understand the content of the materials provided. The facility PREA Compliance Manager will retain a copy of the signed "PREA Resident Education Manual Acknowledgement" form. The New Mexico Recovery Academies shall provide refresher information whenever an offender from another GEO facility is received to the facility. All current offenders in GEO Reentry Services - New Mexico Recovery Academies will receive comprehensive education upon arrival or not to exceed 7 days from their intake. The comprehensive education shall include information on individual's right to be free from Sexual Abuse and Sexual Harassment and to be free from retaliation for reporting such incidents, and regarding Facility policies and procedures for responding to such incidents. The comprehensive education shall be delivered in person and via video format. At the conclusion of viewing the video, the offender shall sign an acknowledgement receipt and the facility PREA Compliance Manager will retain a copy of the "Resident Video Acknowledgement" form.

The responses provided on the Facility PAQ indicated:

1. Residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.
2. 194 residents admitted during the past 12 months were given this information.

Interviews with random residents reported that they received information regarding the facility's zero-tolerance policy, their right to be free from sexual abuse and sexual harassment, their right to be free from retaliation for reporting sexual abuse and sexual harassment. Residents reported that they received this information on the day they arrived to the facility and it is part of the intake process which is completed as soon as they arrive at the facility.

Interviews with intake staff revealed that residents are provided with information regarding the facilities zero-tolerance policy and PREA information at the time of their intake. Intake staff reported that orientation takes place the same day that the resident arrives to the facility and must be completed before they can be moved to a housing dorm. Intake staff reported PREA information is provided verbally and in writing and residents are required to watch a PREA video.

During the Site review this auditor observed an intake for a resident that had come in that same day. The doors to intake area are closed during the intake process to ensure privacy. Orientation included information about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to

be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The intake staff took his time to verbally explain the PREA policy and information to ensure the resident understood the information before signing an acknowledgement for it. The resident is provided with a handbook which contains the PREA information and is required to sign an acknowledgement that he received it. The resident is then required to watch a 15-minute PREA video.

This auditor reviewed a random sampling of intake records which confirmed that residents signed acknowledgement for receipt of PREA information during the intake process. The intake records confirmed that residents received orientation the same of arrival at the facility. The review of resident PREA education materials confirmed it covers all relevant and required information. Informal conversations with staff disclosed that staff are available who are bi-lingual who can assist with translation when needed and that the facility has a contract with Language Line to provide translation services.

115.233(b):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 13) establishes; Individuals in a GEO facility shall receive education each time they are transferred to/from a different facility.

The responses provided on the Facility PAQ indicated:

1. The facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a).
- 2 Zero residents transferred from a different community confinement facility in the past 12 months.

Interviews with intake staff confirmed all residents receive the same PREA information at intake and orientation regardless of whether they came from another facility or not.

115.233(c):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 8-9) establishes that in all facilities, education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient.

NMRA Local Policy 2024-1(p. 4) establishes; Sexual Abuse and Sexual Harassment Education shall be provided in formats accessible to all offenders, including those with disabilities and those who are limited English proficient. Each offender shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files and a copy maintained by the PREA Compliance Manager. Designated staff interpreters or external interpreter services shall be utilized for those residents who are limited English proficient. Staff shall document the use of these interpreter services as appropriate. For residents who are hearing impaired, the facility has a telecommunication device for the deaf

(TTD) machine available. Residents with limited vision are assisted by some of the posters and resident sexual abuse manuals and pamphlets having been printed in larger print. For residents with a mental disability, staff should spend extra time to ensure they understand the PREA basics to include definitions and reporting information. For those residents who are blind, staff shall read the information to these individuals. Staff shall be trained on the use of interpreters, interpreter services and other available resources as part of PREA training.

The responses provided on the Facility PAQ indicated:

1. Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient.
2. Resident PREA education is available in formats accessible to all residents, including those who are deaf.
3. Resident PREA education is available in formats accessible to all residents, including those who are visually impaired.
4. Resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled.
5. Resident PREA education is available in formats accessible to all residents, including those who are limited in their reading skills.

Interview with intake staff indicated that resident PREA orientation and education materials were available in both English and Spanish. If a language barrier existed, they would enlist the services of a staff member who was bilingual or utilize the Language Line. They reported they verbally explain the PREA information to all residents and would read materials to residents who were unable to read or had low vision.

There were no residents at the facility to interview with disabilities and who are limited English proficient.

During the Site review, the auditor reviewed resident education materials in both English and Spanish and observed that a TDD machine was available for residents who were deaf.

115.233(d):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 9) establishes; All individuals in a GEO facility shall sign for receipt of written materials and participation in comprehensive education sessions. Signed receipts shall be retained in their institutional files.

The responses provided on the Facility PAQ indicated:

1. The agency maintains documentation of resident participating in PREA education sessions.

A random sampling of resident files revealed that residents sign acknowledgments after receiving orientation and education materials.

115.233(e):

	<p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 9) establishes; Key information shall be provided to individuals in a GEO facility continuously through readily available handbooks, brochures, posters, or other written materials.</p> <p>NMRA Local Policy 2024-1(p. 4) establishes; Key information related to Sexual Abuse and Sexual Harassment shall be provided to offenders on a continuous basis through readily available, handbooks, brochures, or other written materials. All residents shall be made aware of local, state, and national hotlines to contact for any allegations. These hotlines are also posted throughout the facility at various locations. The "PREA Educational Manual" for residents contains reporting information and each resident will receive a copy prior to arrival or upon arrival during monitor orientation and sign an acknowledgement form which verifies the resident received the document.</p> <p>The responses provided on the Facility PAQ indicated:</p> <p>1. The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.</p> <p>During the Site review, this auditor observed signage throughout the facility providing options for reporting sexual abuse and sexual harassment as well as educational materials regarding PREA.</p> <p>Informal conversations with staff and residents confirmed Handbooks are provided to each resident that they are able to retain them. They reported that monthly ‘Town Hall’ meetings are held where residents are provided with information relevant to the facility which includes PREA education.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.234	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. PREA Staff Training Curriculum d. PREA Staff Training Acknowledgements 2. Interviews <ol style="list-style-type: none"> a. Facility Investigator
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3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.234 (a-c):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 10) establishes.

a. Investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

b. Investigators shall receive this specialized training in addition to the training mandated for employees in Section F (1). Facilities shall maintain documentation of this specialized training.

c. Training documentation shall be kept on file at the facility.

The responses provided on the Facility PAQ indicated:

1. Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.
2. In addition to the general training provided to all employees pursuant to §115.231, the agency ensure that its investigators receive training in conducting such investigations in confinement settings.
3. The agency maintains documentation showing that investigators have completed the required training.
4. Two investigators are currently employed who have completed the required training.

During the on-site audit, the Facility provided this auditor with training certificates for two staff that completed GEO Specialized Training titled "PREA- Investigating Sexual Abuse in a Correctional Setting" in addition to the general PREA training provided to all employees. The course curriculum was reviewed and found to meet the requirements of this standard. The auditor interviewed a Facility Investigator. He confirmed he completed the Specialized training in addition to the general PREA training provided to all employees. He reported that the training covered 1) techniques for interviewing sexual abuse victims; 2) proper use of Miranda and Garrity warnings; 3) Sexual abuse evidence collection in confinement settings; and 4) criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The facility does not employ medical or mental health staff; therefore, this standard is not applicable to this facility. Medical and mental health services are provided by referral off-site. The Facility Director was interviewed and confirmed the facility does not employ medical or mental health staff.</p>

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local PREA Policy 2024-3 d. Completed PREA Risk Assessments e. Referral for support services f. GEO PREA Risk Assessment Tool g. PREA Vulnerability Reassessment Questionnaire 2. Interviews <ol style="list-style-type: none"> a. Staff responsible for risk screening d. Random Residents (17) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.241 (a-b):</p> <p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 5) establishes,</p> <ol style="list-style-type: none"> a. All individuals shall be assessed in-person, by GEO staff, during intake, and upon transfer, from another confinement facility, for their risk of being sexually abused or harassed by another individual or being sexually abusive toward another individual. b. This screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. c. In addition to the risk assessment tool, persons tasked with screening shall conduct a thorough review of any available records (i.e., medical files or pre-sentence investigation reports, etc.) which can assist them with risk assessment.

NMRA Local PREA Policy 2024-3 (p.2) establishes, All offenders placed at the New Mexico Recovery Academies shall be assessed during intake (and/or upon transfer) for their risk of being sexually abused by another offender residing at the New Mexico Recovery Academies or being sexually abusive towards another offender residing at the New Mexico Recovery Academies.

a. This screening shall take place within 24 hours of arrival utilizing the approved "GEO PREA Risk Assessment Tool". In addition to the screening instrument, screening staff shall conduct a thorough review of any available records (i.e. medical files or pre sentence investigation reports, etc.) which can assist them with the risk assessment.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.
2. Policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.
3. 190 residents entered the facility in the past 12 months and that 190 residents were screened within 72 hours.
4. Reported that risk assessment is conducted using an objective screening instrument.

During the on-site audit staff responsible for risk screening (Monitor II) and random residents were interviewed. Staff responsible for risk screening reported that they conduct a risk screening on individuals coming into the facility, the same day they arrive and always within 24 hours of their arrival using the GEO PREA Risk Assessment Tool. Random residents reported that they were asked questions from the risk screening as soon as they entered the facility.

During the Site review this auditor observed an intake for a resident that had come in that same day. The doors to intake area are closed during the intake process to ensure privacy. Staff use the GEO PREA Risk Assessment Tool to complete the screening. The risk assessment tool was reviewed and found to be objective and ask a series of yes or no questions. Staff explains to the resident the purpose of the screening and indicated some of the questions are personal, but all information is confidential. Informal conversations with residents revealed that intakes are done immediately upon the resident's arrival in the intake area where there is privacy. The auditor reviewed a random sample of resident records which corroborated the screening is completed on the day of arrival at the facility.

115.241(d-e):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 5) establishes,

The risk assessment tool shall consider, at a minimum, the following criteria to assess an individual's risk for sexual victimization:

- 1) Mental, physical, or developmental disability;
- 2) Age;

- 3) Physical build;
- 4) Previous incarceration;
- 5) If the criminal history is exclusively nonviolent;
- 6) Prior convictions for sex offenses against an adult or child;
- 7) If the individual is, or is perceived to be, LGBTI or gender nonconforming;
- 8) If previously experienced sexual victimization;
- 9) The individual's own perception of vulnerability; and,
- 10) U.S. Secure Services facilities shall also assess whether the individual is detained solely for civil immigration purposes.

The risk assessment tool shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to the facility in assessing the risk of being sexually abusive.

NMRA Local PREA Policy 2024-3 (p.2) establishes;

The intake screening shall consider, at a minimum, the following criteria to assess the offender's risk for sexual victimization:

- 1) Mental, physical or developmental disability,
- 2) Age;
- 3) Physical build;
- 4) Previous incarceration;
- 5) If criminal history is exclusively nonviolent;
- 6) Prior convictions for sex offenses against an adult or child;
- 7) If perceived to be LGBTI or Gender Nonconforming;
- 8) If previously experienced sexual victimization; and
- 9) His/her own perception of vulnerability;

c. The intake screening shall also consider prior acts of Sexual Abuse, prior convictions for violent offenses, and history of prior institutional violence or Sexual Abuse, as known to the facility, in assessing the risk of being sexually abusive.

Staff responsible for risk screening were interviewed and reported that the GEO PREA Risk Assessment Tool is used during the intake screening process and that it included all the required elements outlined in this standard. The auditor reviewed the GEO PREA Risk Assessment Tool and found it considers all criteria as outlined in the standard and policy.

115.241(f-g):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 5) establishes, GEO staff shall conduct an in-person reassessment of individuals within a set period, not to exceed 30 days from arrival at the facility. The staff shall reassess the individual's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the initial risk assessment. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. j. At any point after the initial intake screening, an individual may be reassessed for risk of victimization or abusiveness due to referral, request, incident of sexual abuse or harassment, or receipt of new information that bears on the individual's risk of victimization or abusiveness.

NMRA Local PREA Policy 2024-3 (pp.2-3) establishes, d. Within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the offender's risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The facility shall use the approved "GEO PREA Vulnerability Reassessment Questionnaire" to conduct the reassessment. At any point after the initial intake screening, an offender may be reassessed for risk of victimization or abusiveness.

The responses provided on the Facility PAQ indicated:

1. Policy requires that the facility reassess each resident's risk of victimization or abusiveness with a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.
2. 188 residents entering the facility in the past 12 months whose length of stay was for 30 days.
3. 188 residents whose length of stay was for 30 days, or more were reassessed within 30 days of their arrival.
4. Policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

Interviews with staff responsible for risk screening reported that a reassessment of residents occurs within 30 days of their initial assessment. Staff also reported that residents would be reassessed if any additional, relevant information became available. Interviews with random residents stated that they had been reassessed again after their initial arrival to the facility.

The auditor reviewed a random sample of resident records which corroborated those residents whose length of stay was for 30 days had received a reassessment screening within 30 days of their arrival.

115.241(h):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p.5) prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

NMRA Local PREA Policy 2024-3 (p. 3) establishes, Disciplining offenders for refusing to answer or not providing complete information in response to certain screening questions is prohibited.

The responses provided on the Facility PAQ indicated:

1. Policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the

resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

Interviews with staff responsible for risk screening stated that residents would not and have never been disciplined for refusing to answer any of the questions on the risk screening.

115.241(h):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p.5) establishes; Facilities shall implement appropriate controls on disseminating responses to questions about sexual victimization or abusiveness to ensure that employees or other individuals do not exploit sensitive information. Sensitive information shall be limited to need-to-know employees only for treatment, programming, housing, security, and management decisions.

NMRA Local PREA Policy 2024-3 (p.3) establishes; The facility shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or other offenders.

Sensitive information shall be limited to need-to-know employees only for the purpose of treatment, programming, housing and security and management decisions. Only designated staff identified by the Facility Director shall have access to completed risk screening information which shall be maintained in a secure area of the facility.

During the on-site audit the PREA Coordinator, PREA Compliance Manager and staff responsible for risk screening were interviewed. The PREA Coordinator reported that access to a resident's risk assessment is limited to those requiring the information to make housing, work assignment, and programming/education decisions. The PREA Compliance Manager reported that when he receives completed risk screenings, they are locked in a cabinet inside his office. reported that only himself and the assistant facility director and have access to the office key. Staff responsible for risk screening report that the completed risk screenings are all turned over to the PREA Manager who keeps them locked in his office.

During the site review, the auditor observed file storage areas locked with limited access. Keys are controlled. Computers access is strictly controlled, and staff only have access to files that are related to their specific assignments. All computers have lock-screens that require staff to enter a password to activate.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.242	Use of screening information
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="280 385 1238 1084" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local PREA Policy 2024-3 d. PREA Risk Assessments e. Referral for support services f. GEO PREA Risk Assessment Tool g. PREA Vulnerability Reassessment Questionnaire h. NMMRA PREA "LGBTI" Tracking Log i. NMMRA At Risk Log 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator b. Facility Director/PREA Compliance Manager c. Staff responsible for risk screening d. Residents identified as LGBTI 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="280 1124 408 1160">Findings:</p> <p data-bbox="280 1169 485 1205">115.242 (a-b):</p> <p data-bbox="280 1214 1442 1326">The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 6) establishes,</p> <ol style="list-style-type: none"> a. Screening information from standard Section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility to keep potential victims away from potential abusers. The PREA compliance manager will maintain an "at-risk log" of potential victims and potential abusers determined from the initial PREA risk assessment. The "at-risk log" will be kept current and include current housing locations. Note: Following a reported allegation of sexual abuse, the PREA compliance manager will ensure that alleged victims and abusers are placed on the "at risk log" as soon as possible, tracked as a potential victim or a potential abuser, and housed separately pending the outcome of the investigation. Individuals tracked on the "at risk log," due to a reported allegation may be removed from the log if the allegation is determined to be unfounded, or the individual is released from custody. If an allegation is determined to be unsubstantiated, the alleged victim(s) and abuser(s) shall remain on the "at risk log." b. PREA compliance managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. <p data-bbox="280 2033 979 2069">NMRA Local PREA Policy 2024-3 (p.3) establishes,</p>

- a. Screening information shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. The PREA Compliance Manager will maintain an "at risk log" of potential victims and potential abusers determined from the PREA Intake Risk Screening Assessment. The "at risk log" will be kept current and include current housing locations.
- b. Following a reported allegation of sexual abuse, the PREA Compliance Manager will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separately from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log.
- c. The PREA Compliance Manager will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location to ensure LGBTI residents are not placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such individuals.

The responses provided on the Facility PAQ indicated:

1. The facility uses information from the risk screening guide required by 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.
2. Reported that the facility makes individualized determinations about how to ensure the safety of each resident.

During the onsite audit, this auditor interviewed the PREA Coordinator, PREA Compliance Manager and Staff responsible for risk screening. PREA Coordinator reported that residents who score "at risk," for victimization or abuse are referred for medical and/or mental health assessments as required and tracked on an "at risk log," which contains, at a minimum, their status as a potential victim/perpetrator and housing location. The facility's designated PCM is responsible for reviewing each assessment to ensure proper completion and maintaining the "at risk log," to ensure potential victims and abusers are housed separately. The PREA Compliance Manager reported that residents identified as being "at risk" for victimization or abuse are referred for a medical/mental health assessment. Information obtained is used to ensure that potential victim/perpetrator are housed appropriately. Staff responsible for risk screening reported that when residents are identified as being at risk, a referral is made for a mental health assessment which they have the option of declining. The mental health referral is documented as well as the resident's acceptance or refusal. Risk assessments are used to ensure that residents are housed appropriately to ensure their safety by keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

115.242 (c-d):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 6-7) establishes that in making housing and programming assignments

for Transgender or Intersex Individuals in a GEO Facility or Program, the Facility shall consider on a case-by-case basis whether the placement would present management or security problems.

NMRA Local PREA Policy 2024-3 (p.3) establishes; In making housing and programming assignments for Transgender or Intersex offenders, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. LGBTI offenders shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such offenders.

The responses provided on the Facility PAQ indicated:

1. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety.
2. In making housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement of a transgender or intersex resident would present management or security problems.

The PREA Coordinator reported that GEO policy requires each facility to establish a Transgender Care Committee (TCC) consisting of the facility administrator or assistant facility administrator, chief of security, classification or case management supervisor, medical and/or mental health staff, and the PREA compliance manager. I may also be consulted as necessary. The TCC must meet as soon as possible but no later than 72 hours after the resident's arrival. In the event the TCC cannot meet immediately, transgender residents may be housed in medical during the 72-hour time frame. The TCC is responsible for making all decisions pertaining to housing and program assignments for transgender residents. GEO has developed and implemented a standardized "Transgender Care Committee (TCC) Summary," form used at each facility with the exception of those contractually required to use the client's tool. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC summary to advise housing/program decisions and ensure the resident's health and safety. The TCC considers all information provided from the previous confinement facility and/or client, documentation generated upon intake, and information noted on the TCC Summary to advise housing/program decisions and determine whether placement would present management or security problems. A transgender or intersex resident's own view are given serious consideration with respect to his or her own safety.

Staff responsible for risk screening reported that during the intake risk screening process, residents who identify as transgender or intersex are asked if they feel safe or have any concerns regarding their placement. The opinion of the resident is given serious consideration as it relates to their assignments.

There were no transgender or intersex residents at the facility during the onsite audit to interview. As there were no transgender or intersex residents at the facility

	<p>during the audit period, there were no TCC summary forms to review.</p> <p>115.242(e): The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 7-8) establishes Transgender and intersex individuals in a GEO facility shall be allowed to shower separately from other individuals.</p> <p>The PREA Compliance Manager reported that all residents at the facility are given the opportunity to shower separately. Staff responsible for risk screening reported that all residents are given the opportunity to shower separately.</p> <p>NMRA Local PREA Policy 2024-3 (p.3) establishes, Transgender and Intersex offenders shall be given an opportunity to shower separately from other offenders.</p> <p>During the site review, this audited observed the dorm rooms with each having their own bathroom areas with single showers stalls and shower curtains allowing all residents to shower separately and privately.</p> <p>115.242(f): The Facility indicated compliance with this provision and provided the Facility PREA Policy in its PAQ. NMRA Local PREA Policy 2024-3 (p.3) establishes, LGBTI individuals in a GEO facility shall not be placed in housing units solely based on their identification as LGBTI unless such a dedicated unit exists in connection with a consent decree, legal settlement, or legal judgment to protect such individuals.</p> <p>The PREA Coordinator reported that there are no GEO facilities that are under any type of consent decree, legal settlement, or legal judgment and that LGBTI residents are not placed in dedicated facilities, units, or wings based solely on the basis of their identification. The NMMRA PREA “LGBTI” Tracking Log indicates housing assignments of residents identifying as lesbian, gay, bisexual, transgender, or intersex.</p> <p>This auditor interviewed three residents that identified as gay. They reported they felt safe at the facility and are housed in the same dorms as other residents.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination: 1. Documents: (Policies, directives, forms, files, records, etc.)

- a. NMMRA PAQ
- b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
- c. NMRA Local Policy 2024-6
- d. Employee Reporting Options Poster
- e. Resident Reporting Options Poster (English and Spanish)
- f. PREA Resident Education Manual- Resident Reporting Options (English and Spanish)
- g. GEO Website (Staff Reporting Information)

2. Interviews

- a. PREA Coordinator
- b. Random staff
- c. Random residents (17)

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.251 (a):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 14) establishes that each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other Individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

NMRA Local Policy 2024-6 (p.6) establishes; New Mexico Recovery Academies shall provide multiple ways for residents to privately report Sexual Abuse and Sexual Harassment, retaliation by other residents or Employees for reporting Sexual Abuse and Sexual Harassment and staff neglect or violation of responsibilities that may have contributed to such incidents.

The responses provided on the Facility PAQ indicated:

1. The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment, retaliation by staff or other residents and staff neglect or violation of responsibility that may have contributed to such incidents.

During the onsite portion of this audit, the PREA Coordinator, random staff and random residents were interviewed. Staff interviewed were all familiar with multiple ways for residents to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. When asked, staff were able to articulate different ways available to report. Residents interviewed provided examples of internal ways to privately report sexual abuse, sexual harassment, retaliation or staff neglect that may have contributed to such incidents. The most common response was to report to their counselor.

During the Site review this auditor observed signage regarding reporting throughout the facility in English and Spanish. The signage was consistent throughout the

facility. The signage outlined multiple ways for residents to make reports. The PREA Resident Education Manual was also reviewed and contained reporting options. A recommendation was made to revise the reporting options on the signage and PREA Resident Education Manual to clarify which reporting options were internal, external and for emotional support services. The Facility made the necessary revision during the onsite audit and provided revised reporting options to all residents and informed the residents of the revision in a "town hall" meeting. Telephones in common areas were tested and found to be operable. Hotline numbers were tested and found to be operable. Individuals answering the calls explained the process used to receive and forward information to the facility. The Facility Director received an email stating the auditor call to test the system. It should be noted that when a resident uses the phone a message in English or an option for Spanish is played. It informs the resident of four options to report a PREA issue. The resident can press # 1,2,3, or 4 and be connected to one of the reporting options. These calls are not monitored or recorded. Mail procedures were also reviewed. Residents are provided with addresses for making written reports to outside entities. Outgoing mail is placed in an outgoing mailbox and is not opened or read.

115.251(b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 14) establishes facilities shall provide Individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request.

NMRA Local Policy 2024-6 (p.6) establishes; New Mexico Recovery Academies shall provide residents contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO (i.e. Law Enforcement and other community-based organizations) and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request

The responses provided on the Facility PAQ indicated:

1. The agency provides at least one way for residents to report abuse or harassment to a public or private entity that is not a part of the agency.

The PREA Coordinator stated that GEO policy requires each facility to provide residents contact information on how to report abuse or harassment to an office that is not part of the agency. At a minimum, facilities provide the contracting agency's reporting line. Many facilities also provide contact information for local and/or national entities capable of receiving reports of abuse or harassment.

Residents interviewed stated that they were aware of multiple ways to make a report, including outside entities that are not a part of GEO. The most common response for external reporting was to call local law enforcement.

115.251(c):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 14) establishes that employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

NMRA Local Policy 2024-6 (p.6) establishes; Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
2. Staff are required to document verbal reports immediately.

Staff interviewed all stated that they would accept both verbal and written reports from residents. Verbal reports would be documented immediately and reported to their supervisor.

Residents interviewed were aware they could make a verbal and/or written report to any staff member.

115.251(d):

The responses provided on the Facility PAQ indicated:

1. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.
2. Staff are informed of these ways through policy, company website, published hotline numbers and through training.

Staff interviewed reported that they were aware of several methods for reporting sexual abuse and sexual harassment of residents. Staff also gave several examples that they were aware of, including hotline numbers for staff as well as making reports directly to the facility director.

During the site review, the auditor observed Employee Reporting Options Posters. The posters outline that GEO employees may report sexual abuse or sexual harassment to the chief of security or facility management privately if requested. They may also report sexual abuse or sexual harassment directly to the employee hotline, which is an independent, professional service, available 24 hours per day, 7 days a week on the internet at www.reportlineweb.com/geogroup or at the toll-free phone number (866) 568-5425. Employees may also contact the corporate PREA office directly at (561) 999-5827.

The auditor reviewed the GEO Website which includes staff reporting Information.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 981 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1398 376">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="280 383 1236 750" style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-5 d. NMMRA Resident Handbook 2. Interviews <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p data-bbox="280 790 448 826">115.252(a):</p> <p data-bbox="280 833 1469 1032">The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The response provided on the Facility PAQ indicated the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. The PREA Policies outlines the administrative procedures to address resident grievances regarding sexual abuse.</p> <p data-bbox="280 1072 1469 1184">The auditor has determined that the agency is not exempt from this provision as it has administrative procedures for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="280 1225 475 1261">115.252(b-c):</p> <p data-bbox="280 1267 1461 1379">The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 14-15) establishes;</p> <ol style="list-style-type: none"> a. Facility grievance policies shall include the following procedures regarding sexual abuse and sexual harassment grievances: <ol style="list-style-type: none"> 1. There is no time limit for when an individual in a GEO facility may submit a grievance regarding an allegation of sexual abuse or sexual harassment. Facilities may apply otherwise-applicable time limits to any portion of the grievance that does not allege an incident of sexual abuse. 2. Individuals in a GEO facility have a right to submit grievances alleging sexual abuse or sexual harassment to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. <p data-bbox="280 1843 1477 2042">NMRA Local Policy 2024-5 (p.4) establishes; There is no time limit for submission of a grievance regarding sexual abuse. The resident has the right to submit the grievance directly to the Facility Director. If the allegation involves the Facility Director, the grievance may be submitted directly to the NMCD Probation and Parole and/or GEO PREA Director.</p>

The responses provided on the Facility PAQ indicated:

1. The agency policy allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.
2. Agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
3. A resident grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint.

A review of the NMNRA Resident Handbook confirmed residents are informed of the grievance process which states:

- There is no time limit for submission of a grievance regarding sexual abuse.
- The resident has the right to submit the grievance directly to the facility director. If the allegation involves the facility director, the grievance may be submitted directly to the NMCD Probation and Parole and/or GEO PREA Director.
- Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission.

115.252(d):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 14-15) establishes:

1. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90-days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in a GEO facility or program in preparing any administrative appeal.
2. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

NMRA Local Policy 2024-5 (p.4) establishes; A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by residents at New Mexico Recovery Academies in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing.

The responses provided on the Facility PAQ indicated:

1. Agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.
2. In the past 12 months there were zero grievances filed that alleged sexual abuse.
3. The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

During informal conversation with the Facility Director, he confirmed there were no grievances filed that alleged sexual abuse in the past 12 months.

115.252(e):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes:

1. Third parties (e.g. fellow individuals in a GEO facility or program, employees, family members, attorneys and outside advocates) may assist individuals in a GEO facility or program in filing requests for administrative remedies relating to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility or program.
2. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process.

NMRA Local Policy 2024-5 (p. 4) establishes; Residents filing sexual abuse grievances may be assisted by a third party (family, employees, fellow inmates, staff members, outside advocates, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident however, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process. If the resident does not agree to have the grievance filed on his/her behalf, this will be fully documented in writing by the Facility Director/PREA Compliance Manager and a staff witness if the resident does not put his/her decision in writing. These documents will be forwarded to the assigned investigator and corporate PREA Director. Residents are not required to use any informal grievance process or attempt to resolve this type of grievance prior to submission. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of a complaint.

The responses provided on the Facility PAQ indicated:

1. Agency policy permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
2. Policy requires that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.
3. There were zero grievances alleging sexual abuse filed by residents in the past 12-months.

A review of the NMNRA Resident Handbook confirmed residents are informed of the grievance process which includes information that residents filing sexual abuse grievances may be assisted by a third party (family, employees, attorneys, other residents, etc.). Third parties may also submit this type of grievance on behalf of a resident. However, the resident must agree to have the grievance filed on his/her behalf and is not required to pursue any subsequent steps in the administrative remedy process.

115.252(f):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes:

1. Individuals in a GEO facility or program may file an emergency grievance if he/she is subject to a substantial risk of imminent sexual abuse.
2. After receiving an emergency grievance of this nature, the facility administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.
3. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days.

NMRA Local Policy 2024-5 (p. 4) establishes; If an emergency grievance indicates a resident is subject to substantial risk of imminent Sexual Abuse, the Facility Director will take immediate corrective action to protect the potential victim. If staff is the alleged abuser, separation orders requiring "no contact" shall be documented by facility management via email or memorandum within 24 hours of the reported allegation. The email or memorandum shall be printed and maintained as part of the related investigation file.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
2. The agency has a policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.
3. There were zero emergency grievances alleging substantial risks of imminent sexual abuse filed in the past 12 months.
4. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

A review of the NMNRA Resident Handbook confirmed residents are informed of the grievance process which includes information to residents that the processing for emergency grievances will begin with the initial determination by the designated grievance coordinator that the issue raised is a life-threatening situation.

Emergency grievances will be given top priority and will be investigated, and an initial response provided within forty-eight (48) hours of the date of receipt. A final decision for emergency grievances will be provided within five (5) calendar days. If an emergency grievance indicates a resident is subject to substantial risk of imminent sexual abuse, the facility director will take immediate corrective action to protect the potential victim.

115.252(g):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 15) establishes Individuals in a GEO facility may receive a disciplinary report for filing a grievance relating to alleged sexual abuse or sexual harassment only when the

	<p>facility can demonstrate the grievance was filed in bad faith.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. 2. In the past 12-months there have been zero resident grievances alleging sexual abuse that resulted in disciplinary action. <p>During informal conversation with the Facility Director, he confirmed there were no grievances filed that a that resulted in disciplinary action. He further stated residents would not be disciplined for filing a grievance alleging sexual abuse unless it was determined to be filed in bad faith.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 d. NMMRA Resident PREA Education Manual e. NMMRA Resident Acknowledgement of Receipt for PREA Education Manual f. Resident reporting options posters g. MOU for outside confidential support services 2. Interviews <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager b. Random residents (17) 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.253 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 20-21) establishes; Facilities shall provide individuals in a GEO facility who allege sexual abuse (whether it occurred in custody or the community) with</p>

access to outside victim advocates for emotional support services and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. Contact information shall include mailing addresses, telephone numbers, and toll-free hotline numbers, at a minimum.

NMRA Local Policy 2024-6 (p. 11) establishes; New Mexico Recovery Academies shall provide residents who allege Sexual Abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organizations. (This may be done by providing mailing addresses, telephone numbers, toll-free hotline numbers, etc.).

The responses provided on the Facility PAQ indicated:

1. The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse.
2. The facility provides residents with access to such services by giving residents mail addresses and telephone numbers for local, state or national victim advocacy or rape crisis organizations.
3. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

During the on-site audit, random residents were interviewed. Most residents interviewed stated that they were aware that advocacy services existed. Residents stated information about advocacy services are posted all over the facility and information in the handbooks they were given. Residents stated that they believed that these services would be private and confidential.

During the site review, signage was observed throughout the facility with both hotline phone numbers and addresses for advocacy support. Hotline numbers were tested and staff who answered the phones provided information regarding services that would be provided and well as the level of confidentiality. Mail procedures were also reviewed. Residents are provided with addresses for contacting emotional support services. Per interview with the facility Director, he confirmed outgoing mail is placed in a locked outgoing mailbox and is not opened or read.

115.253(b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 21) establishes; Facilities shall enable reasonable communication between individuals in a GEO facility and these organizations, as well as inform individuals in a GEO facility (before giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

NMRA Local Policy 2024-6 (p. 11) establishes; New Mexico Recovery Academies shall enable reasonable communication between residents and these organizations as well as inform Individuals in a GEO Facility or Program (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and

when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The responses provided on the Facility PAQ indicated:

1. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.
2. The facility informs residents, 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.

Residents interviewed stated that they believed calls to the hotline were private. Review of the Resident PREA Education Manual revealed it informs residents the extent to which communications will be monitored and the extent to which reports be forwarded to authorities.

115.253 (c):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 21) establishes; Facilities are required to maintain or attempt to enter into agreements with community service providers to provide individuals in a GEO facility with confidential emotional support services related to sexual abuse.

NMRA Local Policy 2024-6 (pp. 11-12) establishes; New Mexico Recovery Academies will maintain or attempt to enter into agreements with community service providers to provide residents with confidential emotional support services related to the Sexual Abuse while in custody. The PREA Compliance Manager shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.

The responses provided on the Facility PAQ indicated:

1. The facility maintains memorandum of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse.
2. The facility maintains copies of those agreements.

During the on-site audit, the MOU with Valencia Shelter Services was made available and reviewed. Valencia Shelter Services agrees to provide 24-hour hotline assistance, counseling support, individual therapy and groups for victims. They would contact the facility in the event that the victim consents in writing to anonymously report the allegations back to the facility.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. GEO website d. PREA reporting posters 2. Interviews <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>115.254 (a):</p> <p>The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 15) establishes; GEO shall post third-party reporting procedures on its public website showing its method of receiving third-party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility. In all facilities, third-party reporting posters shall be posted in all public areas in English and Spanish to include the lobby, visitation areas, and staff break areas within the facility.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment through the agency hotline or website. 2. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents through the agency website at ww.geogroup.com/PREA. <p>During the onsite audit the PREA Compliance Manager was interviewed. The PREA Compliance Manager reported that there were no third-party reports of sexual abuse or sexual harassment of a resident during the past 12 months.</p> <p>During the site review, this auditor observed signage regarding third party reporting posted in public areas around the facility, including the visiting area and front lobby. The auditor also reviewed the Agency website and found information on third party reporting.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>

<p>115.261</p>	<p>Staff and agency reporting duties</p>
	<p>Auditor Overall Determination: Meets Standard</p>

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy 2024-6
2. Interviews
 - a. Facility Director
 - b. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.261 (a-b):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 20-21) establishes:

1. That employees are required to immediately report any of the following:
 - Knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility.
 - Retaliation against individuals in a GEO facility or program or Employees who reported such an incident.
 - Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.
2. Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a sexual abuse report to anyone.

NMRA Local Policy 2024-6 (p.6) establishes; Employees are required to immediately report any of the following:

1. Knowledge, suspicion, or information regarding an incident of Sexual Abuse or Sexual Harassment that occurred in a facility whether or not it is a GEO Facility.
2. Retaliation against a resident or employee who reported such an incident; and
3. Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone.

The responses provided on the Facility PAQ indicated:

1. The agency requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency.
2. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident.
3. The agency requires all staff to report immediately and according to policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

During the on-site audit, the Facility Director and random staff were interviewed. Staff interviewed all stated that they were aware of agency policy that required them to immediately report any knowledge or suspicion of sexual abuse, sexual harassment or retaliation of residents, including any employee neglect or violation of responsibilities that may have contributed to an incident. Staff interviewed understood that information related to sexual abuse and sexual harassment remain confidential except to the designated supervisors that they report the incident to. The Facility Director stated reports can be made directly to me by staff or residents. I am also the PREA Compliance Manager and the facility investigator. All reports and files are secured in my office in a locked file cabinet.

During the site review, this auditor observed that files related to residents are kept in locked cabinets within locked offices. Computer stations have automatic screen locks and are controlled by individual passwords. Staff only have access to files relevant to their position assignment.

115.261(c-d):

During the on-site audit and Facility Director was interviewed. The Facility Director stated the facility does not employ medical or mental staff; therefore, this provision of the standard is not applicable to this facility. NMMRA houses adult male only and does not house residents under the age of 18. No residents, according to their classified level of care, are considered vulnerable adults under the State Vulnerable Persons Statute; therefore, this provision of this standard is not applicable to this facility.

115.261(e):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 21) establishes that facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators or outside agency responsible for investigating these type incidents.

NMRA Local Policy 2024-6 (p.6) establishes; the facility shall report all allegations of Sexual Abuse and Sexual Harassment to the New Mexico Corrections Department Probation and Parole and/or local law enforcement for investigation.

During the on-site audit and Facility Director was interviewed. The Facility Director stated that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported through the GEO reporting system. They are also reported to the facility investigator and the New Mexico Corrections Department Probation and Parole (client) and/or local law enforcement for investigation.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 2. Interviews <ol style="list-style-type: none"> a. Facility Director b. Random staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings</p> <p>115.262(a):</p> <p>The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 21) establishes when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of sexually abusive behavior and sexual harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly.</p> <p>NMRA Local Policy 2024-6 (p.7) establishes when a Facility learns that a resident is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. When the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. 2. In the past 12-months there were zero instances where a resident was subject to a substantial risk of sexual abuse. <p>During the on-site audit, the Facility Director and random staff were interviewed. The Facility Director reported that the resident would immediately be separated from other residents and would determine the most appropriate action to take to protect the resident. Staff interviewed all stated that if they became aware that a resident was in imminent danger of sexual abuse that they would immediately separate the resident and report to their supervisor or the facility director to determine next steps.</p> <p>Based upon the systematic review and analysis of all the available evidence, the</p>

	auditor has determined that the facility is substantially compliant with all provisions of this standard.
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 2. Interviews <ol style="list-style-type: none"> a. Facility Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings</p> <p>115.263(a-d):</p> <p>The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 24-25) establishes:</p> <ol style="list-style-type: none"> 1. In the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegations and the facility administrator or in his/her absence, the assistant facility administrator where the allegation was made shall contact the facility administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. 2. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PREA compliance manager and corporate PREA coordinator. 3. That any facility that receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standard. <p>NMRA Local Policy 2024-6 (pp. 10-11) establishes;</p> <ol style="list-style-type: none"> a. In the event that a resident alleges that Sexual Abuse occurred while confined at another Facility, the Facility shall document those allegations and the Facility Director or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. b. The Facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to Corporate PREA Coordinator.

	<p>c. If the facility receives notification of alleged abuse, the Facility Director shall ensure that the allegation is referred for investigation in accordance with PREA standards.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency has a policy requiring that, upon receiving an allegation that a resident 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. 2. In the past 12 months there were zero allegations the facility received that a resident was abused while confined in another facility. 3. The agency policy also requires the facility head to provide such notification as soon as possible but no later than 72 hours after receiving the allegation. 4. The agency or facility documents that it has provided such notification with 72 hours of receiving the allegation. 5. The agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. 6. In the past 12 months there have been zero allegations of sexual abuse the facility received from other facilities. <p>During the on-site audit the Facility Director was interviewed. The Facility Director confirmed that if information was received that a resident had been sexually abused at another facility, he would immediately notify the director of that facility. The Facility Director stated that the allegations would be documented no later than 72 hours after receiving the notification. The Facility Director stated that if he received notification from another facility that a resident had been abused while at this facility, he would ensure that an investigation was conducted according to PREA protocols. The Facility Director confirmed that there were no allegations by residents of sexual abuse occurring in another facility, nor were any reports received from other facilities regarding residents alleging sexual abuse at this facility.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A

- c. NMRA Local Policy 2024-6
- d. 1st Responder Reference card

2. Interviews

- a. Random staff

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings

115.264(a):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 20-21) establishes;

1. That upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall:

- Separate the alleged victim and abuser.
- Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

NMRA Local Policy 2024-6 (p.7) establishes; Upon receipt of a report that resident was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report shall:

- a. Separate the alleged victim and abuser.
- b. Immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel.
- c. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- d. Do not let the alleged victim or abuser take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

The responses provided on the Facility PAQ indicated:

- 1. The agency has a first responder policy for allegations of sexual abuse.
- 2. The policy requires that upon learning that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser.
- 3. Policy requires that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- 4. Reported that policy requires that upon learning of an allegation that a resident was sexually abused, and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to

the report shall be required to request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, smoking, drinking or eating.

5. Policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

6. Reported in the past 12 months, there were zero allegations that a resident was sexually abused.

During the on-site audit, Random staff (all staff are first responders) were interviewed. Staff interviewed understood their responsibilities as it relates to reporting to the scene of an alleged sexual abuse and were able to articulate the steps they would take. Staff all had first responder reference cards that outlined the necessary steps that need to be taken in the event an allegation of sexual abuse was received.

115.264(b):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p.22) establishes if the first 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· remain with the alleged victim and notify security staff.

NMRA Local Policy 2024-6 (p.7) establishes, if the first 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; remain with the alleged victim and notify Security Staff. It is important that all contact with the alleged victim be sensitive, supportive, and non-judgmental.

The responses provided on the Facility PAQ indicated:

1. Agency policy requires that if a staff first responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.
2. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.
3. There were zero allegations of sexual abuse made during the past 12 months.

All staff interviewed stated that they received the same training as it relates to responding to sexual abuse allegations in the facility, regardless of if they are considered security staff or non-security staff. All staff interviewed understood that when responding to an allegation of sexual abuse, the alleged victim should be immediately separated and asked to not take any action that might destroy physical evidence. All staff interviewed stated that they would immediately notify a supervisor and/or the facility director if they responded to an allegation of sexual

	<p>abuse.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.265	Coordinated response
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA PREA Coordinated Response Plan
2. Interviews
 - a. Facility Director
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings

115.265(a):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 6) establishes;

- Each facility shall develop written Facility plans to coordinate the actions taken in response to incidents of sexual abuse.
- The plans shall coordinate actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership.
- The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response.

During the on-site audit, the Facility Director was interviewed. The Facility Director confirmed that a coordinated plan had been developed and gave examples of actions that would be taken in response to an incident of sexual abuse.

This auditor reviewed the coordinated plan and found it directs staff regarding actions to be taken in response to an incident of sexual abuse, including all elements required in this provision.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A 2. Interviews <ol style="list-style-type: none"> a. Agency Head b. Facility Director 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings</p> <p>115.266(a):</p> <p>The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 6) establishes, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged employee sexual abusers from contact with any individual in a GEO facility or program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency, facility, or any other governmental entity responsible for collective bargaining on the agency’s behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. <p>During the on-site audit, the Agency Head and Facility Director were interviewed. The Agency Head reported that none of our collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment. The Facility Director confirmed that NMRA does not have a collective bargaining agreement in place.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy 2024-6
 - d. Investigative files
2. Interviews
 - a. Agency Head
 - b. Facility Director
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings

115.267(a):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 21-22) establishes;

1. Facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with investigations, from retaliation by other individuals in a GEO facility or program or employees.
2. The facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of individuals in a GEO facility or program.
3. The facility Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others and shall act promptly to remedy such retaliation.

NMRA Local Policy 2024-6 (pp. 12-13) establishes:

- a. Facilities shall implement procedures to protect Residents and Employees who report Sexual Abuse or Sexual Harassment or cooperate with investigations, from retaliation by other Residents or Employees.
- b. The Facility PREA Compliance Manager or Office Support Specialist shall be responsible for monitoring retaliation of residents.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy to protect all resident and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
2. The agency designates staff members with monitoring for possible retaliation.
3. The PREA Compliance Manager is responsible for retaliation monitoring.

115.267(b-e):

The Facility indicated compliance with this provision and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 21-22) establishes:

1. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
2. Items to be monitored for individuals in a GEO facility or program include disciplinary reports and housing or program changes.
3. That for at least 90 days following a report of staff sexual misconduct by another employee, the facility Human Resources staff or Facility Investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation.
4. Monitoring shall terminate if the allegation is determined unfounded. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.
5. That any issues discussed shall be noted on the "Employee Protection from Retaliation", to include corrective actions taken to address the issue.
6. That items to be monitored for employees include negative performance reviews and employee reassignments.
7. That if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well.

NMRA Local Policy 2024-6 (pp.12-13) establishes;

- Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations.
- The PREA Compliance Manager or Office Support Specialist shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.
- Any issues discussed shall be noted on the "Protection from Retaliation Log to include corrective actions taken to address the issue.
- For at least 90 days following a report of Sexual Abuse, the Facility shall monitor the conduct and treatment of residents who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy such retaliation. monitoring shall terminate if the allegation is determined unfounded.
- Items to be monitored for residents include disciplinary reports and housing or program changes.
- For at least 90 days following a report of Staff Sexual Misconduct (abuse or harassment) by another Employee, the Office Support Specialist shall monitor the conduct and treatment of the Employee who reported the Staff Sexual Misconduct (abuse or harassment) or Employee Witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by

others and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded.

- Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation.

- Any issues discussed shall be noted on the "Employee Protection from Retaliation Log to include corrective actions taken to address the issue.

- Items to be monitored for Employees include negative performance reviews and Employee reassignments.

- If any other individual expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual as well.

- Completed Monitoring Logs shall be retained in the investigative file of the corresponding PREA incident.

The responses provided on the Facility PAQ indicated:

1. The agency monitors the conduct or treatment of resident or staff who reported sexual abuse and of residents who reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

2. Reported that the agency monitors the conduct or treatment for a period of 90 days.

3. The agency acts promptly to remedy any such retaliation.

4. The agency continues such monitoring beyond the 90 days if the initial monitoring indicates a continuing need.

5. That there have been zero incidents of retaliation in the past 12 months.

During the on-site audit, The Agency Head and Facility Director were interviewed. The Agency Head reported that when a PREA incident is reported, management staff consider the best options for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support services are considered on a case-by-case basis. He also reported that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days.

The Facility Director (also the Staff member charged with monitoring retaliation) reported that multiple protection measures were taken when individuals are monitored for possible retaliation. He reported protective measures may include housing changes or even a change in facility for either the victim or abuser based on input from the client. He reported that the facility would take steps to protect any individual who feared retaliation. He would meet weekly with individuals being monitored for retaliation. He looks for changes in behavior that may suggest that retaliation may be occurring. He reported that monitoring will continue for 90 days or longer if needed He confirmed that there have been no of times an incident of

	<p>retaliation occurred in the past 12 months. He reported there were two investigations completed during the review period and retaliation monitoring was conducted.</p> <p>During the on-site audit, two investigative files were reviewed that included retaliation monitoring. The facility utilizes a standard GEO monitoring log. The log indicates monitoring was completed weekly and the staff monitor and resident sign off after each meeting. Items monitored for residents include disciplinary reports and housing or program changes. The monitoring continued for 90 days or until the resident left the facility.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E c. Investigative files 2. Interviews <ol style="list-style-type: none"> a. Facility Director/Investigator b. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.271(a-l):</p> <p>The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (pp. 2-3) establishes:</p> <ol style="list-style-type: none"> 1. An administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment at GEO facilities. 2. When the facility conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 3. When the facility does not conduct sexual abuse investigations and an outside agency is responsible for investigating these type incidents, the facility shall request documentation from the agency that it has provided such training to its investigators who conducts such investigations.

4. That 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.
5. That substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
6. That 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 Individual in a GEO facility or program or staff.
7. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
8. An investigative report shall be written for all investigations of allegations of sexual abuse and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency.
9. GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.
10. 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.
12. 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. Facilities shall request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the corporate PREA Director for review and closure.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy related to criminal and administrative agency investigations.
2. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
3. There were zero substantiated allegations that appeared to be criminal since the last PREA audit.
4. The agency 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.

During the on-site audit, the PREA Coordinator and Facility Director/Investigator was interviewed. The Facility Director reported that there were two trained internal investigators assigned to the NMRA. All allegations of sexual abuse and sexual harassment are reported to the GEO corporate office and the New Mexico Corrections Department Probation and Parole. Criminal investigations are conducted by local law authorities. The Facility Director reported that whenever an

	<p>outside agency conducts an investigation, the facility fully cooperates with the investigation, and we request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The Facility Director reported that there have been two allegations of sexual harassment during the past 12 months and administrative investigations were conducted and both were found to be unsubstantiated.</p> <p>The PREA Coordinator reported that facilities are instructed to request an update from the outside law enforcement entity at least monthly to track the status of the investigation. The investigation outcome affects monitoring for retaliation, inmate notices of outcomes, sexual abuse incident reviews.</p> <p>During the site review the auditor observed that:</p> <ol style="list-style-type: none"> 1. Documentation of previous investigations was observed to be retained according to this provision. 2. All investigative files are kept in locked cabinets within locked offices. Keys are controlled and released only authorized staff. <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E c. Investigative files 2. Interviews <ol style="list-style-type: none"> a. Facility Director/Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.272(a):</p> <p>The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 4) establishes facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>The responses provided on the Facility PAQ indicated:</p>

	<p>1. The agency imposes a standard of preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment can be substantiated.</p> <p>During the on-site audit, the Facility Director/Investigator was interviewed. The Facility Director confirmed that a preponderance of the evidence is used in determining whether allegations of sexual abuse or harassment are substantiated.</p> <p>During the on-site audit, investigative files were reviewed. The review of a 2022 administrative investigation revealed that an allegation of sexual abuse was found substantiated based on a preponderance of evidence</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E c. Residents notification letters 2. Interviews <ol style="list-style-type: none"> a. Facility Director/Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.273(a-e):</p> <p>The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (pp. 11-12) establishes:</p> <ol style="list-style-type: none"> 1. At the conclusion of an investigation, the facility investigator or staff member designated by the Facility Administrator shall inform the victim of sexual abuse in writing, whether the allegation has been substantiated, unsubstantiated or unfounded. 2. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. 3. If the alleged abuser was an employee, the victim shall also be informed whenever: <ul style="list-style-type: none"> - The Employee is no longer posted within the victim’s housing unit/area. - The Employee is no longer employed at the facility.

- The facility learns that the employee has been indicted on a charge related to the Sexual Abuse within the facility.
 - The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.
4. If the alleged abuser was another Individual in a GEO Facility or Program, the victim shall also be informed whenever:
- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 - The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
5. The individual will be provided an updated notification at the conclusion of a criminal proceeding, if the individual is still in custody at the facility.
6. The facility's obligation to report under this section shall terminate if the individual is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual.

The responses provided on the Facility PAQ indicated:

1. The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency 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.
2. There were zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed in the past 12 months.
3. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.
4. There were zero investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months.
5. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:
 - The staff member is no longer posted within the resident's unit.
 - The staff member is no longer employed at the facility.
 - The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
 - The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
6. Reported that there have been zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months.
7. Reported that the agency has a policy that all notifications to residents under this standard are documented.
8. Reported that in the past 12 months there has been zero notifications to residents.

During the on-site audit, the Facility Director was interviewed. The Facility Director

	<p>confirmed that residents are notified of the outcome of all allegations of sexual abuse and whether they were unfounded, unsubstantiated or substantiated.</p> <p>During the site review, the auditor examined examples of notification forms used for incidents outside the reporting period and found them to be in compliance with all provisions of this standard.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E 2. Interviews <ol style="list-style-type: none"> a. Facility Director/Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.276(a-d):</p> <p>The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes;</p> <ol style="list-style-type: none"> 1. Employees may be subject to significant disciplinary sanctions for sustained violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse. 2. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. 3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. 4. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. That staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

	<p>2. In the past 12 months the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies is zero.</p> <p>3. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members' disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>4. 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 is zero.</p> <p>5. All terminations for violations of agency sexual a use or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies and to any relevant licensing bodies.</p> <p>6. 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 for violating agency sexual abuse or sexual harassment policies is zero.</p> <p>Informal conversation with the Facility Director confirmed there were no allegations that staff violated the agency sexual abuse or sexual harassment policies. As there were no staff that violated the agency sexual abuse or sexual harassment policies, there were no disciplinary records to review.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E 2. Interviews <ol style="list-style-type: none"> a. Facility Director/Investigator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings: 115.277(a-b): The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 13) establishes;</p>

	<p>1. That any contractor or volunteer who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.</p> <p>2. In the case of any other violation of GEO sexual abuse or sexual harassment policies by the contractor or volunteer, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program.</p> <p>The responses provided on the Facility PAQ indicated:</p> <p>1. Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies.</p> <p>2. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>3. In the past 12 months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p> <p>4. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>During the on-site audit, the Facility Director was interviewed. The Facility Director confirmed that NMRA does not utilize the services of contractors. The Facility Director confirmed no volunteers violated the agency's sexual abuse or sexual harassment policies. The Facility Director reported that volunteers who engages in sexual abuse or sexual harassment would be prohibited from contact with residents in the facility and reported to law enforcement and relevant licensing bodies, unless the activity was clearly not criminal.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-E c. NMRA Resident Handbook <p>2. Interviews</p> <ul style="list-style-type: none"> a. Facility Director/PREA Compliance Manager

3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.278(a-c):

The Facility indicated compliance with these provisions and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes;

1. Individuals in a GEO facility or program who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility or program (either through administrative or criminal investigations) shall be subject to formal disciplinary sanctions.

2. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories.

3. The disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any should be imposed.

The responses provided on the Facility PAQ indicated:

1. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse.

2. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

3. In the past 12 months zero administrative findings of resident-on-resident sexual abuse have occurred at the facility.

During the on-site audit, the Facility Director was interviewed. The Facility Director confirmed various levels and types of discipline that may be used with residents. In all cases, any disability that the resident may have will be taken into consideration. The Facility director reported that in regard to a PREA violation, the client would have the abuser removed from the facility. The Facility Director confirmed that the Facility had no incidents relating to PREA incidents that resulted in a resident disciplinary action.

The NMRA Resident Handbook was reviewed and outlines the process and difference levels of disciplinary sanctions that may be imposed based on the level of severity of offense.

115.278(d):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes, if the facility offers counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider requiring the offending individual to participate.

The responses provided on the Facility PAQ indicated:

1. The facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse.
2. The facility offers therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse the Facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

115.278(e):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes, that disciplining an individual in a GEO facility or program for sexual contact with an employee is prohibited unless it is found that the employee did not consent to contact.

The responses provided on the Facility PAQ indicated:

1. That the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

The Facility Director confirmed there were no incidents of sexual contact between a staff and resident. Therefore, there were no investigative files or disciplinary reports to review.

112.278(f):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes, that a report of sexual abuse made in good faith by an individual in a GEO facility or program, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying.

The responses provided on the Facility PAQ indicated:

1. 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 allegations.

112.278(g):

The Facility indicated compliance with this provision and provided the Agency PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-E (p. 12) establishes, that facilities may not deem that sexual activity between individuals in a GEO facility or program is sexual abuse unless it is determined that the activity was coerced.

The responses provided on the Facility PAQ indicated:

1. The agency prohibits all sexual activity between residents.
2. Sexual activity between residents is deemed to constitute sexual abuse only if it determines that the activity is coerced.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 2. Interviews <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager b. Random staff 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.282(a-d):</p> <p>The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 25) establishes:</p> <ol style="list-style-type: none"> 1. That victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. 2. Reentry Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegation, a "Resident Referral Verification" form will be utilized to document the offer for to onsite or offsite mental health services was made to the resident victim. The form will also document the acceptance or refusal of these services. 3. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. <p>NMRA Local Policy 2024-6 (p. 11) establishes:</p> <ol style="list-style-type: none"> a. Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. b. New Mexico Recovery Academies shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available. Following a reported PREA allegations, a "Resident Referral Verification" form for referral to onsite or offsite mental health services will be utilized to document the offer made to the resident victim and the acceptance or refusal of services. c. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where

	<p>medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>d. No attempt will be made by staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing and placed in the victim's medical record.</p> <p>e. Victims/Abusers shall either be transported to a local community Facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the Facility to conduct the examination. All refusals of medical services shall be documented.</p> <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. 2. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgement. 3. Medical and mental staff do not maintain secondary materials. 4. Resident 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. 5. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. <p>During the on-site audit, Random staff and the Facility Director were interviewed. Staff interviews indicated that staff understood their responsibilities protect the victim when responding to an incident and that access to medical treatment would be provided. The Facility Director confirmed that there are no medical or mental health staff assigned to the NMMRA. He stated all victims would be taken to a local hospital for treatment and at no cost to the victim. He confirmed there have been no reports of sexual abuse and no referrals made for treatment.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy 2024-6
2. Interviews
 - a. Facility Director/PREA Compliance Manager
 - b. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.283(a-c):

The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes;

1. Each facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile facility.
2. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
3. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

NMRA Local Policy 2024-6 (p. 11) establishes:

- a. New Mexico Recovery Academies shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile facility.
- b. The evaluation and treatment should include follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release.
- c. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community and include pregnancy tests and all lawful pregnancy-related medical services where applicable.

The responses provided on the Facility PAQ indicated:

1. The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

During the on-site audit, the facility Director was interviewed. The Facility Director confirmed that there are no medical or mental health staff assigned to the NMMRA and services are provided in the community and consistent with the community level of care.

115.238(d-e):

The response provided on the Facility PAQ indicated N/A as NMMRA is an all-male facility.

115.283(f-g):

The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes; Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.

NMRA Local Policy 2024-6 (p. 11) establishes; Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim.

The responses provided on the Facility PAQ indicated:

1. Reported that victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

The Facility Director confirmed there have been no instances of sexual abuse reported that required medical services during this reporting period.

115.283(h):

The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes; The facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners.

NMRA Local Policy 2024-6 (p. 11) establishes; The Facility shall attempt to conduct a mental health evaluation on all known inmate on inmate or resident on resident abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those inmate or resident abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for medical and mental health services shall be documented.

The responses provided on the Facility PAQ indicated:

1. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The Facility Director reported that no residents have been placed on a treatment plan related to sexual abuse during the review period.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMWRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy 2024-6
 - d. PREA After-Action Review Reports
2. Interviews
 - a. Facility Director/PREA Compliance Manager
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.286(a-e):

The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 20) establishes;

1. Facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated.
2. Review shall occur within 30 days of the conclusion of the investigation.
3. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review.
4. Unless mandated by client contract, a " PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.
5. The PREA Compliance Manager shall maintain copies of all completed " PREA After Action Review Reports" and a copy shall also be maintained in the corresponding investigative file.

NMRA Local Policy 2024-6 (pp. 13-14) establishes;

- a. Facilities are required to conduct a Sexual Abuse incident review at the conclusion of every Sexual Abuse investigation in which the allegation has been determine substantiated or unsubstantiated.
- b. Such review shall occur within 30 days of the conclusion of the investigation. The review team shall consist of upper-level management officials and the local PREA Compliance Manager, with input from line supervisors, investigators and Medical or Mental Health Practitioners. The Corporate PREA Coordinator may be consulted as part of this review.
- c. A "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 10 working days after the review. The Facility shall implement the recommendations for improvement or document its reasons for not doing so.

d. The PREA Compliance Manager shall maintain copies of all completed "PREA After Action Review Reports" and a copy shall also be maintained in the corresponding investigative file.

The responses provided on the Facility PAQ indicated:

1. 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.
2. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility was zero.
3. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
4. In the past 12 months there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days
5. 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.
6. The facility prepares a report of its findings from sexual abuse incident review, 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 Coordinator.
7. The facility implements the recommendations for improvement or documents its reasons for not doing so.

During The on-site audit, The Facility Director was interviewed. The Facility Director reported that the facility has an incident review team that includes the Director, Assistant Director of Programs and Assistant Director of Operations. He reported that the review includes things like camera placement within the facility, what might have contributed to the incident such as gang affiliations, race, gender, and how the individuals may identify. He reported that PREA compliance managers at each facility are required to upload the "PREA After Action Review Report," to the agency's secure PREA Portal within 30 days of case closure. The corporate PREA compliance team monitor these reports and work with the facility to address issues as necessary. If an after-action report necessitates corrective action at the corporate level, the PREA coordinator works with the applicable department heads to implement appropriate measures. To date, no systemic trends have been identified. He reported that the corporate PREA compliance team reviews this data annually to determine the improvements needed to enhance our PREA program. The recommended improvements are reviewed, and a recommendation is submitted to the divisional authority for Reentry for review and approval. He reported that there have been one substantiated allegations of sexual abuse at the NMMRA during this reporting period and a sexual abuse incident review was completed. He reported there was one unsubstantiated allegation of sexual harassment in the past 12 months and a sexual abuse incident review was also conducted.

During the on-site audit, both of the PREA After Action Review Reports were reviewed. They were completed within 30 days of the conclusion of the investigation

	<p>and the review team included upper management staff. The reviews are completed on a standardized GEO form and determinations are made pursuant to paragraphs (d)(1) -(d)(5) of this standard and any recommendations for improvement.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.287	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 d. PREA Annual Incident Tracking Log e. GEO PREA Annual Report 2. Interviews <ol style="list-style-type: none"> a. Facility Director/PREA Compliance Manager 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.287(a-f):</p> <p>The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 23) establishes;</p> <ol style="list-style-type: none"> 1. Each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. 2. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). 3. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. 4. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. ("Monthly PREA Incident Tracking Log". 5. In addition to submitting the Monthly PREA Incident Tracking L, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of sexual abuse, sexual harassment and sexual activity as required.

	<p>NMRA Local Policy 2024-6 (p. 14) establishes:</p> <ul style="list-style-type: none"> a. New Mexico Recovery Academies shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator. b. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). c. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. d. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis utilizing the "Monthly PREA Incident Tracking Log". e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required. <p>The responses provided on the Facility PAQ indicated:</p> <ol style="list-style-type: none"> 1. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. 2. The agency aggregates the incident-based sexual abuse data at least annually. 3. 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 (SSV) conducted by the Department of Justice. 4. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. 5. The agency does not contract for the confinement of its residents. 6. The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. <p>During the on-site audit the NMMRA annual tracking log was reviewed from previous years. The GEO PREA Annual Data Report was reviewed and found to contain all relevant data required by this standard.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility exceeds this standard.</p>
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. NMMRA PAQ
 - b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A
 - c. NMRA Local Policy 2024-6
 - d. GEO PREA Annual Reports
 - e. GEO website
2. Interviews
 - a. Agency Head
 - b. PREA Coordinator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.288(a-f):

The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (pp. 23-24) establishes;

1. GEO shall review all data collected 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.
 - Taking corrective action on an ongoing basis.
 - Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
3. The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval. At least annually through GEO's website or the client's website as required by contract.
4. GEO 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.

NMRA Local Policy 2024-6 (pp. 14-15) establishes:

GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.

The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's

website or the client's website as required by contract.

GEO 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 responses provided on the Facility PAQ indicated:

1. The agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:
 - (a) identifying problem areas;
 - (b) taking corrective action on an ongoing basis; and
 - (c) 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.
2. The annual report includes a comparison of the current year's data and corrective actions with those from prior years.
3. The report provides an assessment of the agency's progress in addressing sexual abuse.
4. The agency makes its annual report readily available to the public at least annually through its website.
5. When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would represent a clear and specific threat to the safety and security of the facility.
6. The agency indicates the nature of material redacted.

During the on-site audit, the Agency Head and PREA Compliance Manager were interviewed. The Agency Head reported that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. He reported that annual PREA reports are approved by the appropriate divisional authority for Secure Services, Reentry and Youth Services and our CEO.

The PREA Coordinator reported that each facility is required to complete the GEO "PREA After-Action Review Report, after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and captured in the facility's "Annual PREA Facility Assessment. He reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal. The corporate PREA team reviews this data annually to determine the improvements needed to enhance the overall PREA

	<p>program. These recommended improvements are submitted to the divisional authority for reentry annually for review and approval. He reported that GEO only reports statistical data and incident types. Personally identifiable information is excluded for confidentiality purposes. He indicated EO publishes a PREA report annually. Currently, annual PREA data reports from 2017-2023 are available on GEO's website.</p> <p>During the audit review, the GEO PREA Annual Reports were examined and found to comply with all aspects of the standards.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. NMMRA PAQ b. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A c. NMRA Local Policy 2024-6 d. GEO PREA Annual Reports e. GEO website 2. Interviews <ol style="list-style-type: none"> a. PREA Coordinator 3. Site Review Observations: <ol style="list-style-type: none"> a. Observations during on-site review of physical plant <p>Findings:</p> <p>115.289(a-d):</p> <p>The Facility indicated compliance with these provisions and provided the Agency and Facility PREA Policy in its PAQ. The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 24) establishes;</p> <ol style="list-style-type: none"> 1. Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. <p>NMRA Local Policy 2024-6 (p.15) establishes, data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed.</p> <p>The responses provided on the Facility PAQ indicated:</p>

	<ol style="list-style-type: none"> 1. The agency ensures that incident-based and aggregate are securely retained. 2. Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. 3. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. 4. The agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. <p>During the on-site audit the PREA Coordinator was interviewed. The PREA Coordinator reported that GEO maintains a secure PREA Portal with restricted access to retain all PREA related data. Every sexual abuse incident and documentation pertaining to said incident is entered into the portal by the PREA compliance manager at each facility. The corporate PREA compliance team, to include myself, have access to this portal.</p> <p>Review of GEO PREA Annual Reports revealed that data is collected, reviewed and published annually. Reports outline trends and action taken to improve sexual safety within the facilities. The GEO website was reviewed and confirms the GEO PREA Annual Reports are published annually.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> a. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A b. NMRA Local Policy 2024-6 c. GEO PREA Annual Reports d. GEO website e. GEO Facility PREA Certification Information <p>Findings: 115.401(a-b):</p> <p>The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 24) establishes;</p> <ol style="list-style-type: none"> 1. During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO’s Contract Compliance Department shall ensure that each facility is audited at least once every three years by a PREA Auditor who has been certified through the Department of Justice.

	<p>2. The final report from each audit shall be published on the GEO website.</p> <p>NMRA Local Policy 2024-6 (p.15) establishes, during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice.</p> <p>GEO agency website review shows that the agency has met the obligation to have a third of their facilities undergo a PREA audit in the prior year. The prior NMMRA PREA Audit was completed in</p> <p>115.401 (h-l, m-n)</p> <p>The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 24) establishes; Individuals in a GEO program shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The auditor had access to and observed all areas of the NMMRA. The auditor was permitted to request and was provided with copies of all relevant documents. The auditor was given a private room to conduct interviews with both residents and staff. Audit notices were posted in English and Spanish six weeks prior to the onsite and residents were permitted to send confidential information or correspondence to the auditor in the same manner as with legal counsel. The auditor did not receive any correspondence prior to the onsite audit.</p> <p>Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>1. Documents: (Policies, directives, forms, files, records, etc.)</p> <ul style="list-style-type: none"> a. GEO Corporate Policy and Procedure Manual Oversight- 5.1.2-A b. NMRA Local Policy 2024-6 c. GEO PREA Annual Reports d. GEO website <p>Findings:</p> <p>115.403(f):</p> <p>The GEO Corporate Policy and Procedure Manual 5.1.2-A (p. 24) establishes; The final report from each audit shall be published on the GEO website.</p>

Per agency policy, audit contract and standard requirements, GEO ensures the auditor that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public. A review of the GEO website demonstrates compliance with the posting of final reports for other GEO facilities.

Based upon the systematic review and analysis of all the available evidence, the auditor has determined that the facility is substantially compliant with all provisions of this standard.

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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 residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to 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 or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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.)	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.)	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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: transgender residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident 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
	Upon learning of an allegation that a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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 residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by 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.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes