

# PREA Facility Audit Report: Final

**Name of Facility:** San Juan County Adult Detention Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 05/13/2022

**Date Final Report Submitted:** 10/27/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robin M Bruck	<b>Date of Signature:</b> 10/27/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Bruck, Robin
<b>Email:</b>	rmbconsultingservice@gmail.com
<b>Start Date of On-Site Audit:</b>	03/28/2022
<b>End Date of On-Site Audit:</b>	03/31/2022

FACILITY INFORMATION	
<b>Facility name:</b>	San Juan County Adult Detention Center
<b>Facility physical address:</b>	871 Andrea Drive, Farmington, New Mexico - 87401
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Shawn Eric Green
<b>Email Address:</b>	sgreen@sjcounty.net
<b>Telephone Number:</b>	15057933516

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Daniel Webb
<b>Email Address:</b>	webbd@sjcounty.net
<b>Telephone Number:</b>	5055664500

Facility PREA Compliance Manager	
<b>Name:</b>	Shawn Green
<b>Email Address:</b>	sgreen@sjcounty.net
<b>Telephone Number:</b>	

Facility Health Service Administrator On-site	
<b>Name:</b>	Mya Donaldson
<b>Email Address:</b>	mydonaldson@wellpath.us
<b>Telephone Number:</b>	5055664503

Facility Characteristics	
<b>Designed facility capacity:</b>	1091
<b>Current population of facility:</b>	454
<b>Average daily population for the past 12 months:</b>	472
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	(18-29: 2426) (30-39: 2623) (40-49: 1293) (50-59: 589) (60+: 197)
<b>Facility security levels/inmate custody levels:</b>	High, Medium, Minimum
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	91
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	51
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	37

AGENCY INFORMATION	
<b>Name of agency:</b>	San Juan County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	871 Andrea Drive, Suite 1, Farmington, New Mexico - 87401
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Cree Nelson	<b>Email Address:</b>	cree.nelson@sjcounty.net

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
1	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> </ul>
<b>Number of standards met:</b>	
44	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-28
2. End date of the onsite portion of the audit:	2022-03-31

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1091
15. Average daily population for the past 12 months:	472
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	473
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	7
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	3
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	30
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	2
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	51
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	37
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	28
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility had restricted volunteers staff from entering the facility, due to the Covid pandemic.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	20
54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse?	Detainees were randomly selected by the auditor, ensuring that at least one detainee was interviewed from each housing unit.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	There were no barriers in completing the random interviews.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of <b>TARGETED INMATES/RESIDENTS/DETAINEES</b> who were interviewed:	13
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2

62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	1
63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	During the site review, the facility reported that there were no hard of hearing detainees. This was confirmed during interviews with the Warden and random staff.
64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported that there were not any detainees at the facility who were placed in segregating housing for risk of sexual victimization. This was confirmed by the auditor during an interview with staff who supervise segregated housing.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers conducting the interviews.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>30</p>



<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>In addition, the auditor interviewed staff from the local Rape Crisis Center and staff from the New Mexico Sexual Assault Coalition.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>4</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input checked="" type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Due to Covid protocols, there were no volunteers at the facility during the site review.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>

### Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes  
 No

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

Prior to arriving at the facility for the site review, the auditor requested detainee and staff rosters, list of investigations (past 12 months), list of sexual assault grievances (past 12 months). The auditor randomly selected files and requested the relevant documentation in order to determine compliance with the appropriated standards.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	11	5	6	5
<b>Staff-on-inmate sexual abuse</b>	4	2	4	2
<b>Total</b>	15	7	10	7

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	4	0	4	0
<b>Staff-on-inmate sexual harassment</b>	6	0	6	0
<b>Total</b>	10	0	10	0

### Sexual Abuse and Sexual Harassment Investigation Outcomes

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	1	1	1	0	0
<b>Staff-on-inmate sexual abuse</b>	1	1	1	0	0
<b>Total</b>	2	2	2	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	3	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	1	1
<b>Total</b>	0	3	1	2

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	1	0
<b>Staff-on-inmate sexual harassment</b>	0	5	1	0
<b>Total</b>	0	8	2	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	10
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	4

<p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>3</p>
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<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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**Staff-on-inmate sexual harassment investigation files**

<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>1</p>
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<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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**Non-certified Support Staff**

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
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**AUDITING ARRANGEMENTS AND COMPENSATION**

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

**115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. San Juan County Adult Detention Center (SJCADC) Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Policy and Procedure
3. SJCADC 2018 PREA Audit Report
4. Letter of Appointment-PREA Coordinator
5. Records Tech Job Description
6. Draft of PREA Compliance Coordinator Job Description
7. Organizational Chart 2018, 2019, 2020, 2021
8. Memo regarding No PREA Manager, 2018, 2019, 2020, 2021
9. Interviews: PREA Coordinator

The facility indicated in the Pre-Audit Questionnaire that the agency has a written policy and procedures mandating zero tolerance for all forms of sexual abuse. The facility further indicated that the policy and procedures outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment.

**Provision (a):**

*SJCADC Sexual Abuse Prevention (PREA) Policy* states, "The San Juan County Adult Detention Center shall have a zero tolerance for sexual misconduct involving detainees. The adult detention center shall provide a safe, humane and secure environment, free from sexual violence, misconduct, harassment or retaliation, by establishing definitions of prohibited conduct and maintaining a program of prevention, detection, investigation, response and tracking of all alleged and substantiated sexual misconduct."

*SJCADC Sexual Abuse Prevention (PREA) Procedure* includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. However the definitions are inconsistent and do not include all the elements required in the standard §115.6 definitions regarding prohibited acts. In addition, states, "San Juan County Adult Detention Center has zero tolerance for sexual misconduct between detainees as well as non-detainees. Sexual misconduct perpetrated by non-detainees is contrary to the policies of this facility and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination." Furthermore, the procedure states that cases involving sexual misconduct may be referred to the district attorney for prosecution.

The policy and procedure does not include a comprehensive description of the facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees. Corrective action is needed.

**Provision (b):**

*SJCADC Sexual Abuse Prevention (PREA) Procedure* defines the PREA Coordinator as an individual designated by the Adult Detention Center Administrator who is responsible for developing, implementing and overseeing facility compliance with PREA Standards and coordinating the facility's response to allegation of sexual misconduct.

The auditor reviewed a Letter of Appointment-PREA Coordinator, dated November 16, 2015, appointing a facility PREA Coordinator. The PREA Coordinator reports directly to the facility Administrator. In review of the facility's prior PREA Audit, the facility was found to be in non-compliance of this provision, as the appointed PREA Coordinator did not have authority as defined by the frequently asked questions provided by the Department of Justice (DOJ) PREA Management Office (PMO). Prior to the completion of the facility Pre-Audit Questionnaire, the facility PREA Coordinator resigned her position at SJCADC. The auditor reviewed a memo dated January 19, 2022 appointing a new PREA Coordinator. Documentation was provided that the appointee has attended the NIC PREA Coordinator training and the PREA Investigating Sexual Abuse in a Confinement Setting. In addition, to PREA Coordinator duties, the newly appointed PREA Coordinator holds the position of a Records Technician. The auditor reviewed the Records Technician job description, which states, "Under general supervision, sets up and maintains accurate inmate criminal history records; evaluates and completes inmate criminal history records; maintains confidentiality and uses discretion releasing information; maintains and updates files." In addition it states, "Examples of PREA Coordinator duties include, but are not limited to:

- Monitoring and/or conducting training;
- Documenting training provided to each staff member, volunteer and contractor;
- Ensuring that training content is updated and aligns with PREA standards;
- Maintaining data on all allegations of behaviors defined in the PREA standards;

- Acting as a liaison and advisor to upper management and agency leadership on PREA related issues;
- Reviewing sexual assault allegations to determine patterns and the need for policy and procedure change to prevent such activity;
- Reviewing policy and procedure on a regular basis;
- Assisting investigators with logistics;
- Being familiar with any changes in PREA standards, any new information related to PREA, and identifying promising practices being used in other agencies.

Prior to the site review, the auditor and facility administration discussed the elements of "time and authority" of this provision. A records technician is a lower level position within the facility and would not have the influence necessary to create and implement agency-wide policies, procedures and practices, without any interference from other levels of bureaucracy or supervision, and in accordance with the PREA standards and interpretative guidance issued by the Department of Justice. Facility administration agreed with this assessment.

On March 23, 2022, the facility provided the auditor with a memorandum of appointment of a newly appointed Interim PREA Coordinator. The Interim PREA Coordinator is at the rank of a Lieutenant and has sufficient time and authority, to perform his duties, as required by the standard. The interim PREA Coordinator has been the main source of information for the auditor during the pre-audit phase of the audit, prior to this appointment. At the time of the PREA Coordinator interview, he had been the facility PREA Coordinator for approximately one (1) week. He stated he did not have sufficient knowledge to determine if he had enough time and authority to complete his duties as the PREA Coordinator. However, he believed it would be okay once the facility had completed all anticipated corrective action. The facility Administrator and the PREA Coordinator both expressed a commitment in bringing the facility into compliance with all PREA standards, to ensure the sexual safety of detainees in their care.

**Provision (c):**

SJCADC is a single facility, therefore this provision is not applicable.

**Corrective Action Required:**

1. The facility shall revise and implement policy and procedure, which includes zero tolerance for all forms of sexual abuse, to include all definitions consistent with standard §115.6.
2. The facility shall revise and implement policy and procedure to include a comprehensive description of the facility strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees.

After the issuance of the interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility had completed the revision of the *Sexual Abuse Prevention (PREA)* policy and procedure. The revisions include all definitions consistent with those contained in §115.6. In addition, the procedure includes a comprehensive description of the facility strategies and responses to aid in the reduction and prevention of sexual abuse and sexual harassment within the facility.

During the corrective action period, the PREA Coordinator demonstrated sufficient knowledge, authority and time regarding his duties as the facility PREA expert. The PREA Coordinator was instrumental in ensuring that the facility completed all corrective action imposed during this audit. The facility, through the Administrators and the PREA Coordinator have demonstrated their commitment in obtaining compliance with every PREA standard. The PREA Coordinator went above and beyond, to educate himself on the standards and what is required in order to gain and maintain compliance at the facility.

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 647 445" style="list-style-type: none"> <li data-bbox="277 349 647 376">1. SJCADC Pre-Audit Questionnaire</li> <li data-bbox="277 383 619 409">2. Confinement of Inmates-Memo</li> <li data-bbox="277 416 632 443">3. Interviews: Facility Administrator</li> </ol> <p data-bbox="242 472 1417 533">The facility indicated in their responses to the Pre-Audit Questionnaire that the facility has not entered into or renewed contracts for the confinement of individuals.</p> <p data-bbox="242 562 419 589"><b><u>Provision (a)(b):</u></b></p> <p data-bbox="242 618 1461 645">SJCADC does not contract with other agencies for the confinement of individuals, therefore this standard is not applicable.</p> <p data-bbox="242 674 376 701"><b><u>Conclusion:</u></b></p> <p data-bbox="242 730 1477 790">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. NMAC Staffing Determination Policy
3. Physical Plant 2018, 2019, 2020
4. Shift Relief Factor 2018
5. Map with Camera Locations 2018, 2019
6. Memo - Annual Report of Inadequacy, Judicial and Fed, 2018, 2019, 2020
7. Daily Population Report 2018, 2019, 2020
8. Shift Roster - Post Assignments 2018, 2019, 2020
9. Memo-Deviations from Staffing Plan 2018-2019 and 2020-2021
10. Unannounced Rounds 2018, 2019, 2020
11. Walkthrough Announcement Training
12. Interviews: SJCADC PREA Coordinator, Intermediate or Higher Level Facility Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against sexual abuse. The average daily population, on which the staffing plan was predicated is five hundred (500) with ninety-one (91) staff. In addition, the facility reported that there have been no deviations to the staffing plan during the reporting period.

**Provision (a)(c):**

SJCADC procedure, states, "Adequate security staffing shall be determined using those guidelines provided by the New Mexico Counties *Security Staffing Determinations Needs* as set forth by NMC Standard 4-ALDF-2A-14. Staffing requirements shall be reviewed on an annual basis." The auditor reviewed the *NMAC Sample Security Staffing Determination Need* policy. The purpose of the policy is to provide and describe procedures Detention staff can use to determine security staffing needs and requirements based on a predetermined shift relief formula. For proof of practice, the facility provided the auditor several documents which include:

- 2018 Shift Relief Factor
- Facility Detainee Occupancy Capacities
- Map of Camera locations
- Memos stating "SJCADC adheres to traditional and general accepted detention and correctional practices and there were no findings of inadequacy by judicial court, Federal investigative service or internal/external investigative agencies.

A PREA Compliant Staffing Plan must provide for adequate levels of staffing, and where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility must consider the eleven (11) factors required in this provision. During an interview with the facility Administrator, he confirmed that the facility does not have a PREA Compliant Staff Plan which addresses all eleven (11) factors required by this provision. Corrective action is required.

Auditor observations during the site review, indicates that the facility is appropriately staffed, with staffing that includes the use of video monitoring. Each housing unit has assigned custody staff and in addition has an adequate number and placement of video monitoring, that includes the housing units and other areas within the facility. The facility employs camera monitoring staff to ensure that the video technology is monitored twenty-four (24) hours a day, seven (7) days a week.

**Provision (b):**

The facility indicated in the Pre-Audit Questionnaire that there have been no deviations from the staffing plan during the past twelve (12) months. A memo from the SJCADC Administrator stated "A staffing plan allowing for adequate supervision, safety and security of San Juan County Adult Detention Center staff and inmates is adhered to. These staffing plans have been in effect for the following years 2020 and 2021."

The facility Administrator is notified of any deviations through daily reports. In addition, the facility has daily briefings at the beginning of each shift. The facility has a mandatory overtime procedure to account for normal and expected operational

conditions that cause staffing shortages (e.g. sick leave, vacation, FMLA, call outs, training days).

**Provision (d):**

SJCADC procedure states, "Supervisors shall conduct and document unannounced rounds to identify and deter staff sexual misconduct. Staff is prohibited from alerting other staff members that such supervisor rounds are occurring unless such announcement is related to the legitimate operational functions of the facility."

*SJCADC Sexual Misconduct and the Prison Rape Elimination Act* training PowerPoint states, "Staff are prohibited from alerting other staff about rounds unless related to legitimate operational functions of the facility."

The facility staff indicated that Sergeants conduct daily unannounced walkthrough of the facility on a shift basis. These walkthroughs are unannounced and the time is determined by the individual supervisor. Each shift is required to have the walkthroughs conducted for a total of three (3) a day. Administration ie. Lieutenant, Deputy Administrator or the facility Administrator conduct weekly walkthroughs of the facility. The facility indicated on the Pre-Audit Questionnaire that all staff in officer uniform other than sergeants and lieutenants are the ones who conduct the rounds but all staff are aware of the rounds to track the time so they don't fall behind. This suggests that the facility does not completely understand how the unannounced round, required by this provision, is different from other rounds that the security staff is required to complete. Interviews with Intermediate and higher level staff, confirmed that the unannounced rounds are the same rounds they are required to complete each week and are documented the same. The rounds are occurring within the housing units. The staff could not articulate that the rounds were to identify and deter staff sexual abuse and sexual harassment. Corrective action is required.

**Corrective Action Required:**

1. Develop a facility Staffing Plan that is an objective and comprehensive analysis of the number and placement of staff and amount of video technology that is necessary to ensure the sexual safety of the inmate population given the facility layout and characteristics, classification of inmates and unique security needs and programming.
2. The facility shall implement a policy and practice of having intermediate-level or higher level supervisors conduct and document unannounced rounds. The facility shall ensure that unannounced rounds are conducted at unpredictable times without noticeable patterns and in all areas of the facility.
3. The facility shall provide documented training to intermediate level and higher level staff, to ensure that they understand the difference between the unannounced round from their normal rounds.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility provided the auditor with the facility Staffing Plan. The staffing plan includes all required elements of this standard. The facility PREA Coordinator was involved in the development of the staffing plan. The Staffing plan provides adequate levels of staffing, which includes the use of video monitoring, to help protect detainees against sexual abuse.

On May 18, 2022, the facility revised the facility Sexual Abuse Prevention Policy and Procedure which states "Supervisors shall conduct and document unannounced rounds covering all shifts, and all areas of the facility, to identify and deter staff sexual abuse or harassment. The San Juan County Adult Detention Center policy prohibits staff members who are aware of these rounds from alerting other staff as to when or where these rounds are occurring, unless related to the legitimate operational needs of the facility."

On July 19, 2022, the facility developed a specific Field Training Module for the supervisors, regarding unannounced rounds. The training includes the purpose of the unannounced rounds as "to deter, prevent and detect sexual abuse and sexual harassment of detainees in the facility." Supervisors are instructed to check employee workstations, towers, restrooms, library, mop closets, laundry room etc., account for all staff working each sections and to look for any signs of sexual abuse or sexual harassment by staff on the detainee population.

In addition, the facility implemented a checklist to be completed during the unannounced rounds. The intermediate or higher level supervisor is required to conduct an unannounced round at least once per week, in all areas of the facility. The checklist requires the supervisor to indicate that a round was completed in each section of the facility and includes a comment section to document any issues found during the unannounced round. The checklists are maintained by the facility PREA Coordinator.

Between August 11 and August 18, 2022, Supervisors were required to complete the unannounced rounds supervisor training. The facility provided the auditor with documentation, which indicated the training was received and that the supervisor understood the training material. In addition, the facility provided the auditor with samples of the completed checklist which indicated that the rounds are being completed different times, shifts and areas of the facility.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

115.14	<p><b>Youthful inmates</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Memo regarding Youthful Offenders 2018-2019</li> <li>4. Memo regarding Youthful Offenders 2020-2021</li> <li>5. Interviews: Facility Administrator</li> </ol> <p>The facility indicated in their response to the Pre-Audit Questionnaire that the facility does not house youthful offenders.</p> <p><b><u>Provision (a)(b)(c):</u></b></p> <p><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Juvenile detainees shall be housed in the booking holding area and housed only with other juveniles. Juvenile detainees shall be closely monitored to ensure that they do not come into unsupervised contact with adult detainees in common areas."</p> <p>The auditor reviewed a memorandum issued May 25, 2021 from the facility Administrator which states, "Federal law and New Mexico statutes prohibit housing youthful offenders at San Juan County Adult Detention Center. If the court should determine that a person under 18 years of age will be housed in SJCADC:</p> <ul style="list-style-type: none"> <li>• The administrator will be immediately notified that a youthful offender has been received into custody;</li> <li>• SJCADC will maintain sight and sound separation between youthful inmates and adult inmates."</li> </ul> <p>In the State of New Mexico a juvenile can be housed in the adult detention center or prison, under certain conditions and based on a court order. If this were to occur the facility would make arrangements to ensure sight and sound separation. This was confirmed during an interview with the facility Administrator.</p> <p><b><u>Conclusion:</u></b></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>
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115.15	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1126 712" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Search Policy and Procedure</li> <li>4. Lesson Plan-Searches</li> <li>5. Photographs of the Pod Showers and Shower Dividers</li> <li>6. Pod Shower Dividers</li> <li>7. Memorandum-Search of Transgender or Intersex Inmates 2018, 2019, 2020, 2021</li> <li>8. Photographs of the Pod Announcement Signs</li> <li>9. Walkthrough Announcement Training</li> <li>10. Search Training Roster Samples 2018, 2019, 2020, 2021</li> <li>11. Interviews:Random Staff, Random Detainees and Transgender/Intersex Detainees</li> </ol> <p data-bbox="244 739 1390 801">The facility indicated in their response to the Pre-Audit Questionnaire that they do not conduct cross gender strip or crossgender visual body cavity searches of detainees and have not conducted any in the past twelve (12) months.</p> <p data-bbox="244 833 392 860"><b>Provision (a):</b></p> <p data-bbox="244 891 1453 954"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Detainees will only be searched by officers of the same sex. See <i>SJCADC Searches</i> for additional information."</p> <p data-bbox="244 981 1493 1070"><i>SJCADC Search Policy and Procedure</i> states, " Body cavity searches will be conducted only by a licensed physician upon an order from the court." In addition the procedure states, "Two officers of the same sex as the inmate will perform the strip search.</p> <p data-bbox="244 1106 1493 1169"><i>SJCADC Sexual Misconduct and the Prison Rape Elimination Act</i> staff training PowerPoint, slide 30 states, "No cross-gender searches (clothing, pat or strip) except in exigent circumstances or by medical staff."</p> <p data-bbox="244 1196 1485 1285">During interviews with random staff and detainees, the auditor confirmed that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. In addition, no cross gender strip searches or visual body cavity searches were seen, during the facility site review.</p> <p data-bbox="244 1317 392 1344"><b>Provision (b):</b></p> <p data-bbox="244 1375 1433 1505">The facility rated capacity exceeds fifty (50) detainees. The facility does not permit cross-gender pat-down searches of female detainees. This was confirmed during random interviews with detainees. It was reported that pat-searches are conducted by female officers. Staff and female detainees reported that female staff are always available to conduct the search and that there is never a time that they must wait or cannot participate in programming.</p> <p data-bbox="244 1536 392 1563"><b>Provision (c):</b></p> <p data-bbox="244 1594 1453 1657"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Detainees will only be searched by officers of the same sex. See <i>SJCADC Searches</i> for additional information."</p> <p data-bbox="244 1684 1493 1881"><i>SJCADC Search Policy and Procedure</i> states, "Strip searches will only be used when authorize by detention supervisory staff and upon completion of the <i>Strip Search Justification</i> form." The auditor reviewed samples of this form. The form includes who requested the strip search and the reason for it. There is a section that requires the reason for cross gender search. In addition, the form states who and what gender the officers are that complete the search. The auditor did not see any samples or evidence that cross-gender searches are being done at the facility. Many of the staff stated that there are very few strip searches conducted at the facility.</p> <p data-bbox="244 1908 1453 1971"><i>SJCADC Sexual Misconduct and the Prison Rape Elimination Act</i> staff training PowerPoint, slide 30 states, "Document all cross-gender searches."</p> <p data-bbox="244 1998 1469 2087">In both random staff and random detainee interviews, it was confirmed that the facility does not conduct cross-gender strip searches and cross-gender visual body cavity searches. In addition, staff confirmed that if they were to occur, it is required to be documented.</p> <p data-bbox="244 2119 392 2145"><b>Provision (d):</b></p>

*SJCADC Sexual Abuse Policy and Procedure* does not state that detainees are enabled to shower, perform bodily function, and change clothing without the opposite gender viewing, nor does the policy and procedure require staff of the opposite gender to announce their presence when entering an inmate housing unit. However, the auditor reviewed photographs of signs posted on the pod doors which require staff of the opposite gender to announce prior to entering the pod. The signs were confirmed during the site review.

The auditor reviewed the facility Field Training Module which includes a section, *Conducting a Cellblock Walkthrough*. This training reminds staff that if you are entering a housing unit of the opposite gender, you must announce yourself as you are entering the housing unit. An example is given to include "Female Officer on the floor."

SJCADC prohibits male custody staff from working the posts within the female units of the facility. The male custody staff will only enter a female unit if there are exigent circumstances. If male custody staff must move a female detainee, such as taking them to the courtroom or to a medical appointment within the facility, the custody staff will radio ahead to have all females dress in complete blues (not in boxers or tank tops), prior to male staff entering the unit. The male staff will stand at the door to receive the female detainee, and will escort her to the required destination. This practice was observed by the auditor during the site review. In addition, prior to the auditor entering the units, the PREA Coordinator (male) did utilize the radio, to have all female detainees dress in complete blues and to have a female custody officer, available in the unit, prior to us entering. This practice ensures that the female detainees are able to dress, shower and perform bodily functions without fear of opposite gender viewing. The female custody staff are not prohibited from working posts within the male housing units. Female custody staff were observed announcing their presents prior to entering the male units. During random male detainee interviews, most confirmed that female staff do announce their presence on a regular basis.

The auditor reviewed video technology within the facility to determine if the detainee restrooms or showers could be observed through camera views. The facility has strategically placed stationary privacy barriers, which prevent camera viewing. However, most of the individual cells, have a toilet area that are in full view through the window by anyone passing by. This is the same throughout the entire facility. In addition, the male housing units, have a urinal and a toilet in full view of anyone in the housing unit, that is not covered by the privacy barriers. During random interview with detainees, it was reported that they are very uncomfortable utilizing this urinal and toilet, as they are so close together that the detainees feel very uncomfortable. Many reported that they have their own rules within the unit that the urinal and the toilet may not be used during certain times of the day, such as meal time, and are enforced with bodily harm if needed, which leaves only one (1) available toilet for use. Furthermore, the shower doors are a steel door with a woven wire grill on the top half of the door. This also allows for viewing of most of the body of the detainee while utilizing the shower. Corrective action is required.

**Provision (e):**

*SJCADC Sexual Abuse Policy and Procedure* does not prohibit staff from searching or physically examining a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. Corrective action is required.

The auditor reviewed a memorandum dated May 25, 2021 issued by the facility Administrator. The memorandum states, "The San Juan County Adult Detention Facility prohibits staff from searching or physically examining a transsexual or intersex inmate for the sole purpose of determining the inmate's gender status."

SJCADC Sexual Misconduct and the Prison Rape Elimination Act staff training PowerPoint, slide 30 states, "No searches or examination of transgender or intersex detainees solely to determine genital status."

During random staff interviews, it was confirmed that this is prohibited and staff could articulate how that information could be determined if there was a need to do so.

**Provision (f):**

The auditor reviewed the search training curriculum provided by the facility. The training does not address searches that are conducted on transgender/intersex detainees. During random staff interviews, staff expressed that they are unsure how to handle a pat-down of a transgender individual. When asked who should conduct the pat-down they could not articulate a procedure. Some reported that it would be conducted by a female officer for the top half and male officers for the bottom half or female custody staff would complete the pat-search. Many of the security staff reported they would have to call a supervisor in order to determine how to conduct the search or they reported that they do not have transgender individuals in the facility. Corrective action is required.

**Corrective Action Required:**

1. The facility and the auditor shall discuss and implement the appropriate corrective action regarding the physical plant issues with viewing of the toilets and showers.
2. The facility shall revise the facility search policy and procedure, to include searches of transgender and intersex detainees. The policy and procedure shall include who conducts the searches.

3. The facility shall provide all custody staff training on how to conduct a cross-gender pat-down searches and searches of transgender and intersex detainees. Training should include doing so in a professional and respectful manner.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On September 21, 2022, the auditor received a memorandum from the facility Administrator. The facility has been actively working on fabricating and installing privacy partitions, in the cell block restrooms. Due to limited space and storage, the facility is only capable of ordering enough material for one cell block at a time with a time span of 4 to 6 weeks for delivery. The facility has assured the continuation of installing privacy partitions until completed.

On September 28, 2022, the facility revised the Search Policy and Procedures, to include the definitions of transgender, gender identity and intersex and includes that pat searches and/or strip searches of transgender or intersex detainees shall be conducted by an officer of the same gender or gender identity as the detainee. In addition, the policy and procedures includes step by step instructions in completing the pat searches or strip searches.

The facility revised the 2019 Sexual Misconduct and Prison Rape Elimination Act PowerPoint to include searches of transgender or intersex detainees shall be conducted in a professional and respectful manner. During the corrective action period all staff were required to complete the annual PREA Training, which included all revisions required. The facility provided the auditor with documentation to indicate that all staff had completed the training and documented by signature that they understood the training received.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. Memorandum -Contracts with Professional Interpreter 2018, 2019, 2020
4. PREA Operational Manual- English and Spanish
5. Zero Tolerance Pamphlet-English and Spanish
6. Wellpath Translator Memorandum
7. Interviews: Agency Head, Random Staff and Detainees (with disabilities or who are limited English proficient)

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

**Provision (a)(b):**

SJCADC *Sexual Assault Prevention Policy and Procedure* states, "All individuals booked into a facility shall receive verbal and written information about sexual misconduct during their orientation." In addition, it states, "Appropriate provisions shall be made as necessary for detainees not fluent in English, and detainees with disabilities, (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) so that all detainees have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment."

The facility reported all detainees received PREA education. During their initial arraignment, detainees watch the PREA video, which can be viewed in English or Spanish, and has closed caption for those that are hard of hearing. In addition, SJCADC provides all PREA documentation, brochures and posters in both English and Spanish. During an interview with classification staff, it was reported that when a detainee is found to have a learning disability, visually/hearing impaired, or limited English, all documentation is verbally relayed to the detainee to ensure their understanding of the material. The facility has access to interpreters who can interpret effectively, accurately and impartially. This was confirmed during interviews with disabled detainees, it was stated that the facility does provide the information verbally, and in writing and they understood the information received.

**Provision (c):**

SJCADC does not have a policy that prohibits inmate interpreters, inmate readers, or other types of inmate assistants. During random staff interviews, a majority could articulate that inmate interpreters would not be utilizing and reasons for not allowing the use of inmates to interpret information. Corrective action is required.

**Corrective Action Required:**

1. The facility shall implement a policy and procedure that prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the detainee's safety, the performance of first response duties, or the investigation of the detainee's allegations.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility implemented the revised *Sexual Abuse Prevention* (PREA) policy and procedure. Which includes, "The San Juan County Adult Detention Center will not rely on detainee interpreters, detainee readers, or other types of detainee assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a detainee's safety or the investigation of a detainee's allegations." The policy is available for all staff to review. In addition, the policy is added to the facility training system and each employee is required to view and document their understanding, within a required amount of time.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Security Clearance Policy and Procedure
4. Background Authorization
5. Employment Application
6. Sample of Background Investigations
7. Sample of 5 Year NCIC
8. San Juan County Handbook-Pre Employment Requirements
9. Interviews: Human Resource Staff

The facility indicated in their responses on the Pre-Audit Questionnaire that agency policy prohibits hiring or promoting anyone who may have contact with inmates, has not engaged, been convicted or civilly adjudicated, in sexual activity described in this standard. In addition, the facility reported twenty-one (21) employees and zero (0) contractors have been hired in the past twelve (12) months.

**Provision (a)(b):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "...The Detention Center considers all incidents of sexual misconduct in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with detainees."

This provision of the standard requires the facility policy prohibit the hiring or promoting of any applicants that:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.
2. Has been convicted or 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 and;
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of section.

The facility shall also consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor.

The auditor reviewed the San Juan County Application. The application is to be completed for all potential county employees. The Application contains a PREA Section and asks applicants the following questions:

1. Have you ever been engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
2. Have you ever been civilly or administratively adjudicated to have engaged in sexual activity by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused.
3. Have you ever had allegations against you or been civilly or criminally convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or have you had allegations or administrative discipline again you involving any sexual misconduct while performing your duties at work?
4. Have you resigned your position with a prison or jail pending administrative investigation of an allegation of sexual abuse?

The auditor reviewed the SJCADC Background Investigation Authorization form. The form includes the below questions:

1. Have you ever been arrested or been a criminal defendant involving sexual harassment, sexual abuse or sexual misconduct?
2. Have you ever been disciplined for sexual harassment, sexual abuse or sexual misconduct?
3. Have you ever been a defendant in a civil suit alleging sexual harassment, sexual abuse or sexual misconduct?"

In a memo dated June 27, 2017, the form was updated to include "I also understand that failure to disclose the required

PREA information could result in criminal prosecution or immediate termination." above the applicants signature. Although the questions asked on the form would capture those individuals that have been arrested, charged or disciplined for participating in the prohibited behaviors, it would not capture those that have participated in the behaviors but have not been discovered.

The facility utilizes the San Juan County application for the hiring process, however the facility stated that only potential county employees complete the application. Contract staff do not utilize the application and therefore the facility utilizes the Background Investigation Authorization form. Using this form ensures that all applicants are asking the required questions. During an interview with Human Resource staff, it was reported that employees who are promoted do not complete the Background Investigation Authorization form.

The auditor reviewed forty-three (43) staff files, which includes twenty-eight (28) staff and fifteen (15) contractors. All files contained either the Application or the Background Investigation Authorization form. Corrective action required.

**Provision (c)(d):**

SJCADC *Sexual Abuse Prevention* policy and procedures state, "Background investigations shall be conducted on all security staff employee-applicants, including all vendor applicants and all persons having contact with detainees on a regular basis. See SJCADC Security Clearances policy and procedure for additional details."

SJCADC *Security Clearances* policy and procedures state, "All persons requesting routine and daily access to any secure area within the San Juan County Adult Detention Center facility, whether that access is escorted or unescorted, will have a background investigation conducted prior to a security clearance being granted."

The auditor reviewed forty-three (43) staff files, which includes twenty-eight (28) staff and fifteen (15) contractors. All files contained the Background Investigation Authorization form. During an interview with Human Resource staff, the auditor confirmed that if a potential employee has prior institutional employment, the Human Resource staff will contact the previous employer. There were no employee files reviewed that had previous institutional employment, with the exception of several that had previously worked for the facility and have been rehired. However, during the file review, the auditor confirmed that the facility food service contractors, refused to provide the employment application, when requested, by the facility. Without verifying previous employment, the facility cannot confirm, that the contractor has not resigned or been terminated from another institution, due to a substantiated allegation or during a pending investigation. Corrective action required.

**Provision (e):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "Every five (5) years all person (whether employee, vendor, or volunteer) possessing a security clearance will have their background investigation reviewed and updated with a National Crime Information Center (NCIC), FBI Criminal History (III) report, New Mexico Department of Public Safety "Hot Files" query, USDOJ Sex Offenders website query and local warrants check as a minimum."

During an informal discussion with staff who perform the employee background checks, the auditor confirmed that the facility will run background checks on employees, ever five (5) years. Staff track the five (5) years utilizing an excel spreadsheet. The auditor reviewed the spreadsheet provided. The 2022 tab, states that there are nineteen (19) employees that were hired in 2017 or their last background check was completed in 2017. All nineteen (19) had a background check completed in March 2022. In addition, the auditor reviewed forty-three (43) staff files, three (3) of the staff and two (2) medical contractors were hired in 2017 and the auditor was provided documentation that a background check had been completed on all five (5).

**Provision (f):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "It shall also be the duty and obligation of all persons to immediately report to their supervisor or civilian/volunteer SJCADC representative, any criminal and/or administrative action, allegations, complaints, arrests, and/or charges brought against them that involve sexual misconduct of any nature. Failure to report any of the following shall be grounds for termination."

The auditor reviewed the SJCADC *Sexual Misconduct and the Prison Rape Elimination Act* PowerPoint. The training is provided to all staff during the yearly in-service training. Slide 27 states "Your county conducts background checks before hiring and periodically thereafter. If you have engaged in

- Sexual abuse in a custodial setting;
- Been convicted of engaging in or attempting to engage in sexual activity facilitated by force or coercion or without consent in the community; or
- Been civilly or administratively adjudicated of the above then...you have a duty to disclose as soon as it occurs, and are not eligible for hiring or promotion."

During an interview with Human Resource staff, the auditor determined that a criminal background check is not completed on

staff who are being promoted, nor are staff asked about the above behaviors, during an evaluation. Staff are informed of their continuing duty to disclose the behavior as soon as it occurs, in training and policy, however it does not include a statement that the staff have a continuing duty to disclose if they have engaged in sexual harassment. Corrective action is needed.

**Provision (g):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "The detention center's Background Investigation Authorizations (BIA) form shall be completed fully for all persons requesting access to the secure (detainee) side of the facility, whether on a regular or temporary, escorted or unescorted, basis. Failure to provide all requested information by the requester shall result in an automatic disapproval. Likewise, any information that has been determined to be false or is an omission of fact in any area of the BIA form shall be considered grounds for disapproval."

SJCADC *Sexual Abuse Prevention* policy and procedure states, "It shall also be the duty and obligation of all persons to immediately report to their supervisor or civilian/volunteer SJCADC representative, any criminal and/or administrative action, allegations, complaints, arrests, and/or charges brought against them that involve sexual misconduct of any nature. Failure to report any of the following shall be grounds for termination."

The auditor reviewed the SJCADC *Sexual Misconduct and the Prison Rape Elimination Act* PowerPoint. Slide 27 states, "Omissions and false information are grounds for termination."

The auditor reviewed the SJCADC Background Investigation Authorization form, which states, "I also understand that failure to disclose required PREA information could result in criminal prosecution or immediate termination."

**Provision (h):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "The county contacts all prior correctional or detention employers to determine whether the prospective employee has any history of substantiated allegations of sexual abuse or resignation during a pending investigation into allegations of sexual abuse. The Detention Center considers any incidents of sexual misconduct in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with detainees. The county provides information on substantiated allegations of sexual misconduct involving former employees when requested by other detention facilities for which such employee has applied to work." This was confirmed through interviews with the Human Resource staff and the facility PREA Coordinator.

**Corrective Action Required:**

1. The facility shall revise the Background Investigation Authorization form to include all questions, per provision (a) of this standard.
2. The facility shall develop and implement a process, to ensure that all potential employees and staff who are being promoted answer all questions per provision (a) of the standard.
3. The facility shall develop and implement a process for contractors to follow all PREA standards as required and provide the facility information necessary, to contact all prior institutional employers.
4. The facility shall develop and implement a process, for asking about previous misconduct described in provision (a), when an employee is being promoted.
5. The facility shall develop and implement a process, to inform staff that they have a continuing duty to disclose any such misconduct.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility implemented the revised *Sexual Abuse Prevention (PREA)* policy and procedure. Which includes, that the San Juan County Adult Detention Center shall impose on its current employees a continuing affirmative duty to disclose any of the misconduct described in standard 115.17.

The facility revised the Background Investigation Authorization Form to include the following:

1. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, Juvenile facility or other institution?
2. Have you even been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse?
3. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question #2?
4. Have you ever engaged in sexual harassment:

The facility also included in the annual PREA training a section which states, "If you have engaged in:

- Sexual abuse in a custodial setting;
- Been convicted of engaging in or attempting to engage in sexual activity facilitated by force or coercion or without consent in the community; or
- Been civilly or administratively adjudicated of the above, then

you have a duty to disclose as soon as it occurs, and are not eligible for hiring or promotion."

In addition, future employees or employees up for a promotion must indicate by signature that they "understand that I have a continuing duty to disclose if any of the above questions change." The facility provided the auditor with samples of the background check for employees and contractors hired in April 2022 and May 2022. During the corrective action period the facility had one employee that had been promoted. The auditor was provided the Background Investigation Authorization Form that had been completed prior to the promotion.

During the corrective action period, the facility requested and received the applications for the Food Service Contractors. The auditor did not identify any contractors with previous correctional experience that would require the facility to contract previous correctional employers. The facility has established a process to ensure that this information is received from the contractors prior to being hired in the facility, to ensure that all previous correctional employers are contacted as per the standard.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.



115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1508 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1508 295">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="229 295 1508 582" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Control Center Policy and Procedure</li> <li>4. SJCADC Video Surveillance Policy and Procedure</li> <li>5. Camera Map 2020</li> <li>6. Email I.T Upgrades and Camera Location 2019, 2020</li> <li>7. Interviews: Facility Administrator</li> </ol> <p data-bbox="229 582 1508 667">The facility indicated in their response to the Pre-Audit Questionnaire that there has been substantial expansions or modifications to the facility and has installed or updated video technology since the last PREA audit.</p> <p data-bbox="229 667 1508 707"><b><u>Provision (a)(b):</u></b></p> <p data-bbox="229 707 1508 994">The facility reported that in 2021 the facility expanded the Video Arraignment area. The Construction included adding four (4) additional video arraignment rooms with cameras and a waiting room for confined individuals. The auditor reviewed an email dated May 2021, from the former PREA Coordinator requesting information regarding the expansion and camera placements. The information was needed for proof of practice for this audit. During an interview with the facility Administrator, he confirmed the expansion of the video arraignment area, cameras were added to ensure that there were no blind spots. The facility Administrator was aware that considerations of the design, modification or expansion are made in order to maintain security of the facility and in addition, protect inmates from sexual abuse.</p> <p data-bbox="229 994 1508 1034"><b><u>Conclusion:</u></b></p> <p data-bbox="229 1034 1508 1146">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Chain of Custody Policy and Procedure
4. SJRMC PREA Policy and Procedure
5. PREA Memorandums of Understanding
6. San Juan County Sheriff's Office (SJCISO) Memorandum of Understanding
7. Presbyterian Medical Services (PMS) Memorandum of Understanding
8. Sexual Assault Services of Northwest New Mexico (SASNWNM) Memorandum of Understanding
9. Wellpath PREA Policy and Procedure
10. Example of Uniform Evidence Bag
11. Memorandum Evidence and Forensic Medical Examination 2018, 2019, 2020
12. Record of SANE Transports, 2018, 2019, 2020
13. Memorandum Correct Care Solutions 2019
14. Phone Monitoring 2018, 2019, 2020

The facility indicated in their response to the Pre-Audit Questionnaire that the facility is responsible for conducting both criminal and administrative investigations, to include inmate on inmate sexual abuse and staff sexual misconduct. In addition, the facility reported that there have not been any SANE exams required in the past twelve (12) months.

**Provision (a)(b):**

The auditor reviewed a memorandum from the former Warden of the facility which states, "SJCADC has agreements with certain agencies for evidence protocol and forensic medical examinations.

- San Juan County Sheriff's Office (Criminal Investigations)
- San Juan Regional Medical Center (SANE)
- Presbyterian Medical Services (Mental Health Care)"

The facility reported that they do not conduct criminal investigations. Criminal investigations are handled by the San Juan County Sheriff's Office. During an interview with an investigator with the San Juan County Sheriff's Office, it was confirmed that they respond to all allegations of sexual abuse that occurs within the facility. The San Juan County Sheriff's Office and SJCADC follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence criminal and administrative investigations.

**Provision (c)(d)(e)(h):**

The auditor reviewed an Memorandum of Understanding (MOU) between Sexual Assault Services of Northwest New Mexico and San Juan County Detention Center, which state, "Sexual Assault Nurse Examinations (SANE) will be offered as an option to all inmates seeking sexual assault services while incarcerated at the San Juan County Adult Detention Center (ADC). In addition, it states, "SASNWNM will not bill incarcerated victims of sexual assault for an exam."

The MOU between SASNWNM and SJCADC under SASNWNM responsibilities it states, SASNWNM will provide access to an advocate via phone to victims of sexual violence who are incarcerated at ADC. In addition, under SJCADC it states, "Make Involvement of SASNWNM rape crisis advocates and/or SANE a component of the standard response to a report of sexual assault and/or request for help from and incarcerated victim of sexual assault."

The auditor reviewed the Prison Rape Elimination Act Orientation Manual which states, "Medical forensic examinations by an outside hospital and facility medical and mental health services are provided without charge."

If requested by the victim, a victim advocate will accompany and support the victim through the forensic medical examination process, investigatory interview and provides emotional support, crisis intervention, information and referrals in the community. This was confirmed during an interview with staff at SASNWNM.

**Provision (f)(g):**

During interviews with the facility PREA Coordinator and the facility Administrator the auditor confirmed that the facility has not made a request for San Juan County Sheriff's Office to follow the requirements of provisions a-e. Corrective action

needed.

**Corrective Action Required:**

1. The facility shall request the San Juan County Sheriff's Office to follow all requirements in provision a-e.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On September 22, 2022, the facility sent the San Juan County Sheriff's Office, a memo requesting that the agency follow all provisions required by this standard, with all investigations conducted of sexual abuse that occurred within the facility.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. PREA Certifications for T. Scott
4. Email for T. Scott regarding being Relieve of Investigator Duties
5. SJCSO Draft Memorandum of Understanding
6. Interviews: Agency Head and Investigative Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the agency ensures that a criminal and/or administrative investigation is completed for all allegations of sexual abuse and sexual harassment. The facility reported twenty-five (25) allegations and twenty (20) investigations in the past twelve months. There were five (5) that were determined not to be PREA allegations.

**Provision (a)(b)(c)(d)(e):**

SJCADC *Sexual Abuse Prevention* Policy and Procedure states, "All reports of sexual misconduct, sexual contract or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether:

- The detainees who are named in the allegation are in custody or not
- Staff members named in the allegation are currently employed or not
- The report of the allegation was made in a timely manner or not
- The detainee reporting the allegation is known to have made past false allegations
- The source of the allegation recants the allegations
- The employee receiving the complaint believes or does not believe the allegations
- All allegations are deemed substantiated if supported by a preponderance of the evidence"

The facility refers all allegations of a criminal nature to the San Juan County Sheriff's Office. This referral is documented on a *Referral of Incident* form. The form includes the nature of the incident, who is involved, the type of incident, the name of the Deputy who responds. In addition, the auditor reviewed the facility website and reviewed the "*PREA Investigation Process*." This document clearly informs the public that all allegations of sexual abuse or sexual harassment will be referred for investigation to the San Juan County Sheriff's Office, who has the legal authority to conduct criminal investigations. SJCADC will fully cooperate with the San Juan County Sheriff's Office and the District Attorney's Office to ensure that the perpetrator is prosecuted to the fullest extent of the law. In addition, the form states that an administrative investigation will also be conducted for all PREA allegations even if the detainee is no longer in the custody of SJCADC and they will impose disciplinary action for all substantiated allegations, which could result in the termination of staff, the removal of contract staff, volunteers or officers of the court. Detainees found to have victimized another will be disciplined with a major violation report.

The facility reported twenty-five (25) allegations in the past twelve (12) months. In review of the investigations, the facility had:

- four (4) staff on inmate sexual abuse allegations
  - one (1) substantiated, staff member was terminated and criminal charges filed
  - one (1) referred to Sheriff's Office and determined unsubstantiated
  - two (2) determined not to be PREA
- eleven (11) inmate on inmate sexual abuse allegations
  - one (1) substantiated and criminal charges filed
  - three (3) referred to Sheriff's Office and determined to be unfounded
  - three (3) determined not be PREA
  - one (1) consensual lewd conduct- rule violation, not PREA
  - two (2) allegations reported that occurred on the street were reported to law enforcement
  - one (1) referred to Sheriff's Office and determine to be unsubstantiated
- six (6) staff on inmate sexual harassment allegation
  - five (5) determined to be unfounded
  - one (1) determined to be unsubstantiated
- four (4) inmate on inmate sexual harassment
  - three (3) determined to be unfounded

- one (1) determined to be unsubstantiated

**Conclusion:**

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Code of Ethics Policy and Procedure
4. Training Curriculum (PREA Included)
5. PREA Lesson Plan
6. SASNM Training
7. Sample Training Sign In Sheets 018, 2019, 2020
8. Yearly Refresher Curriculum 2018, 2019, 2020
9. PREA Acknowledgment 2018, 2019, and 2020
10. Interviews: Random Staff and Training Supervisor

The facility indicated in their response to the Pre-Audit Questionnaire that the facility trains all staff who may have contact with inmates on the elements of this standard. The training is tailored to gender of the inmates at the facility. The training is documented with staff signature that the employee understands the training received.

**Provision (a)(b)(c):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "All San Juan County Adult Detention Center employees shall receive instruction related to this policy and the following critical subjects:

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

In addition, "All employees will receive this training as part of their pre-service or initial orientation to the detention center. Current employees will receive this training within one year of implementation of this policy. All employees shall receive refresher training on these subjects every year as part of their annual in-service training."

The auditor reviewed the facility Prison Rape Elimination Act Lesson Plan. The lesson plan indicates that the training was modified in June of 2017 and sites the National PREA Resource Center PREA Employee Training 2014. The lesson plan does not meet compliance with this standard, as many of the required elements are not included in the training.

During a phone interview with the facility Training Supervisor it was reported that the lesson plan provided is not the training material utilized by the facility. The auditor was provided the *2019 Sexual Misconduct and Prison Rape Elimination Act New Mexico Adult Detention Officer Training Program* 2nd Edition PowerPoint. This lesson plan was provided to the facility by the New Mexico Counties Association. In review of the training, it covers six (6) of the required elements of this provision:

1. The facility's zero tolerance policy for sexual misconduct.
2. How employees should fulfill their responsibilities under agency sexual misconduct prevention, detection, reporting, and response policies and procedures.
3. Detainees' right to be free from sexual misconduct.
4. The right of detainees and employees to be free from retaliation for reporting sexual misconduct.
5. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees.
6. How to comply with relevant laws related to mandatory reporting of sexual misconduct to outside authorities

The training does not appear to include:

1. The dynamics of sexual misconduct in confinement.
2. The common reactions of sexual misconduct victims.
3. How to detect and respond to signs of threatened and actual sexual misconduct.
4. How to avoid inappropriate relationships with detainees.

In addition, the training does not include information regarding specific gender information for both male and female detainees. This facility houses both male and female detainees.

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Documentation confirming training for all employees and non-employees is maintained by the facility."

During interviews with random staff, many of the staff were knowledgeable regarding the facility zero tolerance policy and the multiple ways for a detainee to report sexual abuse of sexual harassment. However many of the staff struggled with questions regarding how to detect the signs of sexual misconduct and/or some of the reactions of sexual abuse.

Staff are issued a certificate after completion of the training in which to prove participation. The auditor reviewed twenty-eight (28) staff files, only five (5) files had documentation of proof of practice for 2021. Corrective Action is required.

**Provision (d):**

The facility utilizes a *PREA Acknowledgement Statement* to document the employee's understanding of training received. The document states, "I have read and reviewed the San Juan County Adult Detention Center Sexual Abuse Prevention PREA Policy. I acknowledge that I understand the department's position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately."

The form does not acknowledge that the employee understands the training they received. In addition, the auditor reviewed twenty-eight (28) staff files, twenty-two (22) files contained the document with the employee signature, one (1) was signed in 2019, four (4) in 2020, fifteen (15) in 2021 and two (2) in 2022, indicating that the employee is not documenting that they understand the training they receive each year. Corrective action is required.

**Corrective Action Required:**

1. The facility shall revise the PREA Lesson Plan to include those elements of provision (a) that are not included.
2. The facility shall develop and implement a procedure to ensure that all staff are trained on elements required in provision (a).
3. The facility shall develop and implement a procedure to ensure that employees are documenting by signature that they understand the training they receive each year.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 5, 2022, the auditor received the SJCADC revised 2019 Sexual Misconduct and Prison Rape Elimination Act New Mexico Adult Detention Officer Training Program 2nd Edition PowerPoint. The facility has added the following sections:

1. The dynamics of sexual misconduct in confinement.
2. The common reactions of sexual misconduct victims.
3. How to detect and respond to signs of threatened and actual sexual misconduct.
4. How to avoid inappropriate relationships with detainees.

The facility provided the auditor with each employee training records indicating that they have completed the training utilizing the revised training PowerPoint. In addition, the training record indicates that the employee has signed the PREA Acknowledgment Form. This form contains a statement that the employee acknowledges and understands the facility's zero-tolerance of sexual abuse and sexual harassment and that the employee acknowledges that they will report any findings of sexual abuse or sexual harassment immediately.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Security Clearance Policy and Procedure
4. Training Schedule Non-Security Staff 2018, 2019, 2020
5. Contractor/Volunteer PREA Brochure
6. PREA Lesson Plan
7. Sample Aramark Training Sign In Sheet 2018, 2019, 2021
8. Sample Medical Training Sign in Sheet
9. Sample Commissary Signature Sheet
10. Sample Training Certificates 2018, 2019, 2020
11. Interviews: Training Director and Contractors

The facility indicated in their response the Pre-Audit Questionnaire that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures. The level of training received is based on the services they provide and the level of contact with inmates. Documentation is maintained confirming that training was received.

**Provision (a)(b):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "Non-employees who have detainee contact shall receive instruction regarding facility policy, prohibited conduct, prevention, detection, response and reporting of sexual misconduct prior to assuming responsibilities that include detainee contact. Training for non-employees may be tailored to reflect the extent of time they are in the facility and their access to detainees."

The facility contract staff are medical staff, food service staff and the commissary staff. During interviews with facility administrative staff and contract staff, it was reported that the contract staff are required to attend the same training as facility staff. Contract staff in these positions are in the facility for the same extent of time as the facility staff. Therefore, corrective action imposed in §115.31 will be imposed for this standard as well.

SJCADC Sexual Abuse Prevention Policy and Procedure states, "Documentation confirming training for all employees and non-employees is maintained by the facility."

During interviews with contract staff, many of the staff were knowledgeable regarding the facility zero tolerance policy and the multiple ways for a detainee to report sexual abuse of sexual harassment. However many of the contract staff struggled with questions regarding how to detect the signs of sexual misconduct and/or some of the reactions of sexual abuse.

Contract Staff are issued a certificate after completion of the training in which to prove participation. The auditor reviewed fifteen (15) contract staff files, only one (1) file had documentation of proof of practice for 2021. Corrective Action is required.

**Provision (c):**

The facility utilizes a PREA Acknowledgement Statement to document the employee's understanding of training received.

The document states, "I have read and reviewed the San Juan County Adult Detention Center Sexual Abuse Prevention PREA Policy. I acknowledge that I understand the department's position on zero-tolerance of sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately."

The form does not acknowledge that the employee understands the training they received. In addition, the auditor reviewed fifteen (15) contract staff files, nine (9) files contained the document with the employee signature, one (1) in 2020, seven (7) in 2021 and one (1) in 2022, indicating that the contract staff are not documenting that they understand the training they receive each year. Corrective action is required.

**Corrective Action Required:**

1. The facility shall revise the PREA Lesson Plan to include those elements of provision (a) that are not included.
2. The facility shall develop and implement a procedure to ensure that all contract staff are trained on elements required in provision (a).



3. The facility shall develop and implement a procedure to ensure that contract staff are documenting by signature that they understand the training they receive each year.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 5, 2022, the auditor received the SJCADC revised 2019 Sexual Misconduct and Prison Rape Elimination Act New Mexico Adult Detention Officer Training Program 2nd Edition PowerPoint. The facility has added the following sections:

1. The dynamics of sexual misconduct in confinement.
2. The common reactions of sexual misconduct victims.
3. How to detect and respond to signs of threatened and actual sexual misconduct.
4. How to avoid inappropriate relationships with detainees.

The facility ensured that all contract staff, received general PREA training utilizing the revised training PowerPoint. Each contractor is required to document by signature, that they understood the training they received. The facility provided the auditor with documentation of the PREA Acknowledgements.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. Video Arraignment PREA DVD Signature Form-English and Spanish
4. Zero Tolerance Pamphlet-English and Spanish
5. PREA Operational Manual-English and Spanish
6. Memorandum List of Spanish Interpreters 2018, 2019, 2020
7. Memorandum Contracts with no Professional Interpreters 2018, 2019, 2020
8. Graphic Novel Mary's Friend
9. Graphic Novel Carlos's question
10. Graphic Novel Billy Speaks Out
11. Graphic Novel Sheila's Delima
12. PREA Video
13. Interviews: Intake Staff and Random Detainees

The facility indicated in their response to the Pre-Audit Questionnaire that inmates receive information at the time of intake about the agency's zero tolerance policy and how to report an incident. The facility reported that seven thousand one hundred and twenty-eight (7128) detainees have been admitted to the facility in the past twelve (12) months and received this information. In addition, three hundred and forty-seven (347) were admitted whose length of stay was for more than thirty (30) days.

**Provision (a)(b)(d)(e):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "All individuals booked into the facility shall receive verbal and written information about sexual misconduct during their orientation. This information shall address:

- The San Juan County Adult Detention Center's zero tolerance for sexual misconduct.
- What constitutes sexual misconduct?
- The San Juan County Adult Detention Center's program for prevention of sexual misconduct
- Methods of self-protection
- How to report sexual misconduct and retaliation
- Protection from retaliation
- Treatment and counseling

*SJCADC Sexual Abuse Prevention* Policy and Procedure states, "Information regarding these topics will be approved by the Adult Detention Center Administrator and included in the Facility Handbook, orientation materials, posters in visitation and housing areas, and in the facility detainee's PREA handout What You Should Know about Sexual Assault and Sexual Abuse.."

*SJCADC Sexual Abuse Prevention* Policy and Procedure states, "Appropriate provisions shall be made as necessary for detainees not fluent in English, and detainees with disabilities, (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) so that all detainees have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and harassment.

*SJCADC Sexual Abuse Prevention* Policy and Procedure states, "The facility will maintain documentation of detainee receipt of this information in the PREA Coordinators secure office."

At the time of intake, detainees receive information regarding the facilities zero tolerance policy regarding sexual abuse and how to report incidents of sexual abuse or suspicions of sexual abuse, through a *What you should know about Sexual Abuse and Sexual Assault* brochure. The brochure is in both English and Spanish. The brochure states, "The San Juan County Adult Detention Center has a Zero Tolerance policy regarding sexual abuse and/or assault." In addition, the brochure informs the detainee that they can anonymously report sexual abuse by calling the Sexual Assault and Rape Crisis Services. The brochure does not give the detainee any other ways in which they can report incidents or suspicions of sexual abuse or sexual harassment. The brochure does not address sexual harassment in any way. Corrective action is required.

Inmates are required to sign an *Inmate Rules, Regulations and Prison Rape Elimination Act (PREA) Acknowledgment*. This

document states, but is not limited to:

- I also acknowledge that I have received a copy of the handout *What you should know about Sexual Assault and Sexual Abuse*
- I understand that I am expected to read *What you should know about Sexual Assault and Sexual Abuse* and will comply with all sections of the handout
- Should you have any questions concerning the *Inmate Rules and Regulations* and/or the handout *What you should know about Sexual Assault and Sexual Abuse* you are to address them with a detention officer or sergeant.

In addition, it states, "I acknowledge that I have been made aware of the San Juan County Adult Detention Center's *Inmate Rules and Regulations*, including the handout *What you should know about Sexual Assault and Sexual Abuse*, and that I have receive a copy of both handouts."

The auditor reviewed the facility PREA Video. The video is an older video created by the New Mexico Corrections Department and is available to all via YouTube. The video is both in English and Spanish and has closed captions for the hearing impaired. The video contains all elements required by this provision. The auditor recommended that the facility obtain the new video produced by the New Mexico Coalition of Sexual Assault. This video is an updated more recent video which was produced for use by all detention centers in New Mexico.

A detainee's first court appearance is schedule with 24 hours of the detainee arrest or within 72 if arrested over a weekend. The facility PREA video is played for the detainees as they wait for their scheduled appearance. The auditor observed the video being played, during the site review of the facility. There is a waiting room outside of the video courtrooms. The auditor confirmed that the video is played in its entirety prior to the beginning of the court appearances, therefore ensuring that all detainees see the entire video. There is a sign-in sheet for the detainees to sign documenting that they have see the video. Because the sign in sheet is a group sign in sheet, it makes it very difficult for the facility to find documentation that a detainee has seen the video. Corrective action required.

The facility provides other written material for those with limited reading skills or who are cognitive or may not understand the material provided in the video or in the brochures provided. In addition, during an interview with a classification officer, the confirmed that if the detainee cannot read or doesn't appear to understand the material is read to them.

In addition, the detainees housed at the facility utilize tablets. The tablets include a PREA Resource icon. All resources under this icon are free of charge for the detainees. Inmates can access the PREA-What you need to know brochure, which is available in English, Spanish and Hmong, utilizing the tablets.

The auditor reviewed forty-two (42) detainee files. Documentation of PREA information received at intake, was provided on all of the files. However, no documentation was provided, indicating that the detainee had seen the PREA video within 30 days of intake.

**Provision (c):**

The auditor verified that the facility does not have any inmates residing at the facility, prior to 2013. Therefore this provision is not applicable.

**Provision (f):**

During the site review the auditor observed posters and brochures informing detainees of the facility zero tolerance, how to report, how to contact the Rape Crisis Center for advocacy.

Under the PREA resource icon, detainees have access to *Hope for Healing, Information for Survivors of Sexual Assault in Detention* from Just Detention International (JDI), *End of Silence Inmates' Handbook on Identifying and Addressing Sexual Abuse 3rd Addition*, *End of Silence*, Book 1, 2, and 3, from the National PREA Resource Center. The PREA Resources can be accessed by the detainees anytime.

**Corrective Action Required:**

1. The facility shall revise the *What you should know about Sexual Assault and Sexual Abuse*, to include the multiple ways a detainee has to report an incident of sexual abuse or sexual harassment.
2. The facility shall develop and implement a process to ensure that each detainee has seen the PREA video. The process shall include a procedure on how to document and preserve, proof of practice.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

During the corrective action period the facility discontinued the use of the PREA Operational Manual and the What you should

know about Sexual Assault and Sexual Abuse. The facility is utilizing several new brochures. The End of Silence Brochure is both in English and Spanish. It informs inmates of their right to report, how to report, zero tolerance, what to do if you have been abused, tips for avoiding sexual abuse of sexual harassment. In addition, the brochure informs inmate's that they can make a report with the San Juan County Sheriff's Office. The Sheriff's Office is not an internal agency and the inmate's can request to be anonymous. This brochure is given to all detainees upon intake at the facility.

The Prison Rape Elimination Act (PREA) Detainee Orientation is in English and Spanish. This brochure provides key PREA information to include but not limited to how to report, terms defined, consent in detention, dynamics of sexual abuse, vulnerable populations, common reactions to sexual abuse and the facility's zero tolerance policy. This Detainee Orientation is given to those detainees that do not view the PREA video at their first appearance.

The facility has developed and implemented an acknowledgement for detainees to sign, acknowledging that they have received the PREA educational material. In addition, it informs the detainee that the facility has zero tolerance for sexual abuse and sexual harassment, rights to be free from sexual abuse and sexual harassment. The auditor was provided samples of the acknowledgment as proof of practice. The End of Silence brochure has been added to the facility inmate tablets, therefore the brochure is available to all inmates whenever they need it or wish to review it.

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 715 445" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. Sample Investigator Training Certificates</li> <li>3. Interviews: Facility Investigators</li> </ol> <p data-bbox="242 472 1474 568">The facility indicated in their response to the Pre-Audit Questionnaire that the agency policy requires that investigators are trained in conducting sexual abuse investigations in a confinement setting. In addition the facility reported that there are five (5) designated investigators at the facility.</p> <p data-bbox="242 595 448 624"><b><u>Provision (a)(b)(c):</u></b></p> <p data-bbox="242 651 1490 781">SJCADC <i>Sexual Abuse Prevention</i> policy and procedure states, "Specialized training is provided for employees who respond to incidents of sexual misconduct. This training includes facility policy, crime scene management, elimination of contamination, evidence collection protocol for confinement settings, techniques for interviewing sexual abuse victims, proper use of crisis intervention."</p> <p data-bbox="242 808 1481 1039">The facility investigators do not investigate allegations that appear to have a criminal nexus. In these such cases, the facility will call local law enforcement to conduct the investigation. The facility reported that there are five (5) investigators within the facility. Documentation was provided to the auditor that all five (5) have attended the online PREA-Investigating Sexual Abuse in a Confinement Setting presented by the National Institute of Corrections. In addition, documentation was provided of training received by the New Mexico Sexual Assault Coalition for Specialized Investigation training. However no documentation was provided that all investigators have attend the general training that is provided to all staff as required in §115.31. Corrective action is required.</p> <p data-bbox="242 1066 544 1095"><b><u>Corrective Action Required:</u></b></p> <ol data-bbox="277 1144 1437 1211" style="list-style-type: none"> <li>1. The facility shall establish and implement a procedure to ensure that all facility investigators complete the general training provided to all employees pursuant to §115.31.</li> </ol> <p data-bbox="242 1238 1461 1301">After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.</p> <p data-bbox="242 1328 1461 1391">On May 5, 2022, the auditor received the SJCADC revised 2019 Sexual Misconduct and Prison Rape Elimination Act New Mexico Adult Detention Officer Training Program 2nd Edition PowerPoint. The facility has added the following sections:</p> <ul data-bbox="277 1440 1107 1570" style="list-style-type: none"> <li>• The dynamics of sexual misconduct in confinement.</li> <li>• The common reactions of sexual misconduct victims.</li> <li>• How to detect and respond to signs of threatened and actual sexual misconduct.</li> <li>• How to avoid inappropriate relationships with detainees.</li> </ul> <p data-bbox="242 1597 1458 1693">The facility provided the auditor with documentation indicating that the five (5) investigators have completed the training utilizing the revised training PowerPoint. In addition, the training record indicates that the employee has signed the PREA Acknowledgment Form.</p> <p data-bbox="242 1720 1474 1783">The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. WellPath PREA Policy and Procedure
4. PMS PREA Policy and Procedure
5. Sample Sign In Sheets, 2018, 2019, 2020
6. Memorandum CCS Wellpath Proprietary Information
7. Lesson Plan-Forensic Medical Examination Training
8. Training Schedule, 2019, 2020
9. Interviews: Medical and Mental Health Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy related to the training of medical and mental health staff who work regularly in the facility. In addition, the facility reported that there are thirty (30) medical and mental health staff who have received this training.

**Provision (a)(b)(c)(d):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "In addition to the training for non-employee personnel described above, all medical and mental healthcare practitioners who work regularly in the facility shall be trained in:

- How to detect and assess signs of sexual misconduct.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual misconduct.
- How and to whom to report allegation or suspicions of sexual misconduct.

*Wellpath Recovery Solutions Corporate 5.6.2* policy and procedure states, "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."

Currently the facility does not have on-site mental health practitioners. Mental health services are provided to the detainees via video sessions. The auditor interviewed a mental health practitioner utilizing the video system. She confirmed that mental health staff are required to have general PREA training and specialized PREA training. During interviews with medical staff, it was confirmed that they attend general PREA Training with facility staff annually.

The auditor reviewed nine (9) medical staff files. No documentation was provided that indicated the medical staff have attended general PREA training that all facility staff are required to attend as per §115.31. In addition, no specialized PREA documentation was provided to the auditor. Some of the files indicated that general PREA training was completed with the Wellpath training system, however the auditor was not provided the training curriculum and could not verify all elements of this standard are included in the training. Corrective action is required.

**Corrective Action Required:**

1. The facility shall develop and implement a process to ensure that all medical/mental staff attend general PREA training, as required in §115.31.
2. The facility shall develop and implement a process to ensure that all medical/mental health staff complete specialized training that includes How to detect and assess 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;
3. The facility shall implement a process and procedure to document such training

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The auditor was provided the Wellpath Specialized PREA training. The training covers the required elements of this standard which includes:

- How and whom to report an allegation or suspicion
- Detection
- Preserving Evidence
- Health Care Staff Response

On May 5, 2022, the auditor received the SJCADC revised 2019 Sexual Misconduct and Prison Rape Elimination Act New Mexico Adult Detention Officer Training Program 2nd Edition PowerPoint. The facility has added the following sections:

- The dynamics of sexual misconduct in confinement.
- The common reactions of sexual misconduct victims.
- How to detect and respond to signs of threatened and actual sexual misconduct.
- How to avoid inappropriate relationships with detainees.

The facility ensured that all medical staff, received general PREA training utilizing the revised training PowerPoint. Staff are required to document by signature, that they understood the training they received. The facility provided the auditor with documentation of the PREA Acknowledgements.

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1034 611" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Administrative Segregation Policy and Procedure</li> <li>4. PREA Screening Tool</li> <li>5. Sample Intake Form 2018, 2019, 2020</li> <li>6. Memorandum Housing Changes 2018, 2019, 2020</li> <li>7. Sample Reassessment 2018, 2019, 2020</li> <li>8. Interviews: Staff Responsible for Risk Screening and Random Detainees</li> </ol> <p data-bbox="242 640 1485 801">The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness towards other inmates. The initial assessment is completed within seventy-two (72) hours of arrival at the facility. Inmates are reassessed with thirty (30) days of arrival. In addition, the facility reported one thousand two hundred and twenty-eight (1228) detainees have entered into the facility within the past twelve (12) months and there have been zero inmates that have remained at the facility longer than thirty (30) days.</p> <p data-bbox="242 831 419 857"><b>Provision (a)(b):</b></p> <p data-bbox="242 887 1485 981">SJCADC <i>Sexual Abuse Prevention</i> policy and procedure states, "All individuals booked into the facility are screened for potential vulnerabilities or tendency to act out with sexually aggressive behavior within twenty-four (24) hours of arrival at the facility."</p> <p data-bbox="242 1010 1497 1207">During an interview with classification staff who conduct the screenings, it was reported that the screening is normally done within 24 hours but can be up to fourteen (14) days. Other staff reported the screening is conducted during the detainee's classification. The auditor reviewed forty-one (41) detainee files, nine (9) did not have documentation of screening, as they bonded out of the facility within a few days, two (2) had no documentation that a screening was conducted, however had remained at the facility for some time, twenty-six (26) were completed within twenty (20) days and five (5) were completed the same day of incarceration. Corrective action is required.</p> <p data-bbox="242 1236 448 1263"><b>Provision (c)(d)(e):</b></p> <p data-bbox="242 1292 1485 1355">The facility utilizes a total of four (4) screening assessments for each detainee. The <i>PREA Risk of Victimization</i> includes the following questions:</p> <ul data-bbox="284 1406 1485 1937" style="list-style-type: none"> <li>• Does the inmate have an mental, physical, delayed developmental disabilities;</li> <li>• Doe the inmate have history of Mental Health treatment, rior designation of mental health? Or does the inmate appear confused and/or disoriented</li> <li>• Is the inmates age less than 21 years or greater than 40 years</li> <li>• Small size, thin build, frail or effeminate (males only)</li> <li>• Self Report of identifying as or is perceived as lesbian, ay, bisexual, transgender, intersex and/or gender non-conforming</li> <li>• is this the inmates first incarceration</li> <li>• are all prior offenses non-violent</li> <li>• has the inmate previously experienced sexual victimization</li> <li>• does the inmate perceive himself/herself to be at risk of sexual victimization</li> <li>• is the inmate detained solely for civil immigration purposes</li> <li>• prior victim of sexual violence (automatic potential victim designation)</li> <li>• while incarcerated have you been the victim of unwelcom sexua activity</li> <li>• has another offender ever threatened you with sexual violence</li> <li>• are you concerned about your ability to defend yourself here</li> </ul> <p data-bbox="242 1966 1417 2029">The facility does not ask whether the detainee has prior convictions for sex offenses against an adult or child and only includes the physical build of the male detainees.</p> <p data-bbox="242 2058 1469 2152">The scoring for this assessment is 0-5 likely victim, 6-9 more likely, 10-13 highly likely, if there is a minimum score of three (3) the Classification Officer will notify a supervisor and the facility PREA Coordinator. The auditor was unable to determine what actions are taken with a score of three (3).</p>



The *PREA Risk of Being Sexually Abusive* includes:

- does the inmate have any prior acts of sexual abuse
- does the inmates criminal history include prior convictions for sex offenses against an adult or child
- intimidating or aggressive attitude during intake process
- openly discriminatory of lesbian, gay, bisexual transgender, intersex and/or gender non-conforming
- previously identified as an affiliate of a security threat group/gand or has significant correctional experience
- adjudicated for rape (whether rape is part of current charge)
- adjudicated for abuse, neglect, or rape of a child or elder (whether rape is part of the current charge)
- admits using sexual assault or rape as a threat
- does the inmate have any prior convictions for a violent offense
- does the inmate have a history of prior institutional violence
- previously adjudicated for or admits to history of sexual violence (automatic potential predator designation)

The scoring for this assessment is 0-5 likely predator, 6-9 more likely, 10-13 highly likely, if there is a minimum score of two (2) the Classification Officer will notify a supervisor and the facility PREA Coordinator. The auditor was unable to determine what actions are taken with a score of two (2).

Both of the above assessments are utilized in conjunction with the *PREA Primary Likelihood Checklist*, which asks additional questions:

- charged for sexual offense against a minor (consider current charge only)
- under the age of 28
- homosexual/bisexual orientation
- first time incarcerated
- non-violent offense
- mental health, physical, developmental disabilities
- non-muscular/small stature
- first violent offense

Only if there is a yes answer to any of the above, the additional questions are asked for victimization:

- feminine features (hairless face, long hair, high pitch voice etc)
- victim of sexual/physical abuse
- unfamiliar with jail environment
- verbalizes fear for person safety
- if homosexual (flamboyant in appearance)
- if previous incarcerated (ever been placed in protective custody)

and the below questions for potential perpetrator:

- evidence of physical violence in the commission of crime (consider current charge only)
- history of physical/sexual abuse in the past, inside jail or prison
- if previously incarcerated ever been placed in disciplinary special management for assaultive/violent behavior
- has a disciplinary record from a previous incarceration
- is the offenders release date greater than 1.3 years or 16 months away

With the facility utilizing all of the above, the screening assessment tool has lost it's objectivity, and has become subjective. The scoring appears to indicate that very few detainees will score as a highly likely victim or perpetrator. Corrective action is needed.

**Provision (f):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "Detainees identified as potential or confirmed victims of sexual assault or as having a tendency to act out with sexually aggressive behavior shall be considered for protective custody placement or placement in a special custody unit or other appropriate setting."

SJCADC *Sexual Abuse Prevention* policy and procedure states, "If at any time a detainee is identified as a sexual predator or as a victim/potential victim, the detainee shall be re-evaluated within 14 days for appropriate housing, available programs, monitoring, and counseling."

SJCADC *Sexual Abuse Prevention* policy and procedure states, "Any employee may make a referral based on their observation of the detainee's behavior or at the detainee's request, based on concerns that the detainee may be at

significant risk of sexual victimization."

The facility utilizes *Questionnaire: Custody Reassessment Scale* for reassess the detainee. The assessment asks the following questions:

- severity of current charges
- serious offense history
- escape history
- number of disciplinary convictions since last classification
- most serious disciplinary convictions since last classification
- prior felony convictions
- alcohol/drug abuse
- new/prior PREA predatory incidents
- been sexual victimized since last classification

The auditor reviewed forty-one (41) detainee files. It appears that the 30 day assessment is completed on the same day as the initial assessment. The 30 day assessment has a scoring value, however when the auditor inquired how it is scored, the facility indicated it is not scored. Corrective action is needed.

**Provision (h):**

SJCADC *Sexual Abuse Prevention* policy and procedure states, "Detainees may not be disciplined for refusing to answer, or for not disclosing complete information in response to the following:

- Whether the detainee has a mental, physical or developmental disability;
- Whether the detainee is or perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming;
- Whether the detainee has previously experienced victimization;
- The detainee's own perception of vulnerability;

**Provision (i):**

The assessments are completed in the facility system called New World Corrections. Access to the assessments is maintained through the employee profile. Only those employees with a need for assess are able to access the risk assessments in the system.

**Corrective Action Required:**

1. The facility shall implement a policy and procedure to ensure that detainees are screened within seventy-two (72) hours of arrival at the facility.
2. The facility shall develop and implement an objective screening tool, which contains all criteria required by this provision of the standard.
3. The facility shall develop and implement a process to reassessment detainees with 30 days of arrival at the facility.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility revised the SJCADC Sexual Abuse Prevention Policy and Procedure to include "Intake screening shall ordinarily take place within 72 hours of arrival at the facility."

On August 8, 2022, the facility implemented a revised objective screening tool. The revised tool includes all criteria required by this standard. The screening tool has been condensed to a PREA Victimization Questionnaire and a PREA Abusiveness Questionnaire. The auditor reviewed twenty (20) random inmate files. The initial assessments were all completed within the seventy-two (72) hours of date of intake. In addition, fifteen (15) of the files included a completed timely 30 day assessment. The additional, five (5) files, the detainee had been released from the facility prior to the 30 day assessment.

On September 6, 2022, the auditor reviewed an additional twenty (20) inmate files. The initial assessments had all been completed within seventy-two (72) hours. In addition, fourteen (14) files had completed the 30 day assessment timely. The remaining six (6) had been released from the facility, prior to the need to complete the reassessment.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Administrative Segregation Policy and Procedure
4. Sample Classification Housing assignment 2018, 2019, 2020
5. Sample Administrative Segregation Review 2018, 2019, 2020
6. Sample Special Housing Cell Record, 2018, 2019, 2020
7. Interviews: PREA Coordinator, Staff Responsible for Risk Screening, Transgender/Intersex Detainees

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency utilizes information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping those high risk of being sexually victimized from those at high risk of being sexually abusive.

**Provision (a)(b):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "If at any time a detainee is identified as a sexual predator or as a victim/potential victim, the detainee shall be re-evaluated within 14 days for appropriate housing, available programs, monitoring, and counseling."

During an interview with staff who conduct the screening assessments, it was stated that bed assignments are not looked at. Detainees are housed in the facility, based on empty beds with the exception of transgender, lesbian, gay, bisexual, intersex or gender non-conforming, who are immediately placed in housing unit designated for this population. Corrective Actions is needed.

**Provision (c)(d)(e)(f):**

The facility houses detainees who report that they are a transgender person in a holding cell in the booking area, away from the general population. Transgender detainees have access to shower separately because of this placement. Housing decisions for transgender detainees are not made on a case by case basis, to determine whether a placement would ensure the inmate's health and safety or if the placement would present management or security problems. Corrective action is required.

The auditor did not find any indication that a transgender detainee has been housed at the facility longer than six months. The facility has a classification hearing every 30 days during their stay at the facility.

**Provision (g):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "A vulnerable detainee shall not be segregated based solely on that vulnerability; rather, all factors associated with the arrest, pending charges and potential for retaliation or aggressive behavior towards the detainee shall be taken into consideration by the classification officer."

During the site review, the auditor requested detainee rosters sorted by housing unit. The auditor was provided a roster entitled "Alternative Lifestyle Detainees" If a detainee, reports that they are lesbian, ay, bisexual, transgender, or intersex, they are placed into these dedicated unit (male and female). Detainees who report that they are a transgender detainee are automatically placed into the medical unit. The facility reported that the detainees are segregated for their own safety. The auditor confirmed with the facility Administrator that the facility is not under a consent decree or legal judgment. Corrective action is required.

**Corrective Action Required:**

1. The facility shall develop and implement a procedure to allow case by case determinations on where to house a transgender detainee, that cannot be decided based on genitalia.
2. The facility shall implement procedures which does not automatically segregate a detainee based solely on the disclosure of being lesbian, gay, bisexual, transgender, or intersex.
3. The facility shall develop a procedure to utilize the information from the risk screening to inform housing, bed, work, education, and programming assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On August 9, 2022, the facility revised and implemented the Classification Policy and Procedure. The policy includes Intersex and Transgender Detainee Housing, which states "Intersex and Transgender detainees will be placed in a male or female housing unit based on a combination of their classification and determined by case-by-case basis by the Administrative Review Committee."

As of August 11, 2022, the facility had completed movement of all detainees housed in the Alternative Lifestyle unit. Each inmate was housed based on their classification level. Minor problems occurred with the moves as the detainee population was aware of the Alternative Lifestyle unit and those detainees being moved from the unit. The facility allowed those inmates to self segregate if they did not feel safe in general population. A total of five (5) detainees requested segregation. It is believed that the issues will resolve over time. As detainees arrive at the facility, they will be classified based on their classification and not automatically segregated in a unit strictly for the LGBTI detainees.

On September 21, 2022, the auditor received a memo from the facility Administrator confirming the facility has not received a transgender detainee at the facility since the facility site review.

The facility implemented a revised objective screening tool. In order to keep separate detainees who score as high risk for being sexually victimized from those that are high risk of being sexually abused, the facility devised an excel tracking document which was provided to the auditor.

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

115.43	<b>Protective Custody</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="279 349 1453 577" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Policy and Procedure</li> <li>3. Sample Administrative Segregation Review 2018, 2019, 2020</li> <li>4. Sample 30 day Reassessment 2018, 2019, 2020</li> <li>5. Sample Hour out Roster for Protective Custody 2018, 2019, 2020</li> <li>6. Interviews: Warden, Staff who Supervise Inmates in Segregated Housing and Detainee in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)</li> </ol> <p data-bbox="244 604 1461 766">The facility indicated in their response to the Pre-Audit Questionnaire that the agency does have a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. In addition, the facility reported that there have not been inmates at risk for sexual victimization held in involuntary segregation in the past twelve (12) months.</p> <p data-bbox="244 797 504 824"><b><u>Provision (a)(b)(c)(d)(e):</u></b></p> <p data-bbox="244 855 1401 949"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Any employee may make a referral based on their observation of the detainee's behavior or at the detainee's request, based on concerns that the detainee may be at significant risk of sexual victimization.</p> <p data-bbox="244 981 1493 1075"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "A vulnerable detainee shall not be segregated based solely on that vulnerability; rather, all factors associated with the arrest, pending charges and potential for retaliation or aggressive behavior towards the detainee shall be taken into consideration by the classification officer."</p> <p data-bbox="244 1106 1458 1164"><i>SJCADC Administrative Segregation Policy and Procedure</i> states, "An inmate in administrative segregation shall have the same privileges and rights afforded a general population inmate."</p> <p data-bbox="244 1196 1465 1290"><i>SJCADC Administrative Segregation Policy and Procedure</i> states, "Inmates in administrative segregation and/or protective custody shall be reviewed by the Adult Detention Center Administrator, or his designee, initially within the first seventy-two (72) hours of classification, and every seven (7) days for the first two (2) months, then every thirty (30) days thereafter."</p> <p data-bbox="244 1321 1477 1415">The auditor reviewed a form called <i>Controlled Housing Justification</i>, This document is used when a detainee is placed in segregated house. The form includes the date and reason for the placement. The seven (7) day review is also documented on this form.</p> <p data-bbox="244 1447 1481 1706">The auditor reviewed housing and records of inmates that had been identified as high risk of sexual victimization and did not find any evidence of the inmate being placed into administrative segregation. In addition, the auditor did not find evidence that inmates who had alleged sexual abuse were placed into administrative segregation. During an interview with staff who supervise detainees in the segregated housing unit, stated that if there is an incident both the victim and the perpetrator are placed into segregation. During a review of the investigations, the auditor did find one incident that both the victim and perpetrator were placed into segregation, however documentation indicated that the facility became aware of the incident when the victim and the perpetrator had engaged in fight and were placed in segregation, because of the fight not due to the allegation that was made after they were placed in segregation.</p> <p data-bbox="244 1738 376 1765"><b><u>Conclusion:</u></b></p> <p data-bbox="244 1796 1477 1854">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. PREA Operational Manual-English and Spanish
4. PREA Sexual Abuse Awareness Pamphlet
5. SJCADC PREA - Information for Staff, Contractors and Volunteers Brochure
6. Sample Report from outside Agency
7. Sample Detainee Grievance
8. SASNWNM MOU
9. Interviews: PREA Coordinator, Random Staff and Random Detainees

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has established procedures for multiple internal ways for inmates to report privately to agency officials. In addition, the agency has provided at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity that is not part of the agency.

**Provision (a):**

The auditor reviewed the PREA Operational Manual page 7 states, "To report a sexual assault, a victim or witness can:

1. Write directly to the warden or the facility investigator.
2. File a grievance.
3. Disclose the assault to a medical or mental health care provider.
4. Call the Rape Crisis Center of Central New Mexico at 505-266-7711.
5. Call the facility's sexual Assault hotline at 505-827-8242.
6. Have a family member or friend report it to the facility."

The PREA Operational Manual includes sections on how to report sexual abuse of sexual harassment. However on page 8, the facility's sexual assault hotline is a different number than what is on page 7 of the same manual.

The auditor reviewed a flyer that the facility provides in every pod. The flyer includes multiple ways that detainees can report sexual abuse and sexual harassment which are:

- Report to any staff, volunteer, contractor or medical or mental health staff.
- Submit a grievance or a sick call slip.
- Tell a family member, friend, legal counsel or anyone else outside the facility. They can report on your behalf by calling the facility.
- you also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.

During interviews with random detainees, a majority reported that they would report to a staff member, or would utilize the options on the tablets, if they had to report an incident. In addition, detainees could articulate that they could do so anonymously and not give their name.

**Provision (b):**

*SJCADC Sexual Prevention* policy and procedure states, "When a detainee reports sexual abuse, which has occurred in the Adult Detention Center facility, whether the detainee chooses to report it anonymously or not, the detainee may contact the Sexual Assault/Rape Crisis Services hotline phone at 326-4700. This phone call can be made anywhere within the facility on the detainee phone system at no cost to the detainee."

The auditor reviewed the MOU between SASNWNM and SJCADC, which states that SASNWNM is responsible to obtain an incarcerated victims consent and written release of information prior to contacting ADC and/or other parties regarding concerns she/he has about her/his safety. SASNWNM cannot act as a public or private entity or office that is not part of the agency to receive reports of sexual abuse and immediately forward to the facility. The SASNWNM must obtain written consent from the inmate prior to reporting to the facility and therefore can not immediately forward a report to the facility. Corrective action is required.

**Provision (c):**

*SJCADC Sexual Prevention* policy and procedure states, "Any staff member or non-detainee, who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the shift supervisor and complete an incident report." The facility policy does not include reports made anonymously or from third parties as required in this provision. Corrective action is required.

*In addition, SJCADC Sexual Prevention* policy and procedure states, "Failure of employees to report incidents of sexual misconduct may also result in corrective and/or disciplinary action up to including termination."

During interviews with random staff, the auditor confirmed that staff are aware that they must accept a report of sexual abuse or sexual harassment whether verbally, in writing, anonymously or by a third party.

**Provision (d):**

During interviews with random staff, the staff could articulate that if they needed to privately report sexual abuse and sexual harassment, they could utilize the same reporting features that are provided to the detainees. However most staff reported that there would not be an incident that would require them to privately report sexual misconduct.

**Corrective Action Required:**

1. The facility shall provide detainees at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.
2. The facility shall ensure that the PREA Operational Manual contains all the correct phone numbers that detainees can utilize.
3. The facility shall revise the SJCADC Sexual Abuse Prevention policy and procedure to include the mandate that staff shall accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously or from third parties.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility revised the SJCADC Sexual Abuse Prevention Policy and Procedure to include, "Staff will accept reports made verbally, in writing, and anonymously. Staff will promptly document any verbal reports."

The facility discontinued the PREA Operational Manual and updated the PREA Education Brochures. The End of Silence Brochure is both in English and Spanish. It informs inmates of their right to report, how to report, zero tolerance, what to do if you have been abused, tips for avoiding sexual abuse or sexual harassment. In addition, the brochure informs inmate's that they can make a report with the San Juan County Sheriff's Office. The Sheriff's Office is not an internal agency and the inmate's can request to be anonymous. This brochure is given to all detainees upon intake at the facility.

The Prison Rape Elimination Act (PREA) Detainee Orientation is in English and Spanish. This brochure provides key PREA information to include but not limited to how to report, terms defined, consent in detention, dynamics of sexual abuse, vulnerable populations, common reactions to sexual abuse and the facility's zero tolerance policy. This Detainee Orientation is given to those detainees that do not view the PREA video at their first appearance.

In addition, the auditor reviewed an MOU between SJCADC and the San Juan County Sheriff's Office (SJCSO). SJCSO is an external agency that will receive reports from the detainee housed within SJCADC. The MOU states, "As an outside agency receiving reports directly from a detainee or third party, the SJCSO will immediately contact an on-duty Adult Detention Supervisor and provide all necessary information to SJCADC to begin its internal investigation. In the event the detainee or other reporting party wishes to remain anonymous, SJCSO will provide the ADC the information excluding the names of the individuals that chose to remain anonymous."

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Detainee Grievance Process Policy and Procedure
4. Sample of Detainee Grievance 2018, 2019, 2020
5. Memorandum Grievance Categorization
6. Memorandum Investigation Extensions
7. Phone Monitoring 2018, 2019, 2020
8. Memorandum Emergency Grievance
9. Interviews: Detainees who Reported Sexual Abuse

The facility indicated in their response to the Pre-Audit Questionnaire that the agency does have an administrative procedure for dealing with Detainee grievances regarding sexual abuse. In addition, the facility reported there have been zero (0) grievances that alleged sexual abuse.

**Provision (a)(b)(c)(d)(f):**

SJCADC *Inmate Grievance Process* Policy and Procedure states, "San Juan County Adult Detention Center will provide a grievance procedure to resolve inmate grievances at the administrative level as a means of resolving inmate grievances quickly and to avoid burdening the courts. An inmate of the SJCADC will have the right and means to report or file a grievance without fear of being subject to any retaliation and or adverse action for doing so."

SJCADC *Inmate Grievance Process* Policy and Procedure states, "Total time for the grievance process shall be no more than thirty (30) days from filing to final appeal decisions:

- Barring extraordinary circumstances, the inmate must file the grievance within seventy-two (72) hours of the alleged incident.
- The shift supervisor shall conduct an investigation of the grievance and render a decision within five (5) days receipt of the inmate grievance.
- The inmate shall submit any appeal to the Adult Detention Center Administrator, or his or her designee, within forty-eight (48) hours of receiving the decision from the shift supervisor.
- The San Juan County Adult Detention Center Administrator, or his designee, shall provide a written decision on the appeal within seven (7) days of receipt from the inmate.

The auditor reviewed a memorandum dated February 7, 2022 from the SJCADC Administrator which states, "The San Juan County Adult Detention Center has used Tablets to allow the Detainee Population ease of access in filing grievances, since 2018. The Facility uses Global Tel Link (GTL) for tablet access. There is no way in the current GTL grievance system to categorize Grievances by specific topics or to exclude specific supervisors from seeing them. Once a grievance is filed it is visible by all Supervisory staff to ensure they are answered in a timely manner."

The facility PREA Coordinator indicated that that an emergency grievance function has been added to the tablets. Two (2) new screens have been added to include "PREA Grievance" and "PREA Emergency Grievance"

During an interview with the facility Grievance Officer, the auditor confirmed that the facility has an administrative procedure for dealing with inmate grievance regarding sexual abuse.

**Provision (e)(g):**

The facility policy and procedure does not include verbiage that permits third parties, including fellow detainees, staff members, family members, attorneys and/or outside advocates, to assist detainees in filing request for administrative remedies relating to allegations of sexual abuse and to file such request on behalf of the detainee. The policy and procedure does not require that if the detainee declines to have third party assistance in filing a grievance alleging sexual abuse, the facility documents the detainee's decision to decline. In addition the policy does not limit the facility's ability to discipline a detainee for filing a grievance alleging sexual abuse to occasions where the facility demonstrates that the detainee filed the grievance in bad faith. Corrective action is needed.

**Corrective Action Required:**



1. The facility shall revise the grievance policy to include verbiage that permits third parties, including fellow detainees, staff members, family members, attorneys and/or outside advocates, to assist detainees in filing request for administrative remedies relating to allegations of sexual abuse and to file such request on behalf of the detainee
2. The facility shall revise the grievance policy to include verbiage that if the detainee declines to have third party assistance with filing a grievance alleging sexual abuse, the facility will document the declination.
3. The facility shall revise the grievance policy to include verbiage that does not limit the facility's ability to discipline a detainee for filing a grievance alleging sexual abuse, where the facility demonstrates that the detainee filed the grievance in bad faith.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility revised the SJCADC Sexual Abuse Prevention Policy and Procedure to include, "Third parties, including fellow detainees, staff members, family members, attorneys, and outside advocates, shall be permitted to assist detainees in filing requests for administrative remedies relating to allegations of sexual abuse, and will also be permitted to file such requests on behalf of detainees.

If a third-party file such a request on behalf of a detainee, 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. If the detainee declines to have the request processed on his or her behalf, the San Juan County Adult Detention Center shall document the detainee's decision."

In addition, on May 5, 2022, the SJCADC Detainee Grievance Process Policy and Procedure was updated to include, "A detainee may be subject to disciplinary action by the SJCADC only when it is determined that the detainee filed the grievance in relation to sexual abuse in bad faith."

The facility has effectively demonstrated compliance during this period of corrective action and provided sufficient documentation to the auditor. The facility is in compliance with this standard.

115.53	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1493 611" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Phone Monitoring 2018, 2019, 2020</li> <li>4. Mailing Address in the Pods</li> <li>5. Draft Memorandum of Understanding Sexual Assault Services of Northwest New Mexico</li> <li>6. Memorandum Third Party Access</li> <li>7. Interviews: Random Detainees, Detainees who Reported Sexual Abuse, Rape Crisis Center and New Mexico Coalition of Sexual Assault Programs</li> </ol> <p data-bbox="240 640 1457 734">The facility indicated in their response to the Pre-Audit Questionnaire that the facility provides detainees with access to outside victim advocates for emotional support services related to sexual abuse. In addition, the facility informs detainees, prior to giving them access to outside services of the mandatory reporting rules and limits of confidentiality.</p> <p data-bbox="240 763 419 792"><b><u>Provision (a)(b):</u></b></p> <p data-bbox="240 822 1493 949">SJCADC <i>Sexual Abuse Prevention</i> policy and procedure states, "When a detainee reports sexual abuse, which has occurred in the Adult Detention Center facility, whether the detainee chooses to report it anonymously or not, the detainee may contact the Sexual Assault/Rape Crisis Services hotline phone at 326-4700. This phone call can be made anywhere within the facility on the detainee phone system at no cost to the detainee."</p> <p data-bbox="240 978 1473 1240">The auditor reviewed a <i>No means No</i> flyer that the facility provides in each pod. The Flyer informs detainees how to report sexual abuse and sexual harassment. In addition, the flyer informs detainees of the facility partnership with the Sexual Assault Services of Northwest New Mexico (SASNWNM) to provide survivors of sexual abuse with emotional support services. The flyer includes a mailing address and a phone number, which states the call is free, confidential and not monitored. There are no 1-800 numbers provided. The flyer indicates that calls made to SASNWNM are confidential and unmonitored. The mailing address and the phone number was verified by the auditor, during an interview with SASNWNM staff. The facility provided the auditor with phone monitoring documentation as proof of practice that the phone number is blocked from being monitored or recorded.</p> <p data-bbox="240 1270 392 1299"><b><u>Provision (c):</u></b></p> <p data-bbox="240 1328 1473 1487">The facility maintains a Memorandum of Understanding with a community service provider that are able to provide the detainees with emotional support services related to sexual abuse. The auditor reviewed a Memorandum of Understanding between Sexual Assault Services of Northwest New Mexico and the San Juan County Adult Detention Center. The MOU was signed on March 30, 2017 and states that it will remain in effect until terminated by one party or the other with 30 days written notice.</p> <p data-bbox="240 1516 376 1545"><b><u>Conclusion:</u></b></p> <p data-bbox="240 1574 1477 1637">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.54	<b>Third-party reporting</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 900 611" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Samples Third Party Report 2018, 2019, 2020</li> <li>4. PREA Operational Manual-English and Spanish</li> <li>5. Zero Tolerance Pamphlet - English and Spanish</li> <li>6. Sexaul Assault Services of Northwest New Mexico Training</li> <li>7. PREA Lesson Plan</li> <li>8. Sample Investigation Referral Record 2018, 2019, 2020</li> </ol> <p data-bbox="242 640 1485 701">The facility indicated in their response to the Pre-Audit Questionnaire that the facility provides a method to receive third party reports of inmate sexual abuse and sexual harassment.</p> <p data-bbox="242 730 389 759"><b><u>Provision (a):</u></b></p> <p data-bbox="242 788 1490 983">The facility provides a method to receive third-party reports of detainee sexual abuse or sexual harassment. The auditor reviewed the facility website. The facility has a tab titled <i>How do I make a Report</i> which states, "The San Juan County Adult Detention Center (SJCADC) has several ways to report an allegation of sexual abuse or sexual harassment that occurred at the San Juan County Adult Detention Center. If you know someone incarcerated at the San Juan County Adult Detention Center who has told you or who you believe has been a victim of sexual abuse or sexual harassment; you can make a report the following ways:</p> <ul data-bbox="284 1037 1409 1229" style="list-style-type: none"> <li>• Call the San Juan County Adult Detention Center at 505-566-4500</li> <li>• Call the SJCADC PREA Coordinator at 505-566-4509</li> <li>• Write a letter to the SJCADC PREA Coordinator at: 871 Andrea Drive Farmington, NM 87401</li> <li>• Make a report via email at <a href="mailto:preacoordinator@sjcounty.net">preacoordinator@sjcounty.net</a></li> <li>• Write a letter to the San Juan County Sheriff's Office (an outside agency) at: 211 South Oliver Drive Aztec, NM 87410"</li> </ul> <p data-bbox="242 1258 984 1288">The website can be accessed by the general public via the facility website.</p> <p data-bbox="242 1317 376 1346"><b><u>Conclusion:</u></b></p> <p data-bbox="242 1375 1479 1435">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. Sexual Assault Services of Northwest New Mexico Training
4. PREA Lesson Plan
5. Samples Investigation Referral Record 2018, 2019, 2020
6. Interviews: Random Staff, Medical/Mental Health Staff and the Facility Administrator

The facility indicated in their response to the Pre-Audit Questionnaire that the agency requires all staff to report immediately any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency. In addition, the staff are prohibited from revealing any information related to a sexual abuse report to anyone than to the extent necessary.

**Provision (a):**

SJCADC *Sexual Abuse Prevention* Policy and Procedure states, "All staff, contractors, and volunteers have an affirmative duty to immediately report to the PREA Coordinator any knowledge, suspicion, or information regarding sexual misconduct involving a detainee and/or any retaliation or neglect in violation of this policy."

The facility provided the auditor with the staff PREA Lesson Plan. The training consists of twenty-three (23) pages and acknowledges the National PREA Resource Center PREA Employee Training 2014, as the resource for the training. The auditor reviewed the PREA Resource Center website library and could not confirm the training, as that of the PREA Resource Center. The training does not include the required elements for staff training. Corrective action is required.

During a phone interview with the SJCADC Training Director, it was reported that the training provided on the PAQ is not the training that is utilized during staff training. The staff training PowerPoint was provided to the facility by the New Mexico Association of Counties and states, "Staff shall report immediately and according to agency policy and procedures, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

**Provision (b):**

SJCADC *Sexual Abuse Prevention* Policy and Procedure states, "Allegations of sexual misconduct shall be treated with discretion and, to the extent permitted by law, confidentiality. Individuals who fail to keep allegations of sexual misconduct confidential are subject to discipline, up to and including termination."

**Provision (c):**

Facility medical and mental health staff are required to report any knowledge, suspicion, or information regarding sexual misconduct involving a detainee and/or any retaliation or neglect in violation of the PREA policy.

During interviews with medical and mental health staff, it was confirmed that they are required to follow the facility PREA policy and to immediately report any knowledge, suspicion or information regarding sexual abuse or sexual harassment. Detainees are notified of the duty to report immediately upon receiving services. In addition, they were knowledgeable regarding obtaining consent before disclosing prior sexual abuse that did not occur in the facility.

**Provision (d):**

During an interview with the facility Administrator, he confirmed that the facility would not house an inmate that is under the age of 18 and was aware of the requirement to report to Adult Protection Services in the event there is an allegation of sexual abuse concerning a vulnerable adult.

**Provision (e):**

SJCADC *Sexual Abuse Prevention* Policy and Procedure states, "A detainee may report sexual misconduct or threats of sexual misconduct to any staff member or non-detainee. Any staff member or non-detainee, who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the shift supervisor and complete an incident report. The shift supervisor shall notify the Adult Detention Center Administrator or Deputy Administrator and PREA coordinator and shall

ensure that the alleged victim and aggressor are physically separated, either the placement of one or both in Controlled Housing unit or some other effective means. " In addition, "The PREA Coordinator shall direct the facility's response to all allegations of sexual misconduct, including prompt assignment of a Victim Support Person, PREA Investigator, and/or referral to medical/mental health services when warranted."

**Conclusion:**

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1018 510" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Administrative Segregation Policy and Procedure</li> <li>4. Samples Referral of Incident and Controlled Housing 2018, 2019, 2020</li> <li>5. Interviews: Facility Administrator and Random Staff</li> </ol> <p data-bbox="242 539 1468 633">The facility indicated in their response to the Pre-Audit Questionnaire that the facility takes immediate action to protect the inmate. In addition, the facility reported that there has not been an inmate that was subject to a substantial risk of imminent sexual abuse, during the reporting period.</p> <p data-bbox="242 665 392 692"><b><u>Provision (a):</u></b></p> <p data-bbox="242 721 1490 815">SJCADC revised Sexual Abuse Prevention Policy and Procedure states, "When the San Juan County Adult Detention Center learns that a detainee is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the detainee."</p> <p data-bbox="242 844 1484 938">During interviews with random staff, they could articulate that if a detainee was subject to substantial risk of imminent sexual abuse, they would take immediate action to protect the detainee. In addition, this was confirmed during an interview with the facility Administrator, who stated that all detainees in the facility care would be protected.</p> <p data-bbox="242 969 376 996"><b><u>Conclusion:</u></b></p> <p data-bbox="242 1025 1477 1088">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 879 477" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Memo 2018, 2019, 2020, 2021</li> <li>4. Interviews: Facility Administrator</li> </ol> <p data-bbox="242 506 1485 667">The facility indicated in their response to the Pre-Audit Questionnaire that the agency does have a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse occurred. The facility reported that there have been zero (0) allegations received that an inmate was abused while confined at another facility. In addition, the facility reported that there has been zero (0) allegation received that was reported at another facility.</p> <p data-bbox="242 696 475 723"><b><u>Provision (a)(b)(c)(d):</u></b></p> <p data-bbox="242 752 1477 846"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Upon receiving an allegation that a detainee was sexually abused while confined at another facility, the detention Administrator shall notify the Warden/Administrator of the facility where the alleged abuse occurred."</p> <p data-bbox="242 875 1453 938"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation."</p> <p data-bbox="242 967 1418 1030"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "The facility shall document that it has provided such notification."</p> <p data-bbox="242 1059 1481 1220">During an interview with the facility Administrator, the auditor confirmed that within 72 hours, the head of the facility does notify the head of the facility or appropriate office where the alleged allegation occurred. The notifications are made verbally and followed up with an email from the facility Administrator. The facility reported that there have not been such allegations reported during the reporting period and was confirmed during discussions with the facility PREA Coordinator and the facility Administrator.</p> <p data-bbox="242 1249 376 1276"><b><u>Conclusion:</u></b></p> <p data-bbox="242 1305 1477 1368">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Staff first responder duties**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. First Responder Checklist 2018, 2019, 2020, 2021
4. First Responder Checklist Card
5. Interviews: Security Staff First Responders, Non-Security First Responders, Random Staff and Detainees who Reported Sexual Abuse

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a first responder policy that includes all elements required by this standard. In addition, the facility reported that there have been three (3) allegations of sexual abuse.

**Provision (a)(b):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "First Responder Instructions – Allegations Involving Abuse, Assault or other Sexual Acts or Contact

1. Advise the victim not to shower or otherwise clean himself or herself, or if the assault was oral, not to eat, drink, brush their teeth, chew gum or otherwise take any action that could damage or destroy evidence.
2. Secure the scene of the alleged assault if feasible and secure any video footage.
3. Notify the PREA Coordinator who will assume responsibility for handling the sexual misconduct allegations and who will, in consultation with the Adult Detention Center Administrator, decide whether to notify law enforcement. Cases involving alleged sexual acts will be reported to law enforcement.
4. If the alleged assault occurred within the previous seventy-two (72) hours arrangements shall be promptly made to have the alleged victim transported and examined at a local hospital. If the alleged assault occurred more than seventy-two (72) hours before being reported, the PREA Coordinator has discretion to determine whether to send the alleged victim to the hospital for examination by a Sexual Assault Nurse Examiner (SANE) or another qualified medical practitioner.

The auditor reviewed the *PREA First Responder Checklist*. The checklist requires that the first responder ensure that victim is safe and kept separate from the abuser. It gives the first responder eight (8) questions to ask the victim. These questions are designed to allow the 911 dispatch to relay important information to the responding detective.

The auditor reviewed the *PREA First Responder Checklist Cards* that are designed for the first responders to keep in their pocket and are easily accessed if needed. The card states:

- Protect the victim from perpetrator; both inmates remain under constant supervision
- Preserve Evidence-secure the scene; request the victim not shower, use the restroom, brush teeth, eat or drink. DO NOT ALLOW the perpetrator to shower, use the restroom, brush teeth, eat or drink
- Report the incident to Supervisor/PREA Coordinator
- Refer the inmate to Medical
- Supervisor contact law enforcement

During interviews with security first responders and random staff, they were all very knowledgeable and could articulate, the importance of separating the detainees, securing the crime scene, requesting the victim not to destroy evidence and ensuring that the perpetrator does not destroy evidence.

During interviews with non-security first responders, indicated that they were aware that they need to separate the detainees, keep constant visual on both, call a response, call a supervisor, call the PREA Coordinator and call for medical.

**Conclusion:**

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.



115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 1406 510" style="list-style-type: none"> <li data-bbox="277 349 647 378">1. SJCADC Pre-Audit Questionnaire</li> <li data-bbox="277 383 879 412">2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li data-bbox="277 416 962 445">3. PREA Coordinated Response to Sexual Abuse Incident Checklist</li> <li data-bbox="277 450 1406 510">4. Interviews: Security Staff First Responders, Non-Security First Responders, Random Staff and Detainees who Reported Sexual Abuse</li> </ol> <p data-bbox="240 539 1497 636">The facility indicated in their responses on the Pre-Audit Questionnaire that the facility has developed a written institution plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators and the facility leadership.</p> <p data-bbox="240 665 392 694"><b><u>Provision (a):</u></b></p> <p data-bbox="240 723 1485 884">Prior to the completion of the interim report, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The plan outlines the duties of the staff first responders, medical and mental health practitioners, investigators and the facility leadership. In addition the auditor reviewed the PREA Coordinated Response to Sexual Abuse Incident checklist. The checklist is utilized to document all actions that were taken by the first responder, supervisor, facility Administrator, medical staff, mental health staff, PREA Coordinator.</p> <p data-bbox="240 913 376 943"><b><u>Conclusion:</u></b></p> <p data-bbox="240 972 1481 1032">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="229 318 1509 461" style="list-style-type: none"> <li data-bbox="229 318 1509 358">1. SJCADC Pre-Audit Questionnaire</li> <li data-bbox="229 358 1509 398">2. Memo, 2018, 2019, 2020, 2021</li> <li data-bbox="229 398 1509 461">3. Interviews: Facility Administrator</li> </ol> <p data-bbox="229 461 1509 542">The facility indicated in their response to the Pre-Audit Questionnaire that the facility has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or since the facility's last PREA audit.</p> <p data-bbox="229 542 1509 604"><b><u>Provision (a)(b):</u></b></p> <p data-bbox="229 604 1509 685">The auditor reviewed the a 2021 memo from the facility Administrator indicating that the facility does not have a collective bargaining unit or agreement. In addition, this was confirmed during an interview with the facility Administrator.</p> <p data-bbox="229 685 1509 748"><b><u>Conclusion:</u></b></p> <p data-bbox="229 748 1509 846">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.67	<b>Agency protection against retaliation</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 979 477" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Memo, Retaliation</li> <li>4. Interviews: Facility Administrator and the Facility PREA Coordinator</li> </ol> <p data-bbox="242 506 1485 602">The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or who cooperate with an investigation from retaliation. In addition, the facility reported that there have not been incidents of retaliation during the reporting period.</p> <p data-bbox="242 629 525 658"><b><u>Provision (a)(b)(c)(d)(e)(f):</u></b></p> <p data-bbox="242 687 1461 815"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Detainees who report sexual misconduct are protected from retaliation." In addition, "Retaliation against detainees who refuse to submit to sexual activity, or retaliation against individuals (including witnesses) because of their involvement in the reporting or investigation of sexual misconduct is also prohibited and possible grounds for disciplinary action, including termination and/or criminal prosecution."</p> <p data-bbox="242 844 1461 972">During interviews with the facility Administrator and the PREA Coordinator, it was stated that the facility has a policy prohibiting retaliation for reporting an incident of sexual abuse, sexual harassment or for cooperating with an investigation, however a mechanism for retaliation monitoring had not been develop, but the facility is working on a plan to begin implementation. Corrective action is needed.</p> <p data-bbox="242 1001 544 1030"><b><u>Corrective Action Required:</u></b></p> <ol data-bbox="277 1079 1477 1279" style="list-style-type: none"> <li>1. The facility shall develop and implement a procedure for retaliation monitoring of detainees who report sexual abuse, witnesses that cooperate with an investigation and staff who report sexual abuse. The monitoring shall include any inmate disciplinary reports, housing changes, or program changes, negative performance reviews or reassignment of staff.</li> <li>2. Monitoring shall be for 90 days following a report or the agency determines the allegation to be unfounded.</li> <li>3. The monitoring period shall include periodic status checks with detainee victims.</li> </ol> <p data-bbox="242 1305 1461 1368">After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.</p> <p data-bbox="242 1397 1493 1626">During the post audit phase, the facility implemented a PREA Retaliation Log for monitoring staff and detainees who report or cooperate in an incident. The form indicates that monitoring will be completed at fifteen (15) days, 45 days and 90 days after an incident. The form identifies if the person is a victim, suspect, witness, officer, contract Staff, third party or other. In addition, it requires a review of housing assignments, disciplinary action, program changes for detainees and negative reviews or reassignments for staff who are involved. The PREA Coordinator indicated that there will be a status review with the detainee after forty-five (45) days. There were no sexual abuse allegations reported during the corrective action period that required retaliation monitoring.</p> <p data-bbox="242 1655 1461 1718">After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.</p>

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Administrative Segregation Policy and Procedure
4. Memo Post Allegation Protective Custody
5. Memo No Separate Roster in Segregation
6. Interviews: Facility Administrator, Staff who Supervise Detainees in Segregated Housing and Detainees in Segregated Housing (for risk of victimization or who alleged to have suffered sexual abuse)

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregation housing unless an assessment of all available alternatives has been made. In addition, the facility reported that no inmates have been placed in segregation for protection of sexual abuse.

**Provision (a):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Detainees identified as potential or confirmed victims of sexual assault or as having a tendency to act out with sexually aggressive behavior shall be considered for protective custody placement or placement in a special custody unit or other appropriate setting."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "A detainee may report sexual misconduct or threats of sexual misconduct to any staff member or non-detainee. Any staff member or non-detainee, who receives a report of sexual misconduct, whether verbally or in writing, shall immediately notify the shift supervisor and complete an incident report. The shift supervisor shall notify the Adult Detention Center Administrator or Deputy Administrator and PREA coordinator and shall ensure that the alleged victim and aggressor are physically separated, either the placement of one or both in Controlled Housing unit or some other effective means."

*SJCADC Administrative Segregation Policy and Procedure* states, "Inmates in administrative segregation and/or protective custody shall be reviewed by the Adult Detention Center Administrator, or his designee, initially within the first seventy-two (72) hours of classification, and every seven (7) days for the first two (2) months, then every thirty (30) days thereafter."

The auditor reviewed housing and records of inmates that had been identified as high risk of sexual victimization and did not find any evidence of the inmate being placed into administrative segregation. In addition, the auditor did not find evidence that inmates who had alleged sexual abuse were placed into administrative segregation. During an interview with staff who supervise detainees in the segregated housing unit, it was stated that if there is an incident both the victim and the perpetrator are placed into segregation. During a review of the investigations, the auditor did find one incident that both the victim and perpetrator were placed into segregation, however documentation indicated that the facility became aware of the incident when the victim and the perpetrator had engaged in fight and were placed in segregation, because of the fight not due to the allegation that was made after they were placed in segregation.

The facility does not have a policy prohibiting the placement of detainees who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and determination has been made that there is no available alternative means of separation from likely abusers. During an interview with the facility Administrator, he confirmed that the facility does not have a policy but is currently working on it. At the time of the site review, there were no detainees in segregated housing (for risk of victimization or who alleged to have suffered sexual abuse). Corrective action is needed.

**Corrective Action Required:**

1. The facility shall revise policy to include, prohibition of placing detainees who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and determination has been made that there is no available alternative means of separation from likely abusers.

After the issuance of the interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On May 18, 2022, the facility had completed the revision of the Sexual Abuse Prevention (PREA) policy and procedure. The policy and procedure states, "The facility shall assign such detainee to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged."

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. Referral of Incident
4. Memo - No Internal Criminal Investigations 2021
5. Administrative Investigations SJCADC
6. Investigator Certificates
7. Interviews: Facility Administrator, Investigative Staff and Detainees who Reported Sexual Abuse

The facility indicated in their responses to the Pre-Audit Questionnaire that the agency has a policy related to criminal and administrative investigations.

**Provision (a)(j):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "All reports of sexual misconduct, sexual contact or sexual abuse must be considered credible and promptly investigated criminally and/or administratively without regard to whether:

1. The detainees who are named in the allegation are in custody or not
2. Staff members named in the allegation are currently employed or not
3. The report of the allegation was made in a timely manner or not
4. The detainee reporting the allegation is known to have made past false allegations
5. The source of the allegation recants the allegations.
6. The employee receiving the complaint believes or does not believe the allegations
7. All allegations are deemed substantiated if supported by a preponderance of the evidence."

**Provision (b):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Specialized training is provided for employees who respond to incidents of sexual misconduct. This training includes facility policy, crime scene management, elimination of contamination, evidence collection protocol for confinement settings, techniques for interviewing sexual abuse victims, proper use of crisis intervention."

All facility investigators have completed specialized training through the NIC portal. Documentation was provided which indicated that the investigators have completed the specialized training.

**Provision (c)(d)(f)(k)(l):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "The Investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy and procedure."

SJCADC refers all allegations to the San Juan County Sheriff's Office. The facility does not conduct compelled interviews. The investigators keep in contact with the Sheriff's Office to determine the status of the investigation. During an interview with the facility Administrator, it was stated that the facility is currently working on enhancing the communication efforts with the Sheriff's Office. In review of the investigations, the facility had:

- four (4) staff on inmate sexual abuse allegations
  - one (1) substantiated, staff member was terminated and criminal charges filed
  - one (1) referred to Sheriff's Office and determined unsubstantiated
  - two (2) determined not to be PREA
- eleven (11) inmate on inmate sexual abuse allegations
  - one (1) substantiated and criminal charges filed
  - three (3) referred to Sheriff's Office and determined to be unfounded
  - three (3) determined not be PREA
  - one (1) consensual lewd conduct- rule violation, not PREA
  - two (2) allegations reported that occurred on the street were reported to law enforcement
  - one (1) referred to Sheriff's Office and determine to be unsubstantiated
- six (6) staff on inmate sexual harassment allegation

- five (5) determined to be unfounded
- one (1) determined to be unsubstantiated
- four (4) inmate on inmate sexual harassment
  - three (3) determined to be unfounded
  - one (1) determined to be unsubstantiated

**Provision (e)(f)(g):**

The auditor reviewed all sixteen (16) investigations. All criminal investigations, that are completed contain a report from law enforcement and each administrative investigation is documented in a report. The investigation reports, only address the facts and what is learned during the investigation. The investigators do not document the credibility of the victim, witnesses or the suspect. Nor does the investigations contain a thorough description of the physical, testimonial, and documentary evidence. In addition, the reports do not indicate if there was a review prior complaints, and reports of sexual abuse involving the suspected perpetrator. Corrective action is needed.

**Provision (i)(j):**

The facility retains all written reports pertaining to the administrative and the criminal investigation. The auditor verified during the site review and through interviews with the facility investigators. In addition, the auditor verified that all investigations are completed regardless if the victim or the abuser in no longer at the facility.

**Corrective Action Required:**

1. The facility shall develop and implement a report template for the investigators to follow, to include the determination of credibility of the victim, witness or suspect and shall include a thorough description of the physical, testimonial, and documentary evidence and include a review of prior reports of sexual abuse or prior complaints.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On July 25, 2022, the auditor received a newly developed report template from the facility. The template includes the following:

- Detainees involved
- Detainees current charges
- Staff involved
- Complaint
- Referral of Incident
- Investigation Details
- Credibility of Victim, Suspect or Witnesses
- Record of Prior PREA Incidents
- Summary of Investigation
- Actions Taken and Recommendations
- Evidence Submitted

On September 21, 2022, the facility administrator provided a memo to the auditor. The facility has not had a reported PREA allegation since the site review. The PREA Coordinator provided the investigators with training regarding the completion of the report template and will continue to monitor compliance.

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1158 297">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 879 477" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Memo - Standard of Evidence</li> <li>4. Interviews: Investigative Staff</li> </ol> <p data-bbox="240 506 1445 600">The facility indicated in their response to the Pre-Audit Questionnaire that the agency imposes a standard of a preponderance of evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 629 392 656"><b><u>Provision (a):</u></b></p> <p data-bbox="240 685 1485 748"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "All allegations are deemed substantiated if supported by a preponderance of the evidence."</p> <p data-bbox="240 777 1477 871">The auditor reviewed a memo from the facility Administrator that states, "The San Juan County Adult Detention Center does not impose a standard higher than a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p data-bbox="240 900 1485 994">The auditor confirmed through the investigations review and interviews with the facility investigators, that the facility does not impose a higher standard than a preponderance of evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 1023 376 1050"><b><u>Conclusion:</u></b></p> <p data-bbox="240 1079 1477 1142">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. Memo - Reporting to Detainees
4. Interviews: Facility Administrator, Investigative Staff and Detainees who Reported Sexual Abuse

The facility indicated in their response to the Pre-Audit Questionnaire that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, the results of the investigation. In addition, the facility reported that there have been seven (7) investigations and ten (10) detainees notified of the results of that investigation.

**Provision (a)(b)(c)(d)(e) (f):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Detainees who are currently in the custody of the facility are entitled to know the outcome of investigation into their allegation as follows:

- Following an investigation into a detainee's allegation of sexual abuse in the facility, the PREA Coordinator shall inform the detainee whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.
- If the detainee's allegation involved a staff member, the PREA Coordinator shall inform the detainee whenever:
  - The staff member is no longer posted within the detainee's unit
  - The staff member is no longer employed at the facility
  - The staff member has been indicted on a charge related to sexual abuse within the facility; or
  - The staff member has been convicted on a charge related to sexual abuse within the facility.
- If the allegation involved another detainee, the PREA Coordinator shall inform the alleged victim when:
  - The alleged abuser has been indicted on the charge related to sexual abuse within the facility; or
  - The alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- All such notifications or attempted notifications shall be documented.
- The facility's obligation to report under this standard terminates if the detainee is released from custody."

The auditor reviewed a memo regarding reporting to detainees. The memo indicates that the facility has designated the PREA Investigator to notify a detainee of all PREA related issues pertinent to a PREA incident. Effective March 2021, that designation changed to the Operations Lieutenant to personally notify the detainee of the information related to a PREA incident. The Operations Lieutenant making the notification, will document the notification on the PREA Incident Review Form.

During interviews with facility Administrator and the investigators, it was stated that notification is made to the victims regarding the outcome of the case. However investigators did not appear to understand that notification must be made when a staff member is terminated or criminally charged.

The auditor reviewed twenty-five (25) investigations, there were seven (7) that documentation was provided that the victim was notified of the results of the administrative investigation, two (2) the detainees involved were issued violation reports. It appears that in cases that appear to be criminal and are investigated by the San Juan County Sheriff's Office, the facility does not follow up with the investigating agency to obtain relevant information, in order to make notifications to the victims. Corrective action is needed.

**Corrective Action Required:**

1. The facility shall develop and implement a procedure to ensure that information is received regarding criminal cases filed by the San Juan County Sheriff's Office in order to timely notify victims of the status of the case.
2. The facility shall develop and implement a procedure to notify a victim, when a staff member has been terminated and/or criminally charged in sexual abuse allegations.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

The facility has developed a PREA Incident Follow-up form, to inform detainees of the outcome of their administrative investigation. The form states, "You are receiving this follow up form to advise you that the investigation of the alleged

incident you filed on the above date has been concluded. Please see the findings below." If there is a pending criminal case, the facility PREA Coordinator will comment on the form that the SJCSO is investigating this case to determine if criminal charges are warranted. In addition, it provides the detainee with the Sheriff's Office case number. This allows the detainee to follow up with the Sheriff's Office upon their release from the facility.

In addition, the facility revised and implemented the PREA Incident Review, which indicates how the detainee was notified of the results of the investigation, wither verbally or by telephone if they had been released.

The facility PREA Coordinator implemented a procedure to obtain the status of each case, being investigated by the Sheriff's Office on a monthly basis.

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Personnel Disciplinary Policy
4. SJCADC Code of Ethics Policy
5. SJCADC PREA Lesson Plan
6. Memo-Disciplinary Sanctions for Staff
7. Interviews: Facility Administrator

The facility indicated in their response the Pre-Audit Questionnaire that staff subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. In addition, the facility reported that there zero (0) staff members disciplined for violations of the policy in the past twelve (12) months.

**Provision (a)(b)(c)(d):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center has zero tolerance for sexual misconduct between detainees as well as non-detainees. Sexual misconduct perpetrated by non-detainees is contrary to the policies of this facility and professional ethical principles that all employees are bound to uphold. Any such conduct is cause for disciplinary action up to and including termination."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "There is no consensual sex in a custodial or supervisory relationship as a matter of law. A sexual act with a detainee by a person in a position of authority over the detainee is a felony subject to criminal prosecution. NMSA 1978 § 30-9-11.E (2)"

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Discipline/Corrective Action- Violation of this policy is cause for termination. The Adult Detention Center Administrator will take any action necessary to enforce this policy. Non-detainees who violate this policy shall be prohibited from contact with detainees and shall be reported to law enforcement and to any relevant licensing bodies.

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "All terminations and resignations due to alleged violations of this policy shall be reported to law enforcement and to any relevant licensing bodies. The Adult Detention Center Administrator, or his/her designee, shall work with the local District Attorney's Office to facilitate criminal prosecution of acts in violation of this policy or criminal law."

*San Juan County Disciplinary Policy*, states, "Employee Conduct. It is the policy of San Juan County to maintain a work environment which is safe for all employees, and to operate in accordance with all laws and regulations. The County expects each person to act in a mature and responsible manner at all times. To reduce confusion, employees who violate the County Grounds for Disciplinary Action (Section 22.4 as set forth in this handbook) or any County policy are subject to disciplinary action up to, and including termination."

The auditor reviewed the *Information for Staff, Contractors and Volunteer Brochure*. The brochure informs the contractor or volunteer that employees, contractors or volunteers who sexually abuse or sexually harass detainees may be dismissed from this facility and other consequences include:

- you can be reported to relevant licensing agencies
- Contract/Volunteer duties will be terminated and/or
- you can face civil or criminal charges

The auditor reviewed the facility training PowerPoint, which states, "Consequences for up to and including termination; termination is the presumptive sanction for sexual abuse."

The auditor reviewed a memo- Disciplinary Sanctions for Staff which states, "From January 2021 through today's date, the Adult Detention Center has had one allegation regarding a PREA that resulted in the employee resigning his employment. The employee was arrested and criminally charged with six counts of Criminal Sexual Penetration in the 2nd degree and two counts of Bringing Contraband into a Jail on August 10, 2021. The case is still ongoing in the courts."

During an interview with the facility Administrator, he confirmed that employees involved in sexual abuse with a detainee will be terminated. The auditor reviewed the above mentioned investigation and confirmed that the staff member is no longer

employed with facility and has been criminally charged in the New Mexico Court system.

**Conclusion:**

Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.

115.77	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 879 510" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. Volunteer Sign In Roster</li> <li>4. Memo- Corrective Action for Contractor and Volunteers</li> <li>5. Interviews: Facility Administrator</li> </ol> <p data-bbox="242 539 1469 633">The facility indicated in their response to the Pre-Audit Questionnaire that the agency policies require that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. In addition, the facility reported that there have been zero (0) contractors or volunteers.</p> <p data-bbox="242 665 419 694"><b><u>Provision (a)(b):</u></b></p> <p data-bbox="242 723 1490 848"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Discipline/Corrective Action-Violation of this policy is cause for termination. The Adult Detention Center Administrator will take any action necessary to enforce this policy. Non-detainees who violate this policy shall be prohibited from contact with detainees and shall be reported to law enforcement and to any relevant licensing bodies.</p> <p data-bbox="242 880 1453 1008"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Prosecution-All terminations and resignations due to alleged violations of this policy shall be reported to law enforcement and to any relevant licensing bodies. The Adult Detention Center Administrator, or his/her designee, shall work with the local District Attorney's Office to facilitate criminal prosecution of acts in violation of this policy or criminal law."</p> <p data-bbox="242 1039 1490 1133">The auditor reviewed the <i>Information for Staff, Contractors and Volunteer Brochure</i>. The brochure informs the contractor or volunteer that employees, contractors or volunteers who sexually abuse or sexually harass detainees may be dismissed from this facility and other consequences include:</p> <ul data-bbox="284 1182 815 1279" style="list-style-type: none"> <li>• you can be reported to relevant licensing agencies</li> <li>• Contract/Volunteer duties will be terminated and/or</li> <li>• you can face civil or criminal charges</li> </ul> <p data-bbox="242 1308 1490 1402">In additions, contractors, volunteers and visitors are all required to sign in when arriving at the facility. The Auditor reviewed the samples of the sign-in sheet, which states, "SJCADC has provided you a copy of the PREA information and how to report an incident within our facility."</p> <p data-bbox="242 1433 1490 1559">The auditor reviewed a memo-Corrective Action for Contractors and Volunteers which states, "From January 1, 2021 through today's date, no contractors or volunteers working at the San Juan County Adult Detention Center had corrective actions imposed on them for a PREA related incident" In addition, the facility Administrator confirmed during an interview, that if a contractor or volunteer sexually abused or harassed a detainee, they would be dismissed from the facility.</p> <p data-bbox="242 1590 376 1619"><b><u>Conclusion:</u></b></p> <p data-bbox="242 1648 1477 1709">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1158 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 879 510" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Disciplinary Lockdown Procedure</li> <li>4. Investigation Review</li> <li>5. Interviews: Disciplinary Officer</li> </ol> <p data-bbox="242 539 1481 667">The facility indicated in their response to the Pre-Audit Questionnaire that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. In addition, the facility reported that there has been one (1) detainee disciplined after an administrative finding in the past twelve (12) months.</p> <p data-bbox="242 696 526 725"><b><u>Provision (a)(b)(c)(d)(e)(f):</u></b></p> <p data-bbox="242 754 1292 784"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "Sexual Misconduct between Detainees</p> <ol data-bbox="277 833 1469 1030" style="list-style-type: none"> <li>1. Sexual contact, sexual acts, and other sexual misconduct between detainees are prohibited by this policy regardless of whether it is alleged to be consensual.</li> <li>2. Detainee aggressors are subject to discipline.</li> <li>3. Detainees who report sexual misconduct are protected from retaliation.</li> <li>4. Detainees who engage in retaliation are subject to discipline.</li> <li>5. Detainee(s) who knowingly make false allegations of sexual misconduct are subject to discipline."</li> </ol> <p data-bbox="242 1059 1490 1252">The auditor reviewed the <i>Disciplinary Lockdown Procedure</i> and confirmed that the facility does have a formal disciplinary process following an administrative finding that the detainee engaged in inmate on inmate sexual abuse or following a criminal finding of guilty for inmate on inmate sexual abuse. In addition, the auditor reviewed a memo- Disciplinary Sanctions for Inmates, which states that the facility has had one (1) inmate that received disciplinary sanctions for a PREA related incident. This was also confirmed during the investigations review. The detainee has been criminally charged and had received disciplinary sanctions.</p> <p data-bbox="242 1281 1449 1375">The facility prohibits sexual activity between detainees. The auditor reviewed two (2) investigations, where the allegation was determined to be consensual sexual activity between detainees. The detainees were given rule violations for sexual activity.</p> <p data-bbox="242 1404 1469 1534">During an interview with the facility Disciplinary Officer, it was confirmed that detainees are given rule violations for their behavior. Mental health disability or mental illness is factored into the disciplinary sanctions. Detainees are offered mental health therapy, counseling or other interventions, however stated that many times the detainee is not at the facility long enough to take advantage of these programs. Detainees are not given a rule violation for reports made in bad faith.</p> <p data-bbox="242 1563 376 1592"><b><u>Conclusion:</u></b></p> <p data-bbox="242 1621 1481 1682">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Memo from WellPath January 4, 2019
4. SJCADC Mental Health Services Encounter
5. SJCADC Completed Questionnaire, Intake Form
6. Interviews: Medical/Mental Health Staff

The facility indicated in their response to the Pre-Audit Questionnaire that all inmates who disclosed any prior sexual victimization during a screening or inmates who have previously perpetrated sexual abuse are offered a follow-up meeting with a medical or mental health practitioner. In addition, the facility reported that there have been zero (0) inmates who have disclosed prior victimization that required an offer to follow-up with mental health and zero (0) inmates who have previously perpetrated sexual abuse that required an offer to follow up with mental health.

**Provision (a)(b)(c)(d)(e):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center shall provide that detainees who have been or allege to have been sexually abused while in custody are identified, assessed by a mental health or other qualified professional, monitored, and counseled."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Detainees identified as high risk with a history of sexually assaultive behavior or who have been identified as at risk for sexual victimization are assessed by a mental health or other qualified health professional. Such detainees will also be monitored by a mental health professional and counseled."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "If at any time a detainee is identified as a sexual predator or as a victim/potential victim, the detainee shall be re-evaluated with 14 days for appropriate housing, available programs, monitoring and counseling."

The auditor reviewed forty-one (41) detainee files. Those detainees that had disclosed previous sexual victimization had been offered mental health, however the auditor reviewed several instances where the detainees were seen by mental health but no sexual abuse was addressed. The detainees were specifically seen for suicide watch release. The sexual abuse was not addressed at all during the session. The facility currently does not have mental health staff on grounds. The auditor interviewed mental health staff through zoom access the same as the detainees would. When asked about detainees who disclosed prior victimization, it was stated that they are unaware of why a detainee is referred, so they will provide general services. Corrective action is needed.

**Provision (d)(e):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Allegations of sexual misconduct shall be treated with discretion and, to the extent permitted by law, confidentiality. Individuals who fail to keep allegations of sexual misconduct confidential are subject to discipline, up to and including termination."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Medical and Mental Health Practitioners shall obtain informed consent from the detainee before reporting about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of eighteen."

Access to this information is limited based on an employee profile and is limited to those that need to know. This was confirmed during a discussion with the facility Information Technology Staff. The auditor observed the area where detainee files are stored and it is secured and only staff with a need to know are able to go into the room.

During interviews with medical and mental health staff they indicated that they obtain informed consent from detainees before reporting information about prior information that did not occur in an institutional setting, unless the detainee is under 18 years of age.

**Corrective Action Required:**

1. The facility shall develop and implement a process to ensure that all referrals to the mental health indicate a purpose for the referral which, in turn would allow the provider to provide specialized services tailored to sexual abuse

victimization and allow for a clear treatment plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

During the corrective action period, the facility developed and implemented a PREA Risk Mental Health Referral. The referral states, detainee has a concern and is being referred to your office for further treatment:

- Detainee has scored high for sexually aggressive behavior
- Detainee has scored high for risk of sexual victimization
- Detainee has been convicted of perpetrating sexual abuse
- Detainee has experienced prior sexual victimization
- Detainee was involved in a PREA incident

The document informs the detainee that a follow up meeting with medical and/or mental health practitioner within 14 days of the intake screening. The detainee documents on the form if they would like to participate in a follow up meeting with the practitioner or if they do not wish to participate. The form is routed to medical/mental health for follow up. Samples were provided to the auditor.

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.



**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Memo from WellPath January 4, 2019
4. SJCADC Mental Health Services Encounter
5. SJCADC Completed Questionnaire, Intake Form
6. SJCADC Intake Form
7. Interviews: Mental Health Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services is according to the medical/mental health staff's professional judgment.

**Provision (a):**

SJCADC Sexual Abuse Prevention Policy and Procedure states, "San Juan County Adult Detention Center provides that victims of sexual assault be taken to the emergency room (ER) or other community facility for treatment and collection of evidence."

The auditor reviewed sixteen (16) investigations, as provided by the facility. Of these, zero (0) required a victim to be taken to the ER or other community facility for treatment and collection of evidence after being reviewed by facility medical staff and security staff filling SJCADC protocol.

**Provision (b):**

SJCADC Sexual Abuse Prevention Policy and Procedure states, "If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, the PREA Coordinator shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners."

In each of the sixteen (16) investigations reviewed by the auditor, each inmate was evaluated by facility medical staff and referred to the mental health provider contracted by the facility. However, during an interview with the contracted mental health provider for the facility, she indicated that when a referral is made to her for services and inmate care, she is unaware of the reason for the referral and she performs general services in mental health in her treatment. The treatment provided does involve treatment for sexual abuse or sexual harassment. Corrective action needed.

**Provision (c):**

SJCADC Sexual Abuse Prevention Policy and Procedure states, "Alleged victims of sexual abuse shall be offered timely information about and timely access to emergency contraception, sexually transmitted infections and prophylaxis, where medically appropriate."

The auditor reviewed sixteen (16) investigations, as provided by the facility. Of these, zero (0) required access to emergency contraception, care for sexually transmitted infections and prophylaxis, after evaluation by qualified medical staff at the facility.

**Provision (d):**

SJCADC Sexual Abuse Prevention Policy and Procedure states, "Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

The auditor reviewed a completed Mental Health Assessment clearing a detainee from suicide watch and a blank intake form.

In addition, policy states that any 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. Lastly, the MOU in place with local SASNWNM indicates that no fees are charged.

**Correction Action Required:**

1. The facility shall develop and implement a process to ensure that all referrals to the mental health indicate a purpose for the referral which, in turn would allow the provider to provide specialized services tailored to sexual abuse victimization and allow for a clear treatment plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion. During the corrective action period, the facility developed and implemented a PREA Risk Mental Health Referral. The referral states, detainee has a concern and is being referred to your office for further treatment:

- Detainee has scored high for sexually aggressive behavior
- Detainee has scored high for risk of sexual victimization
- Detainee has been convicted of perpetrating sexual abuse
- Detainee has experienced prior sexual victimization
- Detainee was involved in a PREA incident

The document informs the detainee that a follow up meeting with medical and/or mental health practitioner within 14 days of the intake screening. The detainee documents on the form if they would like to participate in a follow up meeting with the practitioner or if they do not wish to participate. The form is routed to medical/mental health for follow up. Samples were provided to the auditor.

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Mental Health Services Encounter
4. Interviews: Mental Health Staff and SASNWNM Staff

The facility indicated in their response to the Pre-Audit Questionnaire that the facility offers medical and mental health evaluations, and treatment for all inmates who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. In addition, inmate victims are offered tests for sexually transmitted infections as medically appropriate and attempts to conduct mental health evaluations on all inmate abusers within sixty (60) days of learning of such abuse history.

**Provision (a)(b)(c):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center shall provide that detainees who have been or allege to have been sexually abused while in custody are identified, assessed by a mental health or other qualified professional, monitored, and counseled."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center provides that victims of sexual assault be taken to the emergency room (ER) or other community facility for treatment and collection of evidence."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "The facility offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual acts. When necessary and feasible, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities or their release from custody."

During an interview with the contracted mental health provider for the facility, she indicated that when a referral is made to her for services and inmate care, she is unaware of the reason for the referral and she performs general services in mental health in her treatment. Corrective action needed.

**Provision (d)(e):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Alleged detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests." In addition, "If pregnancy results from the contact described in paragraph © of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

According to the MOU with SASNWNM detainee victims of sexual abusive vaginal penetration shall be offered pregnancy tests and timely access to all lawful pregnancy related services.

**Provision (f):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Alleged victims of sexual abuse shall be offered timely information about and timely access to emergency contraception, are sexually transmitted infections and prophylaxis, where medically appropriate."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Alleged detainee victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."

**Provision (g):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

According to the MOU with SASNWNM all treatment related services are provided to the victim without cost. This was confirmed during an interview with SASNWNM staff.

**Provision (h):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center shall provide that detainees who have been or allege to have been sexually abused while in custody are identified, assessed by a mental health or other qualified professional, monitored, and counseled."

During an interview with the contracted mental health provider for the facility, she indicated that when a referral is made to her for services and inmate care, she is unaware of the reason for the referral and she performs general services in mental health in her treatment. Corrective action needed.

**Correction Action Required:**

1. The facility shall develop and implement a process to ensure that all referrals to the mental health indicate a purpose for the referral which, in turn would allow the provider to provide specialized services tailored to sexual abuse victimization and allow for a clear treatment plan.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion. During the corrective action period, the facility developed and implemented a PREA Risk Mental Health Referral. The referral states, detainee has a concern and is being referred to your office for further treatment:

- Detainee has scored high for sexually aggressive behavior
- Detainee has scored high for risk of sexual victimization
- Detainee has been convicted of perpetrating sexual abuse
- Detainee has experienced prior sexual victimization
- Detainee was involved in a PREA incident

The document informs the detainee that a follow up meeting with medical and/or mental health practitioner within 14 days of the intake screening. The detainee documents on the form if they would like to participate in a follow up meeting with the practitioner or if they do not wish to participate. The form is routed to medical/mental health for follow up. Samples were provided to the auditor.

The facility has effectively demonstrated compliance during this period of corrective action. The facility is in compliance with all provisions of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Administrator's Approval December 27, 2021
4. Interviews: Incident Review Team Member and facility PREA Coordinator

The facility indicated in their response to the Pre-Audit Questionnaire that the facility conducts a sexual incident review at the conclusion of every criminal or administrative sexual abuse allegation. The facility reported that during the documentation period there have been nine (9) conducted.

**Provision (a)(b)(c)(d)(e)(f):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "The Adult Detention Center Administrator shall conduct a debriefing of all incidents of sexual misconduct in order to assess the environmental factors, relevant issues, or problem areas that could have contributed to the incident and shall implement identified improvements to increase detainee safety."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "Incident Review - For incidents involving allegations of sexual acts or contact, the detention Administrator shall conduct an incident review within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team shall:

- consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 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 was motivated or otherwise caused by other group dynamics at the facility;
- examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- assess the adequacy of staffing levels in that area during different shifts;
- assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;
- the review team will prepare a report of its findings that includes determinations made and any recommendations for improvement and submit the report to the detention Administrator, and PREA Coordinator who is authorized to implement the recommendations for improvement or shall document reasons for not doing so.

The auditor reviewed a memo -Sexual Abuse Incident Reviews which states that the review team consists of the Administrator, Deputy Administrator, three (3) Lieutenants, and the PREA Coordinator. In addition, this was confirmed during an interview with a member of the review team.

The auditor reviewed three (3) staff on inmate sexual abuse investigations. In all three (3) investigations, a Sexual Abuse Incident Review had been conducted within thirty (30) days.

The facility utilizes a PREA Incident Review form to conduct the review. The form includes the findings of the investigation and recommendations made by the review team and is signed by all who were present during the review. The form does not indicate that team considered whether the allegations or investigation indicated a need to change policy to better prevent detect or respond to sexual abuse, or 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 was motivated or otherwise caused by other group dynamics at the facility. In addition, there is no mention if there was an assessment completed on the adequacy of the staffing levels in that area or if video monitoring should be deployed or augmented to supplement supervision by staff. Corrective action is needed.

**Corrective Action Required:**

1. The facility shall develop and implement a procedure to conduct a review of all sexual abuse incidents, which includes:
  1. consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  2. 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 was motivated or otherwise caused by other group dynamics at the facility;

3. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. assess the adequacy of staffing levels in that area during different shifts;
5. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff;

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On August 4, 2022, the facility revised the PREA Incident Review form to include all elements listed above. The facility indicated that there have been no investigations that required an incident review, since the facility site review. The revised form will be utilized for all reviews in the future.

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor reviewed, analyzed and retained the following evidence related to this standard.

1. SJCADC Pre-Audit Questionnaire
2. SJCADC Sexual Abuse Prevention Policy and Procedure
3. SJCADC Sexual Abuse Prevention Policy and Procedure-Definitions
4. SJCADC 2020 annual Report
5. SJCADC 2021 Annual Report

The facility indicated in their response to the Pre-Audit Questionnaire the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. In addition, the instrument utilized contains all necessary data to answer all of the questions from the most recent version of the Survey of Sexual Violence issued by the Department of Justice.

**Provision (a)(b)(c)(d)(f):**

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "The PREA Coordinator shall maintain a tracking system that records all allegations of sexual misconduct and their disposition. Tracking records should include investigative reports, disciplinary reports, incident reports, offender information, and case disposition. These records may be used to develop future prevention planning."

*SJCADC Sexual Abuse Prevention Policy and Procedure* states, "San Juan County Adult Detention Center shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise."

The auditor reviewed the facility 2020 and 2021 Annual reports. These reports can be located on the facility website. However, during the pre-audit phase of this audit, the auditor requested a list of allegations for the past twelve months. The auditor was provided a list of twenty-seven (27) allegations. A list was requested for the first day of the site review, and there were only sixteen (16) allegations. Through out the Pre-Audit Questionnaire the number of allegations has varied. The 2021 Annual PREA report suggests that there have been nineteen (19) allegations. It appears that the facility is not collecting accurate data from every allegation. The annual report does not include information, such as how many staff on inmate sexual abuse allegations, inmate on inmate sexual abuse allegations, staff on inmate sexual harassment allegations or inmate on inmate sexual harassment allegations. In addition, the Annual Report does not include definitions consistent with standard 115.6. Corrective action is needed.

**Provision (e):**

The facility does not contract for the confinement of inmates and therefore this provision is not applicable.

**Corrective Action Required:**

1. The facility shall amend the 2021 Annual Report to include a breakdown of all allegations to include staff on inmate sexual abuse allegations, inmate on inmate sexual abuse allegations, staff on inmate sexual harassment allegations or inmate on inmate sexual harassment allegations. In addition shall include the definitions consistent with 115.6.

After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.

On July 26, 2022, the facility amended the 2021 Annual Report. The report includes all definitions that are consistent with the definitions in PREA standard §115.6. The amended report includes a breakdown of all allegations, outcome and corrective action taken by the facility, as a result of several substantiated cases. The corrective action included improvements to the camera system in the areas where the incidents occurred. The facility sexual abuse policy was updated and staff and contractors were provided mandatory training regarding the revised policy.

The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.

115.88	<b>Data review for corrective action</b>
	<p data-bbox="244 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1165 300">The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol data-bbox="277 349 877 445" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC 2021 Annual Report</li> </ol> <p data-bbox="244 472 1465 568">The facility indicated in their response to the Pre-Audit Questionnaire the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its efforts in prevention, detection and responses to sexual assault. In addition, the facility reported that it is readily available on the agency website.</p> <p data-bbox="244 598 475 627"><b><u>Provision (a)(b)(c)(d):</u></b></p> <p data-bbox="244 654 1481 784"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "The PREA Coordinator shall maintain a tracking system that records all allegations of sexual misconduct and their disposition. Tracking records should include investigative reports, disciplinary reports, incident reports, offender information, and case disposition. These records may be used to develop future prevention planning."</p> <p data-bbox="244 810 1455 907"><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "San Juan County Adult Detention Center shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise."</p> <p data-bbox="244 934 1497 1064">The auditor reviewed the facility's 2020 and 2021 Annual Reports. The facility is required to review and aggregate the data in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training by identifying problem areas and corrective action on an ongoing basis. In addition, the annual report does not do a comparison from prior years in order to assess the effectiveness of the facility's PREA efforts. Corrective action is required.</p> <p data-bbox="244 1093 544 1122"><b><u>Corrective Action Required:</u></b></p> <ol data-bbox="277 1171 1385 1200" style="list-style-type: none"> <li>1. The agency shall identify problem areas and discuss corrective action moving forward, in the annual reports.</li> </ol> <p data-bbox="244 1227 1465 1292">After the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this standard and agreed upon a plan for completion.</p> <p data-bbox="244 1319 1492 1482">On July 26, 2022, the facility amended the 2021 Annual Report. The report includes all definitions that are consistent with the definitions in PREA standard §115.6. The amended report includes a breakdown of all allegations, outcome and corrective action taken by the facility, as a result of several substantiated cases. The corrective action included improvements to the camera system in the areas where the incidents occurred. The facility sexual abuse policy was updated and staff and contractors were provided mandatory training regarding the revised policy.</p> <p data-bbox="244 1509 1369 1574">The facility has effectively demonstrated compliance during the period of corrective action and provided sufficient documentation as proof of practice. The facility is in compliance with this standard.</p>



115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The auditor reviewed, analyzed and retained the following evidence related to this standard.</p> <ol style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. SJCADC Sexual Abuse Prevention Policy and Procedure</li> <li>3. SJCADC Website</li> <li>4. Memo-IT Data Storage</li> </ol> <p>The facility indicated in their response to the Pre-Audit Questionnaire the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its efforts in prevention, detection and responses to sexual assault. In addition, the facility reported that it is readily available on the agency website.</p> <p><b><u>Provision (a)(b)(c)(d):</u></b></p> <p><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "The PREA Coordinator shall maintain a tracking system that records all allegations of sexual misconduct and their disposition. Tracking records should include investigative reports, disciplinary reports, incident reports, offender information, and case disposition. These records may be used to develop future prevention planning."</p> <p><i>SJCADC Sexual Abuse Prevention Policy and Procedure</i> states, "San Juan County Adult Detention Center shall maintain sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise."</p> <p>The auditor confirmed that information is securely maintained at the facility. Access to the PREA Documentation is maintained through the profiles of each employee. Only those with a legitimate need to know are given access to the data.</p> <p>SJCADC does not contract with private facilities.</p> <p>The auditor reviewed the SJCADC 2021 Annual Report and did not find any personal identifiers in the report. The report can be found on the agency website.</p> <p><b><u>Conclusion:</u></b></p> <p>Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with all provisions of this standard and no corrective action is required.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">The auditor reviewed, analyzed and retained the following evidence related to this standard:</p> <ol data-bbox="229 318 1509 631" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. Previous Audit report for SJCADC</li> <li>3. SJCADC Website</li> <li>4. Facility Diagram</li> <li>5. Tour and observation of all areas of the facility</li> <li>6. All documentation for all audit standards listed in this report</li> <li>7. Private interviews with the inmate population as requested</li> <li>8. Posting for inmates for confidential correspondence with auditor</li> </ol> <p data-bbox="229 631 1509 694"><b>Conclusion:</b></p> <p data-bbox="229 694 1509 775">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 324">The auditor reviewed, analyzed and retained the following evidence related to this standard:</p> <ol data-bbox="231 324 1508 638" style="list-style-type: none"> <li>1. SJCADC Pre-Audit Questionnaire</li> <li>2. Previous Audit report for SJCADC</li> <li>3. SJCADC Website</li> <li>4. Facility Diagram</li> <li>5. Tour and observation of all areas of the facility</li> <li>6. All documentation for all audit standards listed in this report</li> <li>7. Private interviews with the inmate population as requested</li> <li>8. Posting for inmates for confidential correspondence with auditor</li> </ol> <p data-bbox="231 638 1508 705"><b>Conclusion:</b></p> <p data-bbox="231 705 1508 775">Based on the review and analysis of all the available evidence, the auditor has determined the agency is fully compliant with this standard. No corrective action is needed.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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



<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes



<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes



<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate'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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	na
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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



<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes