

## Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim       Final

**Date of Interim Audit Report:**       N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:**      May 20, 2021

### Auditor Information

<b>Name:</b> Dave Andraska	<b>Email:</b> ddafalls@hotmail.com
<b>Company Name:</b> Andraska Consulting, LLC	
<b>Mailing Address:</b> P.O. Box 191	<b>City, State, Zip:</b> Melrose, WI 54642
<b>Telephone:</b> 715-896-2648	<b>Date of Facility Visit:</b> April 12-14, 2021

### Agency Information

<b>Name of Agency:</b> The GEO Group, Inc.			
<b>Governing Authority or Parent Agency</b> <i>(If Applicable):</i>			
<b>Physical Address:</b> 4955 Technology Way		<b>City, State, Zip:</b> Boca Raton, FL 33431	
<b>Mailing Address:</b> Same as above		<b>City, State, Zip:</b>	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency Website with PREA Information:</b> www.geogroup.com/PREA			

### Agency Chief Executive Officer

<b>Name:</b> George C. Zoley	
<b>Email:</b> gzoley@geogroup.com	<b>Telephone:</b> 561-893-0101

### Agency-Wide PREA Coordinator

<b>Name:</b> Ryan Seuradge	
<b>Email:</b> rseuradge@geogroup.com	<b>Telephone:</b> 561-999-5827
<b>PREA Coordinator Reports to:</b>  Daniel Ragsdale, Executive Vice President, Contract Compliance	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> 108

## Facility Information

**Name of Facility:** New Mexico Men's Recovery Academy

**Physical Address:** 1000 Main Street NW

**City, State, Zip:** Los Lunas, NM 87031

**Mailing Address (if different from above):**

**City, State, Zip:**

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Website with PREA Information:** www.geogroup.com/PREA

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

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

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Monitoring audits by New Mexico Corrections Department and Annual GEO Corporate audits and PREA mock audits

### Facility Director

**Name:** Michael Betrus

**Email:** mbetrus@geogroup.com

**Telephone:** 505-866-0590

### Facility PREA Compliance Manager

**Name:** Michael Betrus

**Email:** mbetrus@geogroup.com

**Telephone:** 505-866-0590

**Facility Health Service Administrator**  N/A

**Name:**

**Email:**

**Telephone:**

### Facility Characteristics

**Designated Facility Capacity:**

170

**Current Population of Facility:**

70

**Average daily population for the past 12 months:**

84

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	21-67
Average length of stay or time under supervision	6 months
Facility security levels/resident custody levels	minimum
Number of residents admitted to facility during the past 12 months	203
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	194
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	189
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	25
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1
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:	0

## Physical Plant

<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	6
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p><b>Number of single resident cells, rooms, or other enclosures:</b></p>	12
<p><b>Number of multiple occupancy cells, rooms, or other enclosures:</b></p>	57
<p><b>Number of open bay/dorm housing units:</b></p>	0
<p><b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b></p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<p><b>Are medical services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Are mental health services provided on-site?</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

## Investigations

### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	0
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<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A
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### Administrative Investigations

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

## Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) Audit of the New Mexico Men's Recovery Academy (NMMRA), a residential modified therapeutic community and reentry center operated by The GEO Group Inc. (GEO) was conducted on April 12-14, 2021 by Department of Justice (DOJ) Certified PREA Auditor Dave Andraska. The PREA Auditing Services Contract between GEO and Andraska Consulting, LLC was dated 6/18/2020 and the original dates of audit were June 20-21, 2020. This audit was postponed and rescheduled several times due to the State of New Mexico COVID-19 travel restrictions. This was the third PREA audit for the facility. GEO contracts with the New Mexico Corrections Department (NMCD) to house Division of Parole and Probation male residents. The Auditor was in contact, by phone and email with the GEO Contract Compliance PREA Manager and the Facility Director to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review, audit process and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility. The Auditor received the PREA Pre-Audit Questionnaire (PAQ) and supporting documents on a secure thumb drive provided by the agency. The thumb drive contained a master folder of supporting documentation for 40 PREA standards. The master folder contained separate files for each standard that included relevant policies and procedures and supporting documentation to demonstrate compliance. In addition the thumb drive included GEO and NMMRA policies, procedures, examples of completed acknowledgements, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, floor plan with camera locations, and other PREA related materials. The auditor was emailed a revised PAQ to correspond with the new audit dates of the facility. The documentation was well organized and highlighted. The auditor also reviewed the Agency website, the annual GEO PREA reports and prior PREA Audit Report of the facility. GEO conducts an internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor. Just Detention International (JDI) was contacted by phone in reference to any information submitted by residents. JDI responded indicating they did not receive any PREA-related information regarding this facility. The auditor did not receive any correspondence from resident or staff.

It should be noted that as a result of COVID-19 precautions, volunteers, contractors and visitor access to the facility was not allowed for the past year. Upon entering the facility a required illness symptom screenings and temperature check is performed. Mandatory facial coverings (masks) were required for all staff, residents and the auditor. All newly arrived residents are housed in a room for a mandatory 14-day quarantine. The audit began on Monday morning April 12, 2021 with an entrance meeting with the Facility Director, Deputy Director, Assistant Director of Programs and the Quality and Fidelity Manager to provide the facility with an overview of the audit process and finalize the facility tour and interview schedule. The facility was advised that PREA audits are practice based audits and do not rely solely on policies and procedures or past audit results. Rather, the audit utilizes a practice-based methodology to assess day-to-day practices used by facility staff. The auditor discussed privacy relative to interviews of staff and residents. The Auditor requested and was provided with an Master staffing report, Organization chart, shift rooster, complete list of all residents in the facility on the first day of the audit by housing location, resident at risk log, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) residents, list of residents that reported PREA allegations in the past 12 months, list of disabled and limited English proficient (LEP) residents for the selection of interviews.

The site visit consisted of conducting a full tour of the facility. The Facility Director and the Quality and Fidelity Manager accompanied the auditor on the site review. During the site review the locations of cameras and mirrors, physical plant and room layout, restrooms, staffing, sight lines and the placement

of PREA posters and information were observed. Residents were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. During the tour, the auditor noted in one housing unit, there were solid shower curtains which presented a blind spot. The Director immediately ordered PREA shower curtains. The curtains were delivered to the facility on April 16, 2021 and were installed. Pictures were sent to the Auditor verifying installation of the PREA shower curtains. Areas visited during the tour included the main administration area, all four inmate housing units (including restrooms, showers, laundry, dayrooms) outdoor pavilion/recreation area, gym, kitchen and resident dining area.

PREA posters and PREA information were in all areas accessible to residents and staff in both English and Spanish. Resident Reporting Options posters are posted in each unit and above the resident pay telephones. Third Party Reporting posters and Sexual Assault Awareness brochures were posted throughout the facility. The reporting phone number for reporting PREA allegations and for requesting emotional support services was tested. It was noted that facility had been using a local rape crisis center as their external reporting entity. The facility revised the reporting posters, resident handbook and resident education manual to clarify and provide contact names and phone numbers for external reporting. The external reporting agencies listed now are local sheriff and police departments that accept anonymous calls 24/7. The facility provided pictures of the revised documents posted throughout the facility, In addition the facility provided a statement that a town meeting was held with all residents to discuss and explain the revised reporting options.

The notification of the PREA audit visit in English and Spanish were observed in some areas of the facility visible to staff, residents, and the public. It was noted there were no notices posted in the resident housing units or resident dining area. It was explained to the auditor that the notices of audit were posted in all housing units and dining area but were removed by the residents. The auditor requested that the notice of audit be replaced in these areas. The auditor verified that the notices were reposted. The notification of the PREA audit visit was documented as posted six weeks prior to the start of the on-site audit by date stamped pictures provided by the facility. In addition to a complete tour of the facility, the on-site visit consisted of a thorough review of resident files, staff training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and detainees inmates. The auditor observed one resident PREA screening and the orientation process. The staff completing the screening and PREA education did an exceptional job explaining the process to the resident.

NMMRA has 34 positions allocated. There are currently 25 positions filled and all staff may have contact with residents. GEO also operates the New Mexico Women' Recovery Academy (NMWRA) in Albuquerque, NM. Nine positions at MNMRA are split and cover both MNMRA and MNWRA. This includes all eight Administration staff and one Food Service Coordinator. The security staff (monitors) are assigned to work 12 hour shifts. A total of 16 facility staff members and two Agency staff were interviewed during the course of this audit. These interviews consisted of 10 randomly selected staff which included security staff on day and night shifts and non-security staff. NMMRA did not have any current contractors or volunteers to interview. . The specialized staff interviewed included: Agency Head, PREA Coordinator, Facility Director/PREA Compliance Manager, Investigators, Security Supervisor, intake staff, retaliation monitor, and incident review team member. All staff at NMMRA are trained as first responders and those interviewed were well versed in their areas of responsibility regarding responding to a PREA allegations. All staff were knowledgeable of the agency's zero tolerance policy regarding sexual abuse and sexual harassment.

On the first day of the audit there were 70 male residents at the facility. 17 residents were interviewed. 13 residents were randomly selected from each of the four housing units. Four residents in the targeted group were selected. The target group included two that self-identified as LGB, and two identified as being potentially vulnerable to sexual victimization. All target group residents at the facility were interviewed. There were no residents who were identified as meeting the following categories; youthful offender, transgender, blind, deaf, physical or cognitive disability or in segregated housing for high risk

of sexual victimization. No residents wrote to the auditor prior to the audit or requested to speak to the auditor during the onsite phase of the audit. All residents interviewed were aware of the agency's zero tolerance policy regarding sexual abuse/harassment and the procedures for reporting. Overall inmates stated they felt safe at the facility.

The auditor was provided with examples of completed resident and staff files, acknowledgement forms and documents prior to the audit for review. In addition to the documents submitted, the auditor randomly selected and reviewed 12 files of residents currently at the facility during the on-site audit. The documentation indicated residents received PREA information and PREA education during intake. Residents signed acknowledgement forms indicating they received and understood the PREA information. The documentation associated with initial PREA risk screenings and reassessments indicated all screenings were completed within the required timelines.

The auditor examined a random sample of additional personnel files and staff training files. New hires are not allowed entrance into the facility until a thorough background check is completed. Promotional and five year criminal background checks are also performed. The training records were reviewed and indicated staff receives the required PREA training upon hire and annually. The training records were complete and included written documentation that staff received and understood the PREA training.

The Facility Director provided PREA Investigation files for the past three years. All investigative files were reviewed. There were three allegations of sexual abuse or sexual harassment received in the past 12 month. One was a staff on Inmate sexual abuse allegation which was found unsubstantiated. There was one inmate on inmate sexual abuse and one inmate on inmate sexual harassment allegation, both of which are in process of being investigated.

An exit briefing was conducted on April 1, 2021 with the Facility Director, Deputy Director, Quality and Fidelity Manager. The GEO Contract Compliance PREA Manager, GEO Senior Area Manager and GEO Manager-Program Performance participate in the exit briefing via phone. The auditor thanked the facility staff for their hospitality and all the assistance and cooperation they provided during the audit. Discussion included general observations and preliminary findings. The post-audit phase was described and timelines for submitting the report was discussed.

## Facility Characteristics

NMMRA is located at 1000 Main Street NW in Los Lunas, New Mexico. The facility is owned by the NMDC. The residents are in custody of the New Mexico Division of Parole and Probation and are court ordered to participate in a six month drug treatment program. The program does not accept residents with violent or sexual offenses. The facility was originally named the Fort Stanton Residential Treatment Center, which opened in July of 2003. The program moved from Fort Stanton, NM to Los Lunas, NM in July 2009 and was renamed NMMRA. NMMRA is located on the grounds of the former Los Lunas Hospital and Training School which closed in the mid 1990's. The site is currently called the State of New Mexico Los Lunas Campus. MNMRA is located at Building E of the campus.

Building E is a fenced and gated compound that includes seven building. There is an administrative building (the Hub) containing, the director's office, counselor offices, a conference room, three classrooms, library, parole offices, medical room, and security office. The facility is laid out in a campus style with five living units which contain bedrooms (multiple and single bunks) bathrooms and dayrooms. The housing units and capacities are Zia- 32 beds, Otero- 38 beds, Seligman-36 beds, Huning-32 beds and Dillion -32 beds (this unit is currently closed, secured and unoccupied. The original design allowed for a capacity of 170 beds. The current capacity is 138 as Dillion is no longer being used. There is a gym attached to the Zia unit. There is a kitchen/food storage/resident dining room building. There are outdoor areas, including an open air pavilion which is used for recreation and



programs. The facility has 16 cameras, 12 cameras monitor the grounds and entrances and four cameras are inside which include the kitchen, dining room, med room and gym.

NMMRA functions as a modified therapeutic community and provides a highly structured environment, which employs community imposed sanctions and penalties, as well as earned advancement of status and privileges, as part of the recovery and growth process. NMMRA is a peer-led community program, encouraging interaction between members to reinforce positive socialization skills. The facility provides a variety of programs and services to address the needs of residents and assist with reentry to the community. With the exception of meals, the residents attend class from 8 a.m. to 5 p.m. Monday through Friday. Residents are not allowed to go back to the housing units during class hours. The staff conducts 11 standing counts and 17 census counts every 24 hours.

GEO's mission is to develop innovative public-private partnerships with government agencies around the globe that deliver high quality, cost-efficient correctional, detention, community reentry, and electronic monitoring services while providing industry leading rehabilitation and community reintegration programs to the men and women entrusted to GEO's care.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 5  
**List of Standards Exceeded:** 115.211, 115.213, 115.217, 115.231 and 115.288

### Standards Met

**Number of Standards Met:** 36

### Standards Not Met

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

## PREVENTION PLANNING

### Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed Pre-Audit Questionnaire ("PAQ")
2. GEO Organizational Chart
3. NMMRA Organizational Chart
4. GEO Corporate Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention Program
5. GEO Corporate Policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
6. New Mexico Recovery Academies (NMRA) Policy 2019-1, PREA Staffing and Facility Requirements
7. GEO website: <https://www.geogroup.com/PREA>
8. Observation while on-site
9. Interviews with the following:
  - a. PREA Coordinator
  - b. PCM

115.211(a) GEO PREA Policy 5.1.2 Section I, states, “The GEO Group, Inc. (GEO) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. It is the policy of GEO that sexual conduct between Employees, Volunteers, or Contractors and Individuals in a Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that GEO strictly prohibits any type of sexual relationship with Individuals in a GEO Facility or Program. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements and these relationships will not be tolerated.”

GEO Policy 5.1.2-A, section III.A.1.a states, “Each Facility is required to 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 2019-1 section II states, “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. This prohibition includes conversations or correspondence of a romantic or sexual nature. All Employees, Contractors, and Volunteers are expected to have a clear understanding that New Mexico Recovery Academies strictly prohibits any type of sexual relationship with residents in the New Mexico Recovery Academies Facility or Program. This shall be considered a serious breach of the Standards of Employee Conduct, Volunteer agreements as well as vendor, service and Contractor agreements and these relationships will not be tolerated. Contractors providing services who have direct contact with residents at New Mexico Recovery Academies shall be monitored to ensure compliance with PREA Standards.”

GEO policies 5.1.2 and 5.1.2-A and NMRA Policy 2019-1 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and prohibit retaliation against inmates or any staff who reports sexual harassment or sexual abuse against an inmate, or cooperates with an investigation. The policies outline the agency’s/facility’s approach to preventing, detecting and responding to such conduct. The policies detail definitions that are consistent with the PREA definitions. The policies further outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. These policies were found to be comprehensive and address all provisions of the PREA standard. The agency’s zero-tolerance policy is also posted on its website.

115.211(b) GEO Policy 5.1.2-A, section III.B.1.states,“GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the Company’s efforts to comply with the PREA standards in all of its required Facilities. PREA Coordinator duties include:

- a. PREA oversight for U.S. Corrections and Detention, Reentry Services and Youth Services Facilities;
- b. Developing the corporate PREA policy to comply with standard requirements;
- c. Work with Compliance on the refinement of the PREA audit tool;
- d. Work with Facilities if an incident occurs;
- e. Review the results of every investigation of Sexual Abuse;
- f. Compile annual reports on findings and corrective actions for the Company; and,
- g. Develop and implement best practices in training, identification, treatment and reporting.”

GEO employs an upper-level, agency-wide PREA Coordinator who is the Director in the Contract Compliance Division for GEO. He is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. He indirectly supervises 108 PREA compliance managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator. In addition to a PREA Coordinator, GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility's PREA efforts. GEO Policy 5.1.2-A, section III.B.2.states, "Each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards." NMRA Policy2019-1 section III.A.2 states, "The Facility Director shall serve as or appoint a local PREA Compliance Manager. The PREA Compliance Manager will be vested with sufficient time and authority to coordinate the Facility's efforts to comply with the PREA standards. PREA Compliance Manager duties include:

- Gathering facility statistics and reports on incidents of Sexual Activity and Sexual Abuse;
- Assist with development/revision of any site specific PREA policies;
- Assist with PREA training initiatives;
- Assist with PREA facility assessments;
- Prepare an annual report on findings and corrective actions for the facility; and
- Monitoring for retaliation in accordance with PREA standards."

The facility's organizational chart illustrates the PREA Compliance Manager's position within the facility. NMMRA's PREA Compliance Manager (PCM) is the Facility Director. He is very knowledgeable of PREA standards and strives for compliances. Per interviews with the PREA Coordinator and PCM, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

Based on the review of policies, organization charts, interviews, observation and analysis, it is apparent that NMMRA is committed to zero tolerance of sexual abuse and sexual harassment and demonstrated they substantially exceeded requirements of this Standard.

## Standard 115.212: Contracting with other entities for the confinement of residents

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

#### 115.212 (a)

- 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 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.)  Yes  No  NA

#### 115.212 (b)

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

### 115.212 (c)

- 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 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.)  Yes  No  NA
- 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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed Pre-Audit Questionnaire ("PAQ")
2. Interviews with the following:
  - a. PREA Coordinator
  - b. Agency Executive Director

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates. This was confirmed through interviews with the agency's PREA Coordinator. The agency policy does state GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards.

### Standard 115.213: Supervision and monitoring

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

### 115.213 (a)

- 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  No
- 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  No
- 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  No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?  Yes  No

### 115.213 (b)

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

### 115.213 (c)

- 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  No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  Yes  No
- 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  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed Pre-Audit Questionnaire ("PAQ")
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy2019-1
4. NMMRA Facility Staffing Plan
5. PREA Unannounced Supervisor Rounds Report
6. Annual PREA Facility Assessments (2018, 2019, 2020)
7. Floor Plan: CCTV Equipment and Locations
8. Daily Staff Roster: All Shifts

9. Interviews with the following:
- a. Agency Executive Director
  - b. PREA Coordinator
  - c. Facility Director
  - d. Intermediate or Higher Level Facility Staff
  - e. Random staff

115.213(a) GEO Policy 5.1.2-A, section III.1.a states, "Each Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program against Sexual Abuse."

NMRA Policy 2019-1, section II.B.1.a states, "NMMRA shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse." GEO in collaboration with the New Mexico Corrections Department (client) determines the staffing plan. Policy establishes procedures to develop and monitor staffing plans and uses the criteria found in this provision to include the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors. The average number of residents the staffing plan was predicted on was 154 residents. In interview with the Facility Director, he confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision.

115.213(b) GEO Policy 5.1.2-A, section III.C.1.b states, "In circumstances where the staffing plan is not complied with, Facilities shall document and justify all deviations from the plan." According to information provided on the Pre-Audit Questionnaire and interview with the Facility Director, in the past 12 months there were no deviations to the staffing plan. The Facility Director reported he ensures compliance to the staffing plan by reviewing shift rosters daily for both security shifts. The facility maintains the required minimum security staffing at all times by utilizing overtime, reassigning staff and covering with supervisory staff.

115.213(c) GEO Policy 5.1.2-A, section III.C.1.(c-e) states in part, "Facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:

- 1) The staffing plan;
- 2) The Facility's deployment of video monitoring systems and other monitoring technologies; and
- 3) The resources the Facility has available to commit to ensure adherence to the staffing plan.

The staffing plan, to include all deviations and the Annual PREA Facility Assessment shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. GEO's U.S. Corrections and Detention and Reentry Services Divisions, in consultation with the Corporate PREA Coordinator, shall review all Facility assessments and take appropriate actions necessary to protect Individuals in a GEO Facility or Program from Sexual Abuse at its Facilities. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator."

GEO has established a form to conduct the annual assessment to ensure all required criteria are properly reviewed and addressed. All components of the facility's physical plant are considered and no major blind-spots or surveillance camera deficiencies were identified. There is a brief description of the inmate population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Annual PREA Facility Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan. NMMRA's Annual PREA Facility

Assessment is completed annually by the facility, and forwarded to GEO's Vice President of Residential Reentry Centers and GEO's PREA Coordinator for review and signature.

The auditor reviewed three Annual PREA Facility Assessments. The assessments were dated August 21, 2020, August 16, 2019 and August 17, 2018. The assessments were very complete and addressed all the provisions required by GEO policy and this Standard.

PREA Standard 115.13 includes the performance of periodic unannounced rounds by intermediate and upper-level supervisors on all shifts to deter, prevent, and detect sexual abuse and sexual harassment of inmates in the facility. It states this does not apply to Lockups or Community Confinement facilities. Although this provision does not apply, GEO policy does require unannounced rounds by intermediate or upper-level supervisors for Adult Community Confinement Facilities. GEO Policy 5.1.2-A, section C.1.(f-g) states, "Facilities shall implement a policy and practice requiring department heads, Facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter Employee Sexual Abuse and Sexual Harassment. Such policy and practice shall be implemented no less than once per week for U.S Corrections and Detention and no less than once per month for Residential Reentry for all shifts. Employees are prohibited from alerting other Employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the Facility."

At NMMRA supervisors and management staff complete unannounced PREA rounds monthly on all shifts and document these rounds on the PREA Unannounced Supervisor Rounds Report. The auditor reviewed a sample of these completed forms.

Based on the review of policies, excellent documentation and forms, interviews and analysis, the facility exceed the requirements of this Standard.

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

- 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 residents.)  
 Yes  No  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 residents.)  Yes  No  NA

#### 115.215 (c)



- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents).  Yes  No  NA

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?  Yes  No

#### 115.215 (e)

- 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  No
- If a 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  No

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-4 Resident Searches, Viewing and Contraband
4. PREA Training Curriculum
5. Staff Training Logs
6. Signed training acknowledgement forms
7. Interviews with the following:
  - a. Facility Director
  - b. Random staff
  - c. Random residents

115.215(a) GEO policy 5.1.2-A, section III.I and NMRA Policy 2019-4, section III.B addresses resident searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. Per the PAQ, in the past 12 months there were zero cross-gender strip or visual body cavity searches conducted. Residents interviewed indicated they are pat searched and never strip searched. Pat searches are conducted by a staff member of the same gender. Staff interviews determined the facility does not conduct strip or visual body cavity searches. NMMRA only houses male residents.

115.215(b) NMMRA only houses male residents.

115.215(c)-1 Per policies, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner and. If completed the facilities shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of residents. Per interviews with random staff, they were all aware of this requirement. As indicated above there were no such searches completed.

115.215(c)-2 NMMRA only houses male residents.

115.215(d) GEO and NMMRA has policies and practices that allow residents to shower, use the toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff of the opposite gender are required to announce their presence when entering housing units. All housing units were observed to have curtains in place that allow inmates to shower without being observed by staff of the opposite gender. There are no cameras in the housing units. Overall residents indicated that opposite gender staff announces their presence when entering a housing area and indicated female staff rarely enter the housing units. This practice of opposite gender announcements was also observed by the auditor during the on-site tour. Residents indicated that they not viewed by staff of the opposite gender when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units. If female staff enters the housing units an announcement is made and they are escorted by a male security staff,

115.215(e) GEO and NMMRA has policies and practices that address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with

random staff confirmed they were aware of this policy. A Statement of Fact indicated there were no transgender residents admitted during the past three years.

115.215(f) All staff at NMMRA received training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PREA training curriculum was provided for review and found to contain training on pat searches, including searches of transgender and intersex inmates. All of the random staff interviewed said they received training in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The auditor reviewed the training records, training roster and acknowledgement forms.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## **Standard 115.216: Residents with disabilities and residents who are limited English proficient**

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

#### **115.216 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.216 (b)

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

#### 115.216 (c)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-2 PREA Intake and Orientation
4. Language Line Service Agreement
5. PREA Posters (English & Spanish)
6. PREA Education Manual for Residents (English & Spanish)
7. PREA Education Manual for Residents (Large Print in English and Spanish)
8. TDD phone
9. Sexual Assault Awareness Program pamphlets (English and Spanish)
10. Statement of Fact
11. Observation while on-site
12. Interviews with the following:
  - a. Facility Director
  - b. Random staff

115.216(a-b) GEO policy 5.1.2- A, section III.E.1.a and b states, "Facilities shall ensure that Individuals in a GEO Facility or Program with disabilities (i.e., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the Company's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. GEO shall ensure that all of its Facilities provide written materials to every Individual in a GEO Facility or Program 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 policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs."

NMRA Policy 2019-2 contains similar language. NMMRA has taken appropriate steps to ensure that residents who are limited English proficient or disabled 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. GEO has an agreement with Language Line Services, Inc. which provides translation of any language. The orientation and education process provides residents with information on the agency's zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA brochures, posters, handbooks and the PREA video are available in Spanish. During the interview with the agency head/designee, he indicated in all GEO's facilities they 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. They have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTD 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. GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist us. There were no LEP or residents with disabilities at the facility during the audit. Interviews with staff indicated the facility seldom receives resident that are LEP.

115.216(c) Geo Policy 5.1.2-A, section III.E.1.c states, "Individuals in a GEO Facility or Program shall 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-response duties in Section M (2), or the investigation of the individual's allegations. Any use of these interpreters under these type circumstances shall be justified and fully documented in the written investigative report." Per the PAQ, in the past 12 months zero residents were used as

interpreters regarding a PREA allegation. Staff interviewed knew residents were not to be used for this purpose. A statement of fact was provided to confirm this practice.

Based on the review of policies, observation, PREA documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

- 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  No
- 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  No
- 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 question immediately above?  Yes  No
- Does the agency prohibit the enlistment of 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  No
- Does the agency prohibit the enlistment of 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 force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.217 (b)

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

### 115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- 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  No

### 115.217 (d)

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

### 115.217 (e)

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

### 115.217 (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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.217 (g)

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

### 115.217 (h)

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

### Auditor Overall Compliance Determination

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
  
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-1
4. GEO on-line application form
5. Personnel files
6. Applicant clearance letters
7. PREA annual disclosure waiver
8. PREA promotional disclosure waiver
9. Five Year Background Check Clearance letter
10. Statement of Fact
11. Interviews with the following:
  - a. Office Support Specialist
  - b. Facility Director

115.217 (a) GEO policy 5.1.2-A, section III.C.2.a states, "GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community." GEO policy 5.1.2-A, section III.C.4.a states, "GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community." NMRA Policy2019-1 contains similar language. The auditor reviewed a sample of staff application packets and background clearance checks for new hires and employee promotions. Through review of personnel files and interviews with the PCM and Office Support specialist, it was determined the facility does not hire or promote staff who have engaged in sexual abuse as outlined in policies. Per the interview with the Facility Director, NMMRA does not have any active contractors that have contact with residents.

115.217(b) GEO policy 5.1.2-A, section III.C.2.b states, 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." NMRA Policy2019-1 contains similar language. Through review of personnel files and interview with the Office Support specialist, it was determined the facility consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals as outlined in policies. The Office Support Specialist reported that incidents of sexual harassment are considered during the application and background investigation

115.217(c) & (e) GEO policy 5.1.2-A, section III.C.2.c states, "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." GEO has a contract with Career Builder to conduct background screenings on employment candidates. The background checks include the person's work history, education verification, driver's license history, professional license verification, criminal background check and any PREA related misconduct. The NMCD also conducts a criminal background check of new hires. For those considered for promotions or who transfer from another GEO facility, an internal



background check through GEO, is requested on the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer form (HR-104). If an applicant answers on their application they are a prior institutional employee, information from prior institutional employers is requested through Career Builders. Per the contract with NMCD, a criminal background checks are performed for all employees every five years and the facility provided a copy of a letter from the NMCD showing the five-year background checks were completed and staff cleared to work at the facility. The auditor reviewed a random sample of criminal background checked by Career Builders and clearance letters from NMDC. Per the information provided on the PAQ, there were nine staff hired who had criminal background checks completed in the past 12 months.

115.217(d) GEO policy 5.1.2-A, section III.H.4 states,

“a. GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community.

b. Facilities shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any Contractor who may have contact with Individuals in a GEO Facility or Program.

c. 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.”

Per the interview with the facility Director, NMMRA does not have any active contractors that have contact with residents.

115.217(f) GEO policy 5.1.2-A, section III.C.2.d states, “GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse 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.” The agency asks all applicants and employees who have contact with residents directly about previous sexual misconduct. Applicants are asked these questions on the GEO on-line application, annually at the time of performance evaluations and for consideration for promotions or transfers. Through review of personnel files and interview with the Office Support Specialist, the auditor verified these questions were asked and are documented in the files.

115.217(g) GEO policy 5.1.2-A, section III.C.2.e states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” The Office Support Specialist indicated this is a standard practice.

115.217(h) GEO policy 5.1.2-A, section III.C.2.f states, “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.” It was noted that these inquiries are processed by the agency’s human resources department rather than at the facility level.

Based on the review of very comprehensive policies and procedures, documentation, employee personnel files, interviews, dual system of background checks (GEO and NMCD) and analysis, demonstrated NMMRA substantially exceeded the requirements of this Standard.

## **Standard 115.218: Upgrades to facilities and technologies**

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

### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)  
 Yes  No  NA

### 115.218 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-1
4. Purchase order for additional cameras
5. Statement of fact
6. Interviews with the following:
  - a. Facility Director
  - b. Agency Head

115.218(a) & (b) GEO policy 5.1.2-A, section III.C.3 states, "Facilities shall consider the effect any new or upgrade design, acquisition, expansion or modification of physical plant or monitoring technology might have on the Facility's ability to protect Individuals in a GEO Facility or Program from Sexual Abuse." NMRA Policy contains similar language. In interview with the Vice President, Risk Management (agency head designee) he stated that the agency uses technology to assist the facilities in keeping inmates safe from sexual abuse. If new facilities are designed or there are modifications to existing facilities, the agency's PREA Coordinator works closely with the Corporate Project Development Team.

Per information provided on the PAQ, Statement of Fact and the interview with the Facility Director, since the last PREA audit the facility had not any expansion and substantial modification. The facility

added two additional cameras in the food service building, one in the dry storage room and one in the resident dining area to protect residents from sexual abuse.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

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

**Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E Investigating Allegations of Sexually Abusive Behavior (PREA) and Evidence Collection
3. NMRA Policy 2019-6
4. Albuquerque SANE Collaborative Services
5. MOU with Valencia Shelter Services
6. NMMRA Coordinated Response Plan
7. Observation on-site
8. Interviews with the following:
  - a. Facility Director
  - b. Facility Investigator

115.221(a) GEO policy 5.1.2-E, section III.A.3.a states, "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." GEO and NMMRA have multiple policies as listed above that outline the agency/facility requirements as it applies to this standard. The auditor interviewed one of NMMRA Facility investigator, who had a good understanding of the investigative procedures, responsibilities and evidence protocols. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. All staff carries a PREA first responder card that lists steps to follow which include crime scene preservation and instructing victims and abusers not to destroy evidence.

115.221(b) The interview with the Facility Director confirmed, the agency and facility follow a protocol developmentally appropriate for youth where applicable and adapted from or otherwise based on the U.S. Department of Justice's office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". NMMRA does not house youthful residents.

115.221(c) GEO policy 5.1.2-E, section III.A.3.b states, "Facilities shall offer all Individuals in a GEO Facility or Program 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. Section III.A.3.c states, "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 does not have any medical/mental health staff and utilize community providers. Victims of sexual abuse have access to forensic medical exam by a Sexual Assault Nurse Examiner (SANE) at no cost to the victim. Victims of sexual abuse will be transported via ambulance to an Albuquerque SANE Collaborative clinic. Per the PAQ, there were zero SANE exams performed in the past 12 months.

115.221(d) GEO policy 5.1.2-E, section III.A.3.d states, "A victim advocate shall be made available to accompany the victim through examinations and investigatory interviews. The facility has a MOU with Valencia Shelter Services for local advocate services.

115.221(e) GEO policy 5.1.2-E, section III.A.3.d states, "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 facility's MOU with Valencia Shelter Services provides for confidential emotional support services, crisis intervention, information, and referrals. On the back of all resident ID badges is the contact information for Valencia Shelter Services. Per the Statement of fact, there were no requests for support services in the past three years.

115.221(f) Criminal investigations are conducted by the local sheriff department or the New Mexico State Police.

115.221(h) GEO policy 5.1.2-E, section III.A.3.g states, "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."

Per interview with the Facility Director, NMMRA does not utilize facility employees as victim advocates. Per the Statement of fact, there were no requests for support services in the past three years.

Based on the review of policies, MOU's, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

#### **115.222 (a)**

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

#### **115.222 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)  Yes  No  NA

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. NMRA Policy 2019-6
4. NMCD Mandate on Referrals
5. Annual PREA Incident Tracking log
6. PREA Investigation files
7. GEO website
8. Interviews with the following:
  - a. Agency Head
  - b. Facility Director
  - c. NM Parole and Probation on-site Supervisor

115.222(a) GEO policy 5.1.2-E, section I states, "All cases of alleged sexual conduct in accordance with Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention, shall be promptly, thoroughly, and objectively investigated." GEO policy 5.1.2-E, Section III.A.1,a states, " 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.” NMRA Policy 2019-6 outlines the facility procedures to ensure all allegations of Sexual Abuse or Sexual Harassment are investigated.

The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All allegations involving staff are referred to GEO’s Office of Professional Responsibility (OPR). In interview with the Vice President, Risk Management (agency head designee), he reported referral of allegations of sexual abuse and sexual harassment is required by corporate, local policy and client contracts. A review of the PREA Incident Tracking log and interview, an administrative or criminal investigation is conducted for all allegations of sexual abuse and sexual harassment.

115.222(b)&(c) GEO and NMMRA policies ensures that all allegations of sexual abuse or sexual harassment that appear to be criminal be referred for investigation to an agency that has the legal authority to conduct criminal investigations. Allegations that appear to be criminal are referred to the NM State Police or the local Sheriff office. The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the PREA Annual Incident Tracking Log and enter into the GEO PREA portal. Interview with facility investigators confirmed this practice. GEO policy regarding the administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations is published on the agency website.

Based on the review of policies, website, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No



- Does the agency train 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?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- 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  No
- 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  No

#### 115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- 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  No

#### 115.231 (c)

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

#### 115.231 (d)

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

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. PREA Staff Training Curriculum
5. Signed PREA training acknowledgements
6. Interviews with the following:
  - a. Facility Director
  - b. Facility Trainor
  - b. Random staff

115.231(a) GEO policy 5.1.2-A, section III.F.1 states, “a. All Employees, Contractors and Volunteers shall receive training on GEO’s Sexually Abusive Behavior Prevention and Intervention Program prior to assignment. See Section G for Volunteer requirements and Section H for Contractor requirements.  
b. Each Facility shall train all Employees who may have contact with Individuals in a GEO Facility or Program on:

- 1) Its zero-tolerance policy for Sexual Abuse and Sexual Harassment;
- 2) How to fulfill their responsibilities under agency Sexual Abuse and Sexual Harassment prevention, detection, reporting and response policies and procedures;
- 3) Individuals 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; and,
- 10) How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.”

NMRA Policy 2019-6 also outlines PREA training requirements for staff.

GEO employees receive training on GEO’s zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually at in-service. The PREA Training curriculum were reviewed and found to address all elements of this provision as required. New hires receive one-on one PREA Training on the first day of work facilitated by the Facility Director, and/or the Quality and Fidelity Manager. PREA Refresher training is provided to staff annually with both a classroom and online component. Staff are required to take and pass a test at the completion of the training. PREA information is also provided at monthly staff meetings. .

115.231(b) GEO policy 5.1.2-A, section III.F.1.c states, "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 between Facilities that house individuals of different genders."

NMMRA houses adult male residents. Per interview with the Facility Director, the training provided to staff is tailored to meet this population. An employee will receive additional training if reassigned from a facility that houses only female or male residents.

115.231(c) GEO policy 5.1.2-A, section III.F.1.c states, "PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies."

Per the PAQ and review of staff training records, employees of NMMRA receives PREA education as required annually. There are 25 staff assigned to the facility and records indicated 100% of staff received PREA training. Between trainings, the facility receives updates via staff meetings, shift briefings and from PREA posters displayed throughout the facility. Interviews with random staff also confirmed that they receive PREA training annually.

115.231(d) GEO policy 5.1.2-A, section III.F.1.e states, "Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training.

Upon completion of PREA pre-service and annual in-service training, staff signs the GEO PREA Basic Acknowledgement form and a Cross Gender Pat Searches and Searches of Transgender and Intersex form, acknowledging receipt and understanding of the training received. The Auditor reviewed all employee training records and confirmed training is being completed and documented. Training files were well organized, complete and filed in a binder. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

Based on the review of policies, PREA training lesson plans, training records, annual refresher training, interviews and analysis, GEO and NMMRA provides a very high quality of training for all employees and ensures the employees understand the company's Zero Tolerance Policy, and how to report and respond to allegations of sexual abuse or sexual harassment and demonstrated they substantially exceeded requirements of this Standard.

## **Standard 115.232: Volunteer and contractor training**

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

### **115.232 (a)**

- 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  No

### **115.232 (b)**

- 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  No

### 115.232 (c)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. Volunteer/Contractor PREA Training Curriculum
4. Statement of Fact
5. Interviews with the following:
  - a. Facility Director

115.32(a) & (b) GEO policy 5.1.2-A, addresses volunteer training in section III.G.1 which states,  
 "a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.  
 b. Each Facility shall ensure that all Volunteers who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures.  
 c. Volunteers who have contact with Individuals in a GEO Facility or Program shall receive annual PREA refresher training."

GEO policy 5.1.2-A, addresses contractor training in section III.H.1 which states,  
 "a. All Employees, Contractors and Volunteers shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program prior to assignment.  
 b. Each Facility shall ensure that all Contractors who have contact with Individuals in a GEO Facility or Program are trained on their responsibilities under GEO's Sexual Abuse and Harassment prevention, detection, and response policies and procedures  
 c. Contractors who have contact with Individuals in a GEO Facility or Program shall receive annual PREA refresher training."

The Volunteer/Contractor PREA Training Curriculum was provided and reviewed.

Per the interview with the Facility Director, due to COVID-19 restrictions regarding entrance into the facility by the NMCD, NMMRA does not have any active contractors or volunteers who have contact with the residents. All contractor and volunteers access has expired as annual PREA refresher training was not able to be provided. There were no contractors or volunteers available to interview.

115.32(c) GEO policy 5.1.2-A, section III.G and H -1 indicates, unless client mandates require electronic verification, volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. The Auditor reviewed signed training acknowledgements from volunteers and contractor for the years 2018 and 2019.

Based on the review of policies, training lesson plans, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.233: Resident education

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

#### 115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  Yes  No

#### 115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility?  Yes  No

#### 115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  Yes  No

#### 115.233 (d)

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

#### 115.233 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-2
4. PREA Resident Education Manual (English/Spanish)
5. PREA Resident Education Manual Acknowledgment Receipts
6. PREA Video Acknowledgment Receipts
7. PREA Education Pamphlets (English/Spanish)
8. PREA Resident Reporting Options Posters (English/Spanish)
9. PREA Zero Tolerance Posters (English/Spanish)
10. Observation while on-site
11. Interviews with the following:
  - a. Facility Director
  - b. Resident Monitors
  - c. Random residents

115.233(a) GEO policy 5.1.2-A, section III.E.2.c states, "Within 24 hours of arrival, U.S. Corrections and Detention Facilities shall provide each Individual in a GEO Facility or Program with written information (i.e., handbooks, pamphlets, etc.) on the Company's zero tolerance policy regarding Sexual Abuse and Sexual Harassment and how to report incidents or suspicions of Sexual Abuse or Sexual Harassment." NMRA Policy 2019-2 contains the same requirements.

All residents receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Residents receive the Sexual Assault Awareness Program pamphlet and the PREA Education Manual.. Per interview with Resident Monitors, they explained the intake process and what written information residents receive on their day of arrival. The auditor observed the intake and education process for one new resident. During interview, residents reported receiving written PREA information on the first day of arrival to the facility.

GEO policy 5.1.2-A, section III.E.2.d states, "Within 30 days of intake, U.S. Corrections, Detention, and Community Confinement Facilities shall provide a comprehensive education to all Individuals in a GEO Facility or Program, either in person or through video." section III.E.2.f states, "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." NMRA policy 2019-2 also addresses resident education requirements.

Comprehensive PREA education is provided to all residents within 24 hours of arrival to the facility. Orientation and PREA education is presented by a Resident Monitor. Residents are also required to watch the PREA: What You Need to Know video. During interview, residents reported viewing the PREA video and receiving PREA education.

115.233(b) GEO policy 5.1.2-A, section III.E.2.e states, "Individuals in a GEO Facility or Program shall receive education upon transfer to a different Facility if the policy and procedures are different from the previous Facility." NMRA Policy 2019-2 contains similar requirements.

On information reported on the PAQ, there were 203 residents admitted to the facility in the past 12 months and 100% of the residents were given PREA information at intake. All 230 residents received the comprehensive education on the day of arrival. .

115.233(c) GEO policy 5.1.2-A, section III.E.2.g states, "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 policy 2019-2 contains the same requirements.

Per interviews with the Facility Director and Resident Monitors they stated PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The facility has PREA pamphlets, posters handbooks and form available in both English and Spanish. A contract with the Language Line Services provides translation of any other languages. The facility has a TDD telephone for deaf or hard of hearing inmates. There were no LEP residents at the facility during the audit.

115.233(d) GEO policy 5.1.2-A, section III.E.2.h states, "In all Facilities, Individuals in a GEO Facility or Program shall sign for receipt of written materials and participation in comprehensive education sessions which shall be retained in their individual files." NMRA policy 2019-2 contains the same requirements.

The facility maintains documentation that residents received written information and participate in PREA education sessions. Residents sign the Acknowledgement of Receipt of the PREA Education Manual and the Acknowledgements of PREA Training Video. This documentation is filed in the residents' file and binder. Prior to the audit, the auditor reviewed three examples (one from 2018, 2019, and 2020) of resident documentation of receiving PREA information and receiving PREA

comprehensive training. The auditor reviewed a random sample of 12 additional resident files while onsite.

115.233(e) GEO policy 5.1.2-A, section III.E.2.i states, “Key information shall be provided to Individuals in a GEO Facility or Program on a continuous basis through readily available, handbooks, brochures, or other written materials.”

PREA information is provided on multiple posters, both in English and Spanish, displayed throughout the facility as observed during the site review of the facility. Residents also are provided with a copy of the Sexual Assault Awareness Program brochure and the PREA Education manual.

Based on the review of policies, inmate files, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.234 (c)



- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)  
 Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. Investigating Sexual Abuse in Correctional Settings Training Curriculum
- 4 PREA Specialized Investigator Training Certificates
5. Interviews with the following:
  - a. Investigators

115.234(a-b) GEO policy 5.1.2-A, section III.E.2 states, “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.”

Per policies, investigators in addition to general PREA training provided to all employees, GEO requires that facility investigators receive specialized training on conducting sexual abuse investigations. Agency facility trained investigators complete Specialized Training: Investigating Sexual Abuse in Correctional Settings, facilitated by GEO’s PREA Coordinator. The training curriculum was provided for review and found to include topics on interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. One of the facility investigators also attended a specialized investigating training by the NMCD.

115.234(c) The facility has two trained investigators. The agency maintains documentation that investigators have received specialized training on conducting sexual abuse investigations in confinement settings. Upon completion of the specialized training, investigators receive a certificate of completion. In review of investigators’ training records, both investigators have completed this specialized training, as well as general training provided to all employees. During an interview with the facility investigator, he stated he attended the specialized training, Investigating Sexual Abuse in

Correctional Settings which included but was not limited to evidence collection, interviews, documentation, and evidentiary standards. He also attends the annual PREA training at the facility.

Based on the review of policies, training lesson plans, training records, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## Standard 115.235: Specialized training: Medical and mental health care

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

#### 115.235 (a)

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

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. Statement of Fact
4. Interviews with the following:
  - a. Facility Director

115.35(a-d) GEO policy 5.1.2-A, section III.F.2 states, “a. Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Note: training is to be completed during newly hired employee pre-service orientation.

b. Medical and Mental Health Care Practitioners shall receive this specialized training addition to the training mandated for Employees in Section F (1) or Contractors in Section H (1) depending upon their status at the Facility.”

Neither the agency nor the facility medical staff conducts forensic exams. All forensic examinations are performed off-site at a local medical facility. Per the Statement Fact, NMMRA has no full/part time medical or mental health care staff. All medical and mental health care needs are referred to offsite providers.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.241: Screening for risk of victimization and abusiveness

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

#### 115.241 (a)

- 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  No
- 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  No

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

- 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  No
- 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  No
- 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  No
- 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  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
 Yes  No
- 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  No
- 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  No

- 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  No
- 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  No

#### 115.241 (e)

- 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  No
- 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  No
- 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  No

#### 115.241 (f)

- 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  No

#### 115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  Yes  No
- 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  No

#### 115.241 (h)

- 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  No

#### 115.241 (i)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-3 PREA Screening/Admission
4. Completed GEO PREA Risk Assessment tool
5. Completed PREA Vulnerability Reassessment Questionnaire
6. Observation on-site
7. Interviews with the following:
  - a. Facility Director
  - b. Quality and Fidelity Manager
  - c. Random Monitors
  - d. Random Residents

115.241(a-g) GEO policy 5.1.2-A, section III.D.1 states, "a. All Individuals in a GEO Facility or Program shall be assessed during intake and upon transfer for their risk of being sexually abused by another Individual in a GEO Facility or Program or being sexually abusive towards another Individual in a GEO Facility or Program.

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 (see Attachment B) to conduct the initial risk screening assessment.

c. In addition to the screening instrument, 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.

d. The intake screening shall consider, at a minimum, the following criteria to assess Individuals in a GEO Facility or Program 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;
- 9) His/her own perception of vulnerability; and,

10) U.S. Corrections and Detention Facilities shall also assess whether he or she is detained solely for civil immigration purposes.

e. 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.

f. Facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the Facility, staff shall reassess the Individual's in a GEO Facility or Program risk for victimization or abusiveness based upon any additional, relevant information received by the Facility since the intake screening. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the reassessment." NMRA policy 2019-3 contains these same requirements.

All residents are assessed for their risk of being sexually abused or sexually abusive towards others within 24 hours of arrival to the facility. The PAQ indicated 203 residents were assessed for their risk of victimization or abusiveness in the past 12 months. Intake risk assessments are conducted by the Resident Monitors on the day of arrival using the Reentry Facilities-PREA Risk Assessment form. The PREA Risk Assessment form was reviewed and found to contain all requirements of provision "d" of this standard and allowed the screener to document his/her perception of gender non-conformity. The screening includes the resident monitor's thorough review of any available records available to assist with determining the offender's risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. The auditor observed and intake and screening of one new resident. Within 30 days of the residents' arrival to the facility, they are reassessed for their risk for victimization and abusiveness using the PREA Vulnerability Reassessment Questionnaire. The reassessment questionnaire is completed during a face to face interview with the Quality and Fidelity Manager. An offender's risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. This information was confirmed in interview with random Resident Monitors and the Quality and Fidelity Manager. The PAQ indicated 189 residents were reassessed in the past 12 months. Prior to the audit, auditor reviewed three (3) examples of resident screening forms (initial assessment and 30-day reassessment screen), one each from 2018, 2019 and 2020. The auditor reviewed a random sample of 12 additional current resident initial and 30 day reassessment screening forms during the on-site audit. All screenings were done within timeline requirements. During resident interviews, all residents recalled being asked PREA questions at intake and again during the reassessment. .

115.241(h) GEO policy 5.1.2-A, section III.D.1 g states, "Disciplining Individuals in a GEO Facility or Program for refusing to answer or not providing complete information in response to certain screening questions is prohibited." NMRA Policy2019-3 contains this same requirement.

During interviews with random Monitors and the Quality and Fidelity Manager, they confirmed residents are not disciplined for refusing to answer any questions or for not disclosing complete information. They also stated, they not recall a time when a resident refused to answer these questions.

115.241(i) GEO policy 5.1.2-A, section III.D.1 states, "h. Facilities 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 Individuals in a GEO Facility or Program.

i. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions." NMRA Policy2019-3 contains this same requirement."

Only the Management staff has access to screening information. The original screening forms are filed in a binder and are locked in an office.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### 115.242 (b)

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

#### 115.242 (c)

- 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  No
- 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  No

**115.242 (d)**

- 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  No

**115.242 (e)**

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

**115.242 (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  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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  No  NA

**Auditor Overall Compliance Determination**

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

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-3
4. PREA At-Risk Log
5. Resident Referral Verification form
6. Observation while on-site
7. Interviews with the following:
  - a. Facility Director
  - b. Random Residents

115.242(a-b) GEO policy 5.1.2-A, section III.D.3 states, “a. Screening information from standard Section D (1) 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. Note: 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.

b. PREA Compliance Managers will also maintain a tracking log of those individuals who self-identify as LGBTI with their housing location.” NMRA policy 2019-3 outlines the procedures for the use of screening information at the facility.

NMMRA uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating residents at high risk of being sexually victimized from residents with those at high risk of being sexually abusive. During the interview with the Facility Director, he explained how the facility utilizes screening information for this purpose. Individualized determinations are made about how to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Residents have an option of refusing these services. Residents screened as at risk for victimization or abusiveness are tracked on the PREA At Risk log.

115.242 (c-g) GEO policies 5.1.2-A, section III.D.3 states, “c. 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.

d. Unless client written mandates differ, in U.S. Corrections and Detention Facilities the following guidelines will be adhered to:

1. If for security reasons general population housing is not assigned after intake processing, and involuntary segregation is used, the guidelines in section K (Protective Custody) of this policy must be followed. Serious consideration shall be given to the individual’s own views with respect to his/her own safety.

2. Transgender and Intersex individuals may be housed in medical for up to 72 hours (excluding weekends, holidays and emergencies) until the appropriate housing determination is made by the Transgender Care Committee (TCC).TCC members shall consist of the Warden or Assistant Warden,

Security Chief, Classification or Case Management Supervisor, Medical and/or Mental Health staff and PREA Compliance Manager. The Corporate PREA Coordinator may also be consulted.

3. Placement into administrative segregation due to an individual's identification as Transgender or Intersex should be used only as a last resort and when no other viable housing options exist.

4. The TCC shall at a minimum consider:

- i. the individual's documented criminal history and past/present behavior;
- ii. the individual's physical, mental, medical and special needs;
- iii. the individual's self-assessment of his/her safety needs (do they feel threatened or at risk of harm);
- iv. privacy issues, including showers, available beds and or housing;
- v. all records and prior assessments of the effects of any housing placement on the individual's health and safety that has been conducted by a medical or mental health professional; and,
- vi. those individuals with a diagnosis of Gender Dysphoria through mental health shall be afforded feminine hygiene products and a sports bra as determined by the committee.

5. The TCC will attempt to reach consensus on all decisions. Summary notes shall be documented on the Transgender Care Committee Summary (see Attachment D) for each TCC meeting to include persons attending and conclusions reached. A copy of the notes shall be retained in the individual's institutional file and a copy forwarded to the Corporate PREA Coordinator upon completion.

e. In all facilities, housing and programming assignments for each Transgender and Intersex individual shall be reassessed every six (6) months to determine any threats to safety experienced by the individual. Serious consideration shall be given to the individual's own views with respect to his/her own safety. Unless mandated by client contract, Facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire (see Attachment C) to conduct the six-month reassessment.

f. LGBTI Individuals in a GEO Facility or Program 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 individuals.

g. Transgender and Intersex Individuals in a GEO Facility or Program shall be given an opportunity to shower separately from other individuals." NMRA policy 2019-3 contains similar language and requirements regarding transgender residents.

In making housing and programming assignments for transgender or intersex inmates, NMMRA considers on a case-by-case basis whether the placement would present management or security problems. Residents who self-disclose being gay, bisexual, transgender or intersex are tracked on the PREA At Risk log which includes housing assignment. A transgender or intersex inmate's housing and program assignments will be reassessed every six months to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own view of their safety is taken into consideration. There were no transgender residents at the facility during the on-site audit. In interviews with two LGB residents, all reported they did not feel they were housed any differently because of his sexual orientation. When interviewed, the Facility Director stated the agency is not under a consent decree or other legal judgement at any of their facilities. The practice of placing LGBTI inmates in dedicated units or wings solely based on such identification is prohibited by policy.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## REPORTING

### Standard 115.251: Resident reporting

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

**115.251 (a)**

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

**115.251 (b)**

- 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  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

**115.251 (c)**

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

**115.251 (d)**

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

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6

4. Resident Reporting Options poster
5. PREA Education Manual for Residents
7. MOU with Valencia Shelter Services
8. Employee Reporting Options poster
9. Observation while on-site
10. GEO website
11. Documentation provided after the on-site audit regarding revised external reporting options
12. Interviews with the following:
  - a. Facility Director
  - b. Random staff
  - c. Random residents

115.251(a) GEO policy 5.1.2-A, section III.L.1.a states, "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 Policy 2019-6 provides specific information on the multiple ways residents can report PREA allegations.

NMMRA provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are provided a copy of the PREA Education Manual for Residents. Various PREA posters and notification posted by all phones provides reporting options. Interviews with random residents verified they knew of multiple internal and external ways to report an incident of sexual abuse and harassment.

115.251(b) GEO policy 5.1.2-A, section III.L.1.states, "b. Facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at the Department of Homeland Security.

c. Facilities shall provide Individuals in a GEO Facility of Program 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. contracting agency ICE, USMS, BOP, etc.) 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 Policy 2019-6 contains similar language.

It was noted that facility had been using a local rape crisis center as their external reporting entity. The facility revised the reporting posters, resident handbook and resident education manual to clarify and provide contact names and phone numbers for external reporting. The external reporting agencies listed now are local sheriff and police departments that accept anonymous calls 24/7. The facility provided pictures of the revised documents posted throughout the facility, In addition the facility provided a statement that a town hall meeting was held with all residents to discuss and explain the revised reporting options.. Residents are provided with a copy of the Resident Education Manual and have access to various PREA posters which provide contact information. The Resident Education Manual also includes the phone number for the NMCD PREA Coordinator. Interviews with residents confirmed they were aware they could report anonymously. NMMRA does not house residents detained solely for civil immigration purposes.

115.251(c) GEO policy 5.1.2-A, section III.L.1.e states, " Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports." NMRA Policy 2019-6 contains the same requirement.

Staff accepts reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. The random staff interviewed were aware of this requirement.

115.251(d) GEO policy 5.1.2-A, section III.L.4.b states, "Employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or a member of the management team privately if requested.

Staff has access to private reporting by calling the Employee Hotline or the Corporate PREA Coordinator. Information for resident and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>. Third Party Reporting posters and the Employee Handbook inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff interviewed knew how to privately report sexual abuse and sexual harassment of residents.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

- 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.  Yes  No

#### 115.252 (b)

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

#### 115.252 (c)

- 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  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- 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 of time to respond 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  No  NA
- 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  No  NA

#### 115.252 (e)

- 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  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf 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.)  Yes  No  NA
- 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  No  NA

#### 115.252 (f)

- 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  No  NA
- 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  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes    No    NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes    No    NA

### 115.252 (g)

- If the agency disciplines a resident for filing a grievance related to 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.)  Yes    No    NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. PREA Education Manual for Residents
5. GEO Website
6. Statement of Fact
7. Interviews with the following:
  - a. Facility Director
  - b. Random residents

115.252(a) GEO policy 5.1.2-A, section III.L.2.a states, "a. Facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:

- 1) No time limit on when an Individual in a GEO Facility or Program may submit a grievance regarding an allegation of Sexual Abuse.
- 2) Individuals in a GEO Facility or Program have a right to submit grievances alleging Sexual Abuse 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.
- 3) 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.

4) 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.

5) Individuals in a GEO Facility or Program are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.

6) 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.

7) 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.

8) At any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level." NMRA policy 2019-6 also addresses the grievance procedures.

There are policies and procedures in place for residents to submit grievances regarding sexual abuse. Instructions on how to file grievances are provided to inmates in the PREA Education Manual for Residents. Random residents interviewed were aware filing a grievance is a reporting option for them.

115.252(b) The GEO and NMMRA policies referenced above address this provision. There is no time limit when a resident can submit a grievance regarding sexual abuse. Residents are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. The Facility Director receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. Per the Statement of Fact, there were no PREA related grievances filed in the past three years.

115.252(c) The GEO and NMMRA policies referenced above address this provision. Residents have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third party files a grievance on a resident's behalf, the alleged victim must agree to have the grievance filed on their behalf.

115.252(d) The GEO and NMMRA policies referenced above address this provision. 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 the facility 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. Per the PAQ and Statement of Fact, there were zero PREA related grievances involving extensions because the final decision could not be reached within 90 days in the past 12 months.

115.252(e) The GEO and NMMRA policies referenced above address this provision. Third parties such as other residents, family members, attorneys or outside advocates may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file on behalf of residents. 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. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

115.252(f) GEO policy 5.1.2-A, section III.L.2.b states, "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 (5) calendar days.” NMRA Policy2019-6 also addresses emergency grievances.

Residents may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Director or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. Per the PAQ, Statement of Fact and interview with the Facility Director there were zero emergency grievances alleging sexual abuse filed in the past 12 months.

115.52(g) GEO policy 5.1.2-A, section III.L.2.c states, “Individuals in a GEO Facility or Program may receive a disciplinary report for filing a grievance relating to alleged Sexual Abuse in bad faith.”

A resident can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. Per the PAQ and interview with the Facility Director, there were zero disciplinary action taken against a resident for filing a grievance in bad faith.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## **Standard 115.253: Resident access to outside confidential support services**

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

#### **115.253 (a)**

- 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  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.253 (b)**

- 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  No

#### **115.253 (c)**

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. PREA Education Manual for Residents
5. Resident Reporting Options poster
6. MOU with Valencia Shelter Services
7. Observation while on-site
8. Interviews with the following:
  - a. Facility Director
  - b. Random residents

115.253(a-b) GEO policy 5.1.2-A, section III.M.8 states, “a. Facilities shall provide Individuals in a GEO Facility or Program 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.).

b. Facilities shall enable reasonable communication between Individuals in a GEO Facility or Program 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.” NMRA policy 2019-6 also addresses the requirements of this standard.

NMMRA allows reasonable communication between the residents and these agencies in a confidential manner. Residents are informed during PREA education, the PREA Education Manual for Residents and from posters by the resident phones. Residents can remain anonymous if they choose. Phone numbers for the RAINN National Hotline, Valencia Shelter Services, and the Rape Crisis Center of Central New Mexico are listed on posters displayed throughout the facility. On the back of all resident ID badges is the contact information for Valencia Shelter Services. Random residents indicated during interviews that they were aware of outside support services.

115.253(c) GEO policy 5.1.2-A, section III.M.8 states, “c. Facilities are required to maintain or attempt to enter into agreements with community service providers to provide Individuals in a GEO Facility or Program with confidential emotional support services related to the Sexual Abuse while in custody.

d. Facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements.”

NMMRA provided a copy of a MOU with Valencia Shelter Services, a local agency to provide confidential emotional support services to victims of sexual abuse. Based on the review of policies, observation, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-5
4. NMRA Policy 2019-6
5. GEO website
6. GEO PREA Reporting Options poster
7. PREA Education Manual for Residents
8. Observation while on-site
9. Interviews with the following:
  - a. Facility Director
  - b. Random residents
  - c. Random staff

115.254 GEO policy 5.1.2-A, section III.L.3 states, "GEO shall post publicly, third-party reporting procedures on its public website to show its method of receiving third-party reports of Sexual Abuse and Sexual Harassment on behalf of Individuals in a GEO Facility or Program. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish to include, lobby, visitation and staff break areas within the facility."

Residents are informed of third party reporting during orientation, information in the PREA Education Manual for Residents and on PREA posters displayed in numerous locations in both English and

Spanish. The GEO website outlines methods to report sexual abuse and sexual harassment on behalf of an inmate. Residents can accomplish third-party reporting by having a friend or family member call the PREA hotline. Posters on display at the facility provide the visitors and staff with third party reporting options. Interviews with staff and residents demonstrated they knew how third-party reporting could be accomplished.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

- 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  No

#### 115.261 (c)

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

#### 115.261 (d)

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-1
4. NMRA 2019-6
5. New Mexico Vulnerable Persons Statute
6. PREA Training lesson plan
7. Sexual Abuse First Responders Duties card
8. Statement of fact
9. Interviews with the following:
  - a. Facility Director
  - b. Random staff

115.261(a) GEO policy 5.1.2-A, section III.L.4 states, "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 Individuals in a GEO Facility or Program or Employees who reported such an incident; and,
- 3) Any Employee neglect or violation of responsibilities that may have contributed to an incident or retaliation." NMRA Policies 2019-1 and 2019-6 also contain the same language and requirement.

During random staff interviews 100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff also indicated a responsibility to report any retaliation against residents or staff for reporting sexual abuse or sexual harassment and a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The PREA lesson plan was reviewed and includes reporting responsibilities for staff.

115.261(b) GEO Policy 5.1.2-A and NMRA Policy 2019-6 indicates that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone. During random staff interviews 100% of staff stated keeping PREA allegations confidential was required. The PREA Lesson plan, the Coordinated Response plan and the PREA pocket cards also address confidentiality of PREA allegations.

115.261(c-d) GEO Policy 5.1.2-A indicates that unless precluded by federal, state or local law, Medical and Mental Health Practitioners are required to report allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local services Agencies under applicable mandatory reporting laws. NMMRA does not employ medical and/or mental health staff. . NMMRA does not house residents under the age of 18. Per the Statement of Fact, there were no PREA incidents involving vulnerable person as defined by New Mexico Code during this review period. .

115.261(e) GEO Policy 5.1.2-A and NMRA Policy 2019-6 requires 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. During interviews with the Facility Director and PCM, they said that all allegations of sexual abuse and sexual harassment are forwarded for investigation. Interviews with residents and staff did not reveal any incident of sexual abuse or harassment not reported.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with all the provisions of this Standard.

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. PREA Training lesson plan

- 5. Statement of Fact
- 6. Interviews with the following:
  - a. Facility Director
  - b. Random staff

115.262(a) GEO policy 5.1.2-A, section III.M.1.a states, “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.” NMRA Policy 2019-6 and PREA training require staff to take immediate action to protect any resident they learn is subject to substantial risk of imminent sexual abuse. All staff are issued a PREA response pocket card.

During an interview with the Facility Director, he stated that if it was suspected a resident was at substantial risk of sexual abuse he would immediately move the resident and investigate. The Facility Director also stated immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer and make referrals to medical and mental health as needed. The facility provided a Statement of fact which indicated the facility did not have an incident in which a resident was determined at substantial risk of imminent sexual abuse during the past three years.

Based on the review of policies, documents, lesson plan, interviews and analysis, the facility demonstrated compliance with this Standard.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

- 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  No

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination



- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. Statement of Fact
5. Interviews with the following:
  - a. Facility Director

115.263(a-d) GEO Policy 5.1.2-A and NMRA Policy2019-6 require that when an allegation is received that a resident was sexually abused while confined at another institution, the Facility Administrator must notify the Facility Administrator, where the alleged abuse occurred within 72 hours after receiving the allegation. The notification shall be documented. An interview with the Facility Director confirmed his knowledge of the procedure and responsibility to report any allegations that a resident was sexually abused while confined at another institution within 72 hours.

The policies also require that all sexual abuse allegations reported by another institution regarding any resident that was confined at NMMRA to be fully investigated. An interview with the Facility Director confirmed his knowledge of the procedure and responsibility to investigate any allegations that may have occurred at NMMRA. A Statement of Fact was provided indicating during the 2018-2020 review period, NMMRA received two allegation notifications from the NMCD concerning former NMMRA residents. The 2018 matter was investigated and closed by NMCD. The 2020 allegation matter was investigated and was determined to be unsubstantiated. NMMRA had no PREA incidents to report to other confinement facilities during the review period.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.264: Staff first responder duties

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

### 115.264 (a)

- 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  No
- 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  No

- 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, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that 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  No

#### 115.264 (b)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. PREA Training lesson plan
5. PREA First Responder pocket card
6. Statement of Fact
7. Interviews with the following:
  - a. Random staff

115.264(a) GEO Policy 5.1.2-A, NMRA Policy 2019-6 and PREA training outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment for security staff which meet the requirements of this provision. Per the statement of fact, NMMRA had no sexual abuse incidents which required activation of staff first responder duties during the three year review period.

115.264(b) The policies also mandate 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.

All staff interviewed, including non-custody staff, were well aware of their responsibilities as first responders. 100% of staff reported that they would immediately separate the residents, keep the victim safe, do what they could to preserve a crime scene and advise involved residents not to wash, shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call

a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all the provisions of this Standard.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. NMMRA PREA Coordinated Response Plan dated 12/5/2019
5. Interviews with the following:
  - a. Facility Director
  - b.. Random and Specialized staff

115.265(a) GEO Policy 5.1.2-A, requires that the Facility develops a written Facility plan to coordinate the actions taken in response to incidents of Sexual Abuse. The plan 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 .NMMRA has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators and facility leadership. The policies and Coordinated Response Plan are comprehensive in describing required actions by security and specialized staff. Interviews with the Facility Director, and random and specialized staff confirmed staff members were knowledgeable about the Response Plan and their specific responsibilities as it relates to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities.

Based on a review of the policy, interviews and analysis, the facility has demonstrated compliance with this Standard.

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## Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

### 115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.266 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

- NMMRA Completed PAQ
- GEO Corporate Policy 5.1.2-A
- Statement of Fact
- Interviews with the following:
  - Agency Head
  - Facility Director

115.266(a-b) GEO Policy 5.1.2-A states, 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. The policies also state In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Review of investigations demonstrates that NMMRA will separate the victim from the accused staff member in both sexual abuse and harassment usually by placing the staff member in a position where there would be no contact with the resident. Per interviews and the Statement of Fact, NMMRA does not participate in collective bargaining agreements.

Based on a review of policies, documents, statement of fact and interviews, the facility has demonstrated compliance with this standard.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.267 (b)

- 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  No

#### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. Completed Protection From Retaliation log
5. Interviews with the following:
  - a. Substance Abuse Counselor
  - b. Facility Director

115.267(a) GEO Policy 5.1.2-A and NMRA Policy 2019-6 require the facility to implement procedures to protect residents and employees who report sexual abuse or sexual harassment or cooperate with

sexual abuse or sexual harassment investigations from retaliation by residents or employees. The policies also state the Facility PREA Compliance Manager or Mental Health personnel shall be responsible for monitoring retaliation of residents in the facility. NMMRA designated the Substance Abuse Counselors responsible for monitoring retaliation.

115.267(b) The policies require the Facilities have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations. Per interviews with the Facility Director, he stated there are multiple options available to protect residents and staff from retaliation.

115.267(c & d) The policies require the retaliation monitor to meet weekly 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 Individuals in a GEO Facility or Program or Employees who reported the Sexual Abuse to see if there are changes that may suggest possible retaliation by Individuals in a GEO Facility or Program or staff, and shall act promptly to remedy such retaliation. Monitoring shall terminate if the allegation is determined unfounded. Items to be monitored for Individuals in a GEO Facility or Program include disciplinary reports and housing or program changes. Items to be monitored for Employees include negative performance reviews and Employee reassignments. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. Per interview with the Substance Abuse Counselor, she stated she meets weekly with the victims and completes the Protection from Retaliation log. The form is very comprehensive and identifies the victim name, number, date of allegation, current housing unit, date of check, issues or concerns, corrective action taken and is sign after each visit by the victim and monitor. Per the Statement of fact, there were two allegations received during the 2018-2020 audit period. The victims in both cases released from New Mexico Men's Recovery Academy prior to receipt of the allegations, therefore no monitoring for retaliation was conducted.

115.267(e) GEO Policy 5.1.2-A and NMRA Policy 2019-6 addresses the requirement of this provision. The policies cover anyone who cooperates with an investigation from retaliation by residents or employees.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)  
 Yes  No  NA

#### 115.271 (b)

- 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  No

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- 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  No

#### 115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.271 (g)



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

#### 115.271 (h)

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

#### 115.271 (i)

- 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  No

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. NMCD PREA Reporting Mandate
4. NMRA Policy 2019-6
5. PREA Incident Tracking log
6. Administrative Investigative Reports
- 7 Interviews with the following:
  - a. Facility Director

- 115.271(a) GEO policy 5.1.2-E, section III.B.1 states, “a. An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment at GEO Facilities.
- b. The Facility Administrator and contracting agencies shall be notified prior to investigating all allegations of Sexual Abuse and Sexual Harassment.
- c. Specific procedures not listed in this policy which are required by contractual obligations shall be followed.
- d. 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.” NMRA Policy 2019-6 contains similar requirements.

An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the interview with the Facility Director it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. NMMRA conducts administrative investigations following agency and facility policies using uniform evidence protocols. NMMRA does not conduct criminal investigations. Criminal investigations are referred to outside agencies.

There were two allegation of sexual assault and one allegations of sexual harassment reported by residents in the past 12 months. A breakdown of those allegations is as follows:

<b>Number of Allegations</b>	<b>Type</b>	<b>Finding</b>
1	Inmate-on-Inmate Sexual Abuse	Ongoing
1	Inmate-on-Inmate Sexual Harassment	Ongoing
1	Staff-on-inmate Sexual Abuse	Unsubstantiated

The auditor reviewed the three investigation files for the allegations listed above. NMMRA promptly, thoroughly and objectively conducts administrative investigations of all allegations, including third party and anonymous reports.

115.271(b) GEO policy 5.1.2-E, section III.B.1 states, “d. GEO shall use investigators who have received specialized training in Sexual Abuse investigations. 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.”

NMMRA has two trained investigators and the facility investigators have completed the GEO specialized training in investigating sexual abuse allegations. The auditor reviewed the Investigator Training curriculum and found it to be very comprehensive. Documentation was provided to the auditor that confirmed the investigators had received the specialized training.

115.271(c) GEO policy 5.1.2-E, section III.B.2.b states, “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.”

Per interview with the investigator, it is his responsibility to ensure all circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data is gather and preserve. He will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.271(d) GEO policy 5.1.2-E, section III.E.f states, "When the quality of evidence appears to support criminal prosecution, the facility shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."

There were no investigations in the past 12 months that required compelled interviews.

115.271(e) GEO policy 5.1.2-E, section III.B.1 states, "g. 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.

h. No agency shall require an Individual in a GEO Facility or Program who alleges Sexual Abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

Per the interviews with the investigator, he confirmed polygraph examinations are not allowed. The investigator stated credibility is assessed on an individual basis and evidence available.

115.271(f) GEO policy 5.1.2-E, section III.B.2.c states, "Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in 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."

During an interview with the investigator, he indicated this is part of the investigation process. Review of Investigative reports verified this requirement is documented in the report.

115.271(g) GEO policy 5.1.2-E, section III.B.2.e states, "Criminal investigations shall be documented in a written report format that contains at a minimum, a thorough description of the physical, testimonial, and documentary evidence."

During interview with the Investigator, he indicated the facility would receive a copy of criminal investigations conducted by outside agencies.

115.271(h) GEO policy 5.1.2-E, section III.B.1.k states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

During the interview with the investigator, he confirmed that if allegations appear to be criminal they would be referred for prosecution. He also mentioned that there have not been any allegations of sexual abuse in the past three years that appeared to be criminal. .

115.271(i) GEO policy 5.1.2-E, section III.B.2.j states, " 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.

During the interview with the Investigator, he confirmed the facility follows the required record retention for investigative files

115.271(j) GEO policy 5.1.2-E, section III.B.1.i states, "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."

During interviews with the Investigators, they responded the investigations would continue.

115.271(l) GEO policy 5.1.2-E, section III.B.1.f states, “When outside agency investigates sexual abuse the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

During interviews with the Investigator, he reported facility investigators will contact outside investigators at least monthly or more often. In interview with facility investigator, they were knowledgeable of their responsibilities of conducting administrative investigations and knew when to refer allegations that appear to be criminal for a criminal investigation.

Based on the review of policies, documents, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

- NMMRA Completed PAQ
- GEO Corporate Policy 5.1.2-E
- Investigative Report
- Interviews with the following:
  - Facility Director

115.272(a) GEO Policy 5.1.2-E states, “the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.” Interviews with the Facility Director found that NMMRA does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of the completed Investigative reports indicated preponderance of evidence was used in determining findings.

Based on the review of policies, documents, interviews and analysis, the facility has demonstrated compliance with this standard

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

- 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  No

#### 115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency 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.)  Yes  No  NA

#### 115.273 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.273 (d)

- 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  No

- 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 convicted on a charge related to sexual abuse within the facility?  
 Yes  No

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. Administrative Investigative files
4. Notice of Outcome of Investigation
5. Interviews with the following:
  - a. Facility Director

115.273(a) GEO Policy 5.1.2-E states, “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.” There was one administrative investigation of alleged resident sexual harassment by a staff member completed by the facility in the past 12 months. The resident was not at the facility when the allegation was reported. The investigation file contained documentation why the Notice of Outcome of Investigation form could not be delivered to the victim. .

115.273(b) GEO Policy 5.1.2-E states, “If the Facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the individual.” Per interview with the Facility Director he was aware of this requirement and the investigative agency would be contacted regarding the result of the investigation. There were no investigations completed by an outside entity during the past 12 months.

115.273(c) GEO Policy 5.1.2-E requires the victim to be informed if the alleged abuser was an employee, unless the allegation was determined to be unfounded, if the staff member is no longer posted within the resident’s unit, if the staff member has been indicted on a charge related to the sexual abuse within the facility or if the staff member has been convicted on a charge related to the sexual

abuse within the facility. The Notice of Outcome of Investigation has an abuser status section that is used for this type of notification. There was one staff on resident sexual harassment allegation investigation completed in the past 12 months. The allegation was determined to be unsubstantiated and the resident was not at the facility when the allegation was reported. The facility attempted to locate and contact the victim.

115.273(d) GEO Policy 5.1.2-E requires the victim to be informed if the alleged abuser was a resident, unless the allegation was determined to be unfounded, if the alleged abuser has been indicated on a charge related to the sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The Notice of Outcome of Investigation has an abuser status section that is used for this type of notification. There were no resident on resident sexual abuse allegations in the past 12 months.

115.273(e) GEO Policy 5.1.2-E requires the victim receive the original copy of the Notice of Outcome of Allegation. A copy of the form is retained in the investigative file. Per policies, the victim will be provided an updated notification at the conclusion of a criminal proceeding, if the inmate is still in custody at the facility. The facility's obligation to report under this standard shall terminate if the resident is released from GEO custody.

Based on the review of policies, documents, interviews, attempted notification forms and analysis, the facility has demonstrated compliance with all provisions of this standard.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

##### 115.276 (a)

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

##### 115.276 (b)

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

##### 115.276 (c)

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

##### 115.276 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. NMRA Policy 2019-1
4. NMRA Policy 2019-6
5. GEO Employee Handbook
6. Statement of Fact
7. Interviews with the following:
  - a. Facility Director

115.276(a-c) GEO Policy 5.1.2-E, section III.G.1 states,

“a. 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.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.

c. 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.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal.”

Per the Statement of Fact, in the past 3 years there have been no substantiated allegations of staff sexual misconduct. There was one substantiated allegation of staff sexual abuse in early 2018 and the staff member was terminated. Per interview with the Facility Director, employees are disciplined based on the outcome of sexual misconduct investigation. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility would use progressive discipline 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. Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook



115.276(d) Per policies, all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. Per interview with the Facility Director and PCM, they were aware of this reporting requirement.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## Standard 115.277: Corrective action for contractors and volunteers

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

#### 115.277 (a)

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

#### 115.277 (b)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. GEO Corporate Policy 5.1.2-E
4. Statement of Fact
5. Interviews with the following:
  - a. Facility Director

115.277(a-b) GEO Policy 5.1.2, section 1 states, "Upon substantiation of any allegations of sexual conduct, appropriate disciplinary actions will be taken against Employees, Contractors or Volunteers,

including possible criminal prosecution. GEO Policies 5.1.2-A, 5.1.2-E prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Facility Director stated during interview that NMMRA does not currently have any active contractors or volunteers who have contact with the residents. Per the Statement of Fact, NMMRA had no volunteers or contractors placed on corrective action for violating sexual abuse or sexual harassment policies during the past three years.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

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## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

#### **115.278 (a)**

- 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  No

#### **115.278 (b)**

- 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  No

#### **115.278 (c)**

- 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  No

#### **115.278 (d)**

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

#### **115.278 (e)**

- 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  No

#### **115.278 (f)**

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

### 115.278 (g)

- If the agency prohibits all sexual activity between 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-E
3. NMRA Policy 2019-6
4. Resident Handbook
5. Statement of Fact
5. Interviews with the following:
  - a. Facility Director

115.278(a-f) GEO Policy 5.1.2-E, NMRA Policy 2019-6 and NMMRA Resident Handbook indicate that residents are subject to disciplinary sanctions following an administrative or criminal finding that the resident engaged in sexual abuse involving another resident. Sanctions are commensurate with the nature and circumstances of the abuse committed the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policies state a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Per the Statement of fact, NMMRA did not have any PREA allegations received in the past three years which resulted in resident disciplinary action.

115.278(g) NMMRA prohibits all sexual activity between residents and disciplines residents for such activity. No sexual activity of any kind (Assault, Contact, Harassment or Voyeurism) or physical violence are listed as prohibited acts in the Resident Handbook. Per interview with the Facility Director, the facility does not consider non-coercive sexual activity between inmates to be sexual abuse.

Based on a review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this Standard.

## MEDICAL AND MENTAL CARE

### Standard 115.282: Access to emergency medical and mental health services

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

#### 115.282 (a)

- 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  No

#### 115.282 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?  Yes  No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.282 (c)

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

#### 115.282 (d)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. Services provided by Albuquerque SANE Collaborative
5. Statement of Fact
6. Interviews with the following:
  - a. Facility Director
  - b. Random staff

115.282(a-d) GEO policy 5.1.2-A, section III.M.7 states, "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. 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.

b. 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.

c. No attempt will be made by Facility medical 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." NMRA Policy2019-6 contains similar language.

NMMRA does not have medical or mental health staff. These services are provided off-site by local community providers. All services are provided at no cost to residents regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Per interviews with the Facility Director, he reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They also verified that they offer information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. Staff were aware victims of alleged sexual assaults are sent to an outside medical facility for services and a forensic examination by SAFE/SANE when necessary. Per the Statement of fact, there were no allegations of sexual abuse or harassment that required emergency medical and/or mental health services.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## **Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

### **115.283 (a)**

- 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  No

### **115.283 (b)**

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

#### 115.283 (c)

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

#### 115.283 (d)

- 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.*)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be 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.*)  Yes  No  NA

#### 115.283 (f)

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

#### 115.283 (g)

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

#### 115.283 (h)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy 2019-6
4. Services provided by Albuquerque SANE Collaborative
5. Statement of fact
6. Interviews with the following:
  - a. Facility Director

115.283(a) GEO policy 5.1.2-A, section III.N.1.a states, "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." NMRA policy 2019-6 contains similar language and requirements.

Policies and interview with the Facility Director indicate NMMRA offers medical and mental health evaluations, and as appropriate treatment to all residents who have been victimized by sexual abuse. NMMRA utilizes community providers for medical and mental health services.

115.283(b,c,f,g) GEO policy 5.1.2-A, section III.N.1 states, "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.

d. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim."

Per interview with the Facility Director, victims of sexual abuse evaluation and treatment includes follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release. They will be offered prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as necessary. All services are provided at no cost to the victims. Per the Statement of Fact, there were no residents placed on an evaluation or treatment plan related to sexual abuse during the past three years.

115.283 (d-e) NMMRA only houses male residents.

15.283(h) GEO policy 5.1.2-A, section III.N.1 states, "e. 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.

f. All refusals for medical and mental health services shall be documented."

Per interviews with the Facility Director and PCM, mental health evaluations are conducted on all known resident-on-resident abusers within 60 days of learning such abuse.

Based on the review of policies, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No



- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

### 115.286 (e)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. NMRA Policy2019-6
4. Administrative Investigative Report
5. After Action Report
6. Interviews with the following:
  - a. Facility Director

115.286(a-c) GEO policy 5.1.2-A, section III.N.3 states, “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. Unless mandated by client contract, a “PREA After Action Review Report (see Attachment J)” 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.” NMRA Policy 2019-6 contains the same requirement.

During the interview with the Facility Director, he stated an After Action Review Meeting (Sexual Incident Review Team Meeting) is held following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse. They also stated an After Action Review is held following the conclusion of any substantiated or unsubstantiated allegation of sexual harassment. In the past 12 months, there were no investigations of alleged sexual abuse completed with a finding of unsubstantiated and/or

substantiated. The auditor reviewed one PREA After-Action Review Reports completed for a substantiated allegation of staff misconduct completed in March 2018. The review was thorough, followed the requirements of policies and this standard and was completed within 30 days of the completion of the investigation. .

115.286(d) GEO has an excellent PREA after action review form that addresses all elements of the standard. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.286(e) The PREA after action review form has a section for recommendations. Policies require that the Facility shall implement the recommendations for improvement or document its reasons for not doing so. NMMRA conducts a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. There were recommendations made and implemented based on the required for the After Action Review completed. Incident review team members were interviewed and were knowledgeable of the process.

Based on the review of policies, After Action report, interviews and analysis, the facility demonstrated compliance with all provisions of this standard.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

- 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.)  Yes  No  NA

### 115.287 (f)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. Monthly and Annual PREA incident tracking form
4. The GEO Group Annual PREA Report (2019, 2018 and 2017)
5. The GEO Group website
6. Interviews with the following:
  - a. Facility Director
  - b. PREA Coordinator

118.287(a-f) GEO Policy 5.1.2-A Section III.O.1 states, “a. Each Facility 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. (“Monthly PREA Incident Tracking Log”, see Attachment K).

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.”

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. All 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 Agency PREA Coordinator to review.

Every sexual abuse incident is entered into the PREA portal by the PCM at each facility. The Facility Director at NMMRA is responsible for collecting specific PREA data and maintaining a monthly and annual PREA tracking log. The Facility Director ensures that such data includes the information necessary to complete the Federal Bureau of Justice Statistics SSV form.

Interview with the GEO PREA Coordinator indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions. The auditor reviewed the GEO Group Annual PREA Report for 2019, 2018 and 2017. GEO does not contract with other facilities for the confinement of residents.

Based on the review of policies, annual report, documentation, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- 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  No
- 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  No
- 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  No

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. The GEO Group Annual PREA Reports (2019, 2018 and 2017)
4. GEO website
5. Interviews with the following:
  - a. PREA Coordinator

115.288(a-d) GEO Policy 5.1.2-A Section III.O.2 states, "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 PREA Coordinator prepares an annual report which includes corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years to provide an assessment of GEO's progress in addressing sexual abuse. The GEO PREA Coordinator forwards the annual report to the Senior Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at [www.geogroup.com/PREA](http://www.geogroup.com/PREA).

The review of the policies, the GEO Annual PREA Reports which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and interview with the PREA Coordinator demonstrated GEO and NMMRA exceeded the requirements of this standard.

## Standard 115.289: Data storage, publication, and destruction

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

**115.289 (a)**

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

**115.289 (b)**

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

**115.289 (c)**

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

**115.289 (d)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Reviewed (documents, interviews, site review):

1. NMMRA Completed PAQ
2. GEO Corporate Policy 5.1.2-A
3. The GEO Group Annual PREA Reports (2019, 2018 and 2017)
4. GEO website
5. Interviews with the following:
  - a. PREA Coordinator

115.289(a-d) GEO Policy 5.1.2-A states, "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." GEO make all aggregated

sexual abuse data from all facilities under their control readily available to the public in an annual report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. The 2019 annual report is available on GEO's website at [www.geogroup.com/PREA](http://www.geogroup.com/PREA).

Per an interview with the Agency PREA Coordinator, he stated he writes the report that is published on the Department website and that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes. He also indicated that in 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. The data is securely maintained for at least 10 years. The auditor reviewed the agency website and verified the 2019 annual report was published. A review of the report indicated there were no personal identifiers.

Based on the review of policy, website, annual report, interview and analysis, the facility demonstrated compliance with all provisions of this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

##### 115.401 (a)

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

##### 115.401 (b)

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

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.401 (a): GEO policy 5.1.2-A, section III.P states, "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." GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the third PREA audit of NMMRA.

115.401 (b): According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. This is the second year of the cycle, and GEO did not keep the 1/3 ratio due to COVID-19. All facilities scheduled to go in audit the first year of cycle three were completed in calendar year 2020 except for the NMRA sites. NMMRA for previously operated by Community Education Centers and PREA audits were completed.

115.401 (h): The auditor was allowed access and able to observe all areas of the NMMRA.

115.401 (i): The auditor had been provided with extensive files prior to the audit, for review to demonstrate compliance with PREA standards. While at the facility, the auditor reviewed a sufficient



sampling based on the size of the facility, residents and staff records and investigative files. The auditor was permitted to request and received copies of relevant documentation.

115.401 (m): The auditor was permitted to conduct private interviews with residents and staff. The auditor interviewed the required number of staff and residents based on the population.

115.401 (n): Residents were notified a minimum of six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with residents stated they have seen posting. No residents contacted the Auditor prior to, during or after the audit.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

115.403 (f) Per the PREA Auditing Services Contract between GEO and the auditor, 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. As of the date of this final report, the GEO website has PREA audit reports posted for over 100 facilities which are either their first or subsequent recertification audits. The audit reports are posted on the website within the 90-day requirement.

## AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dave Andraska

May 20, 2021

**Auditor Signature**

**Date**