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

☐ **Interim** ☒ **Final**

Date of Report March 9, 2020

Auditor Information

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Company Name: PREA Auditors of America	
Mailing Address: PO Box 110993	**City, State, Zip:** Aurora, CO 80042-0993
Telephone: 720-371-2172	**Date of Facility Visit:** June 24-25, 2019

Agency Information

Name of Agency: Doña Ana County Detention Center - Adult		**Governing Authority or Parent Agency** *(If Applicable)*: Doña Ana County	
Physical Address: 1850 Copper Loop		**City, State, Zip:** Las Cruces, NM 88005	
Mailing Address: 1850 Copper Loop		**City, State, Zip:** Las Cruces, NM 88005	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Agency Website with PREA Information: Currently the agency website does not host PREA information.			

Agency Chief Executive Officer

Name: Joshua Flemming	
Email: joshuaf@donaanacounty.org	**Telephone:** 575-647-7600

Agency-Wide PREA Coordinator

Name: Anthony Eberwine	
Email: anthonye@donaanacounty.org	**Telephone:** 575-527-3163
PREA Coordinator Reports to: Captain Ben Mendoza	**Number of Compliance Managers who report to the PREA Coordinator** 1

Facility Information

Name of Facility: Doña Ana County Detention Center – Adult			
Physical Address: 1850 Copper Loop		**City, State, Zip:** Las Cruces, NM	
Mailing Address (if different from above): 1850 Copper Loop		**City, State, Zip:** Las Cruces, NM	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☒ County	☐ State	☐ Federal
Facility Type:	☐ Prison	☒ Jail	

Facility Website with PREA Information: Currently the facility website does not host PREA information.

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

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

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Not applicable

Warden/Jail Administrator/Sheriff/Director

Name:	Daniel Peters		
Email:	danielp@donaanacounty.org	**Telephone:**	575-647-7634

Facility PREA Compliance Manager

Name:	Matthew Cordova		
Email:	matthewc@donaanacounty.org	**Telephone:**	575-527-3184

Facility Health Service Administrator ☐ N/A

Name:	Jason Duran		
Email:	Jason.duran@corizonhealth.com	**Telephone:**	575-647-7642

Facility Characteristics	
Designated Facility Capacity:	846
Current Population of Facility:	698
Average daily population for the past 12 months:	719
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☐ Males ☒ Both Females and Males
Age range of population:	18-83
Average length of stay or time under supervision:	76 days
Facility security levels/inmate custody levels:	Minimum, Medium, Maximum, Administrative Segregation
Number of inmates admitted to facility during the past 12 months:	9766
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	9132
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	2583
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☒ Yes ☐ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☒ Federal Bureau of Prisons ☒ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☐ N/A
Number of staff currently employed by the facility who may have contact with inmates:	22

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	46
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	109
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	23
Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	1
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	32
Number of single cell housing units:	13
Number of multiple occupancy cell housing units:	14
Number of open bay/dorm housing units:	5
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	49
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No
Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☒ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	10
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☐ Agency investigators ☒ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☒ Local sheriff's department ☒ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☐ N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	10
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☐ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative

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

Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Doña Ana County Detention Center (DACDC) was conducted on June 24-25, 2019. The DACDC is located at 1850 Copper Loop, Las Cruces, NM 88005. The audit was conducted by Natasha Mitchell from Henderson, Colorado who is a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The auditor conducted the audit as a single auditor with no additional support staff. The auditor subcontracted with the PREA Auditors of America, LLC to conduct the audit. The contract was signed between the Auditor and the PREA Auditors of America, LLC on February 5, 2019, and began communicating with the DACDC PREA Coordinator soon after. This is DACDC's first PREA audit since the implementation of the PREA standards.

Audit Methodology
Pre-Onsite Audit Phase

Prior to the onsite audit, the auditor-initiated discussions concerning the logistics for preparing for the onsite audit as well as the presence of the auditor onsite. Additional communication involved both the PREA Coordinator and the designated PREA Compliance Manager.

Notice of Audit Posting

The audit notice was forwarded to DACDC on April 7, 2019. The audit was posted throughout the facility on May 14, 2019, and pictures via email were provided to the auditor to verify the postings on May 22, 2019. The audit notices were posted throughout the facility, in places visible to all detainees and staff, including on housing units. Further verification of the notice's placement was made through observation during the onsite tour. The audit notices include a statement regarding confidentiality of detainee and staff correspondence with the auditor. No correspondence was received during any phase of the audit.

The Pre-Audit Questionnaire and supporting documentation was received on June 3, 2019. The Pre-Audit Questionnaire has a completion date of May 31, 2019. The documentation was provided to the auditor through a secure upload. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation on June 19, 2019. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined there was a need for additional information. The following standards required additional information: 115.313, 115.317, 115.321, 115.322, 115.331, 115.342, 115.351, 115.352, 115.354, 115.363, 115.365, 115.367, 115.368, 115.373 and 115.386. The auditor received responses for the majority of the standards from DACDC on June 24, 2019.

Requests of Facility Lists
DACDC provided the following information for interview selections and document sampling:

Online Detainee Booking	Selected detainees from June 24, 2019
Detainees with disabilities	Three were interviewed.

Detainees who are Limited English Proficient (LEP)	Three were interviewed.
LGBTI Detainees	Two interviewed.
Detainees in segregated housing	One interviewed.
Detainees in isolation	None were identified.
Detainees who reported sexual abuse	One interviewed.
Detainees who reported sexual victimization during risk screening	Five were interviewed.
DACDC Staff Rosters	
Completer Staff roster	The roster was provided to the auditor via email from the DACDC on June 19, 2019.
Specialized Staff	Specialized staff were identified on the roster.
Contractors who have contact with detainees	Corizon, Aramark, Keefe, and Trinity Services Group rosters were provided to the auditor via email from the DACDC on June 19, 2019.
All volunteers who have contact with detainees	DACDC provided a list of volunteers, which included contact information.
All grievances/allegations made in the previous 12 months	The facility reported there were 76 allegations reported through the DACDC grievance procedures.
All allegations of sexual abuse and sexual harassment reported for investigation in the previous 12 months.	The facility reported there were 76 sexual abuse and sexual harassment allegations reported in the previous 12 months.
External Contacts The following external contacts were made:	
Advocacy and SAFE/SANE Programs	La Piñon Sexual Assault Recovery Service of Southern New Mexico

Research

- "Shocking video shows Doña Ana County inmates attacking militia leader" – Las Cruces Sun News June 11, 2019 https://www.lcsun-news.com/story/news/crime/2019/06/11/3-federal-inmates-suspected-attack-militia-leader-larry-mitchell-hopkins/1421234001/

Onsite Audit Phase

Entrance briefing

An entrance briefing was held with the Captain of Support, PREA Coordinator and PREA Compliance Manager. Introductions were made, the agenda for the onsite audit was discussed and the auditor began the site review accompanied by the PREA Coordinator and the PREA Compliance Manager.

Site Review

The auditor accessed and observed all areas of the facility. The auditor was provided with the facility physical layout prior to the onsite audit, which allowed the auditor to become familiar with the facility. The DACDC adult facility has one building with 13 single cell housing units and 14 multiple occupancy cell housing units. In addition to the housing units, there is an intake area, medical clinic, laundry room, kitchen, group space, office space, recreation yards, master control, staff lounge and visitor main entrance. The detainee population count on the first day of the onsite audit was 816; 127 female detainees and 689 male detainees.

Processes and areas observed

On the first day of the onsite audit there were detainees in intake being processed for admission to the facility. The auditor gathered information about the intake process through specialized staff and detainee interviews. PREA audit notices and zero tolerance posters were posted and visible for the detainee's review, and the placement of cameras were observed. The auditor was able to access the facility kiosk, that allows the detainees to submit grievances and make reports of sexual abuse and sexual harassment.

During the site review the staff explained the shower procedures and reported information was confirmed during detainee interviews. The auditor observed opposite gender announcements and the process in which opposite gender staff ensure all detainees are afforded privacy prior to entering a unit.

Specific area observations
There are 13 single cell housing units and 14 multiple occupancy housing units that serve as living units. The single cell housing units are equipped with designated bathroom and shower areas that area accessible to the detainees as needed. The auditor observed during the tour prior to a male staff member entering the female housing unit and vice versa for male detainees, the staff member will ensure no one is in the shower and will advise everyone to be appropriately dressed. This all takes place prior to the opposite gender staff member walking completely on to the unit. This practice seemed to be a normal routine and ingrained into the system.

The intake area for new admissions are completed in a separate area from the living units. The intake unit, search and shower area provide adequate privacy, which allow the detainees to disclose as much personal information that they feel comfortable disclosing.

The auditor observed staff presence in every area the detainees were present. Adequate staff supervision and camera placements seems to mitigate blind spots.

Interviews
Staff and detainee interviews were conducted in the facility multipurpose room, counseling room and an office. The location provided privacy and was centrally located to minimize disruption to programming. Specialized staff were selected based on their respective duties in the facility. Twelve randomly selected staff from every shift and unit were interviewed using the random staff interview protocol. The detainee population was 816 on the first day of the audit. The auditor interviewed 15 specialized detainees and 15 random detainees. There were two detainees interviewed who identified as lesbian, gay, bisexual, transgender or intersex; three identified with a disability; three limited English proficient; one in seclusion; one who reported a sexual abuse incident; and five who reported victimization during the risk screening. All of the interviewed detainees reported feeling safe.

Interviews Protocols	**Number of Interviews**
Agency Head	1
Captain of Operations (Superintendent)	1
PREA Coordinator	1
PREA Compliance Manager	1
Medical Staff (Contract)	1
Mental Health Staff (Contract)	1
Intake Staff	1
Volunteer	N/A
Investigation Staff	1
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Staff (Unannounced rounds)	3

SAFE and SANE	La Piñon Sexual Assault Recovery Service of Southern New Mexico.
Staff who supervise detainees in isolation	No isolation
Staff on the Incident Review Team	3
Designated staff member charged with monitoring retaliation	**All staff**
Random sample of Staff	12
Random sample of Detainees	15
Detainee identified as lesbian, gay, bisexual, transgender or intersex	2
Detainee who reported a sexual abuse	1
Detainee with an identified disability or limited English speaking	6
Detainee in segregation	1
Detainee who disclosed prior sexual victimization during risk screening	5

Exit Briefing
An exit briefing was conducted with the Captain of Operations, PREA Coordinator, PREA Compliance Manager and **additional facility/agency leaders**. The onsite audit was discussed. The auditor identified the standards that will need to be addressed to bring the facility into compliance. The standards included: 115.13, 115.16, 115.22, 115.32, 115.34, 115.35, 115.41, 115.54, 115.63, 115.65, 115.67, 115.68, 115.81 and 115.86.

Corrective Action Phase
The auditor began immediately working with DACDC upon the issuance of the interim report. The PREA Coordinator and the auditor-maintained communication either through phone calls or emails during the corrective action phase to ensure the agency would achieve compliance. As the agency fulfilled the necessary steps to demonstrate compliance with a standard the supporting documents were uploaded to the secure electronic system for review. Supporting documents included proof of training logs or certificates, full policies with updated policy language and internal operation forms. The auditor encouraged and supported the agency throughout the corrective action phase and is pleased with the efforts of the agency.

Facility Characteristics

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

INTRODUCTION:
The Doña Ana County Detention Center is a county facility. Built in 1995, the facility was originally designed with 562 beds. In 2000, an additional housing unit was added, and some remodeling was done to increase the number of beds to 846 and the total living space to 166,543 square feet. Detainees are housed in seven (7) secure housing units. Most detainees share a cell with at least one other detainee.

The adult detention facility differs from a traditional linear jail in that there are no bars separating officers and detainees. Instead, they are separated by glass partitions, which allow officers to maintain continuous observation of all detainees and to ensure that detainees are constantly aware that they are under observation.

The detainees are made aware of the operation of the facility by watching channel 24 (Spanish) and 25 (English) on the detainee television programming pertaining to their stay at the Detention Center. The Detainee Information Broadcasting System (DIBS) runs continuously all day long and covers a number of topics from rules, regulations and safety. The information shown is intended to be informative and is designed to answer questions the detainees may have.

POPULATION:
DACDC serves local, state and federal detainees, including male and female detainees. DACDC also contracts with the U.S. Marshals Service to house federal detainees pending adjudication; the federal detainees occupy nearly half of the daily beds at DACDC.

The facility has a main control center, which houses the facility's video monitoring system. There are one hundred thirty-two (132) cameras strategically placed throughout the facility. Two staff are always assigned and on duty to support the main control functions. On the east section of the facility is the Medical administrator's offices, east visitation (video visitation), Fox, Gulf, Echo housing units, and the special housing unit, kitchen, administrator's offices, briefing and break room, warehouse and laundry room. Each pod within the housing unit is multi-person housing cells, dayroom, hygiene facilities and a security staff desk. The showers include two (2) shower stalls, where the detainee population agrees to shower one at a time. There are two (2) cameras strategically placed on the pods with adequate visibility of the pod that does not compromise the detainee's privacy. The east corridor of the building includes all female detainees and medium secure males. When entering the female detainee housing units a sign was visible which read, "Male working in the area". The facility does not have a dining hall; however, male detainees are allowed to work in the dining hall. All meals are served on the housing units. Female detainees are assigned to laundry detail.

On the opposite side of main control is the intake area, which includes staff office space, booking area, property room, single occupancy as wells as multi-person cells. During the intake process male detainees are separated from female detainees by proximity and the property room prevents visual observation by the male detainees.

On the west section of the facility is Bravo, Delta, Charlie units, medical clinic, recreation yard, west visitation and X pod; which house federal detainees pending adjudication. Cell A and B are minimum secure, open bay pods that include two (2) showers and hygiene areas that provide adequate privacy. X pod has a control center, staff office space, recreation yard and medical clinic.

STAFF MONITORING:
The facility engages in intermittent activities that occur at least once per month. The activities include: supervising programs, supervising religious services, serving meals on the units, medication distribution, escorting detainees for medical treatment, preparing detainees for court, recreation, conducting searches and shift changes. The facility staffing pattern never goes below a total of forty (40) detention officers, and will be increased on the weekends to sixty (60).

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: N/A

Standards Met

Number of Standards Met: 44

The following standards required corrective action:
Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Standard 115.13 Supervision and monitoring
Standards 115.16 Inmates with disabilities and inmates who are limited English proficient
Standard 115.17 Hiring and promotion decisions
Standard 115.22 Policies to ensure referrals of allegations for investigations
Standard 115.31 Employee training
Standard 115.32 Volunteer and contractor training
Standard 115.34 Specialized training: Investigations
Standard 115.35 Specialized training: Medical and mental health care
Standard 115.41 Screening for risk of victimization and abusiveness
Standard 115.54 Third-party reporting
Standard 115.65 Coordinated response
Standard 115.67 Agency protection against retaliation
Standard 115.68 Post-allegation protective custody
Standard 115.86 Sexual abuse incident reviews
Standard 115.87 Data collection
Standard 115.88 Data review for corrective action

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: N/A

115.11

CORRECTIVE ACTION: DACDC will need to develop a PREA policy or policies addressing the PREA standards specific to each operated facility (adult and juvenile) since there are specific standards for juvenile facilities that are not applicable to adult facilities.

CORRECTIVE ACTION: 115.11(a)-2 A review of the documentation did not include the definitions of prohibited behaviors regarding sexual abuse and sexual harassment. It appears page 2-3 of SOP 2A-29 was not included.

CORRECTIVE ACTION STEPS TAKEN: The agency updated the Doña Ana County Detention Center standard operating procedure J2A-9 (Sexual Assault) policy that went into effect January 28, 2020. The policy now includes definitions for sexual abuse and sexual harassment.

CORRECTIVE ACTION: 115.11(c)-1 Given that the adult and juvenile facilities are separate, per the standards each facility should have a designated PREA Compliance Manager. It is unclear if the adult facility has a designated PREA Compliance Manager. In selecting a PREA Compliance Manager, the individual should have sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. Both the PREA Coordinator and PREA Compliance Manager should have the authority to delegate and require staff to complete tasks and comply with direction.

The organizational structures between the adult facility and the juvenile facility should be separated to demonstrate the hierarchical designations, roles and responsibilities.

CORRECTIVE ACTION STEPS TAKEN: The agency developed separate policies for the facilities under their jurisdiction. There is now a policy specific to the adult facility and one for the juvenile facility. There is also an organizational chart that delineates the persons responsible for overseeing and managing the adult facility versus the juvenile facility.

115.13

CORRECTIVE ACTION: DACDC has included the staffing plan requirements in their policy; however, the facility has not implemented a staffing plan. The standards require the facility 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 detainees against abuse. Each facility operated by DACDC shall have a staffing plan developed for each facility type (adult and juvenile).

The facility leaders are in the process of discussing contracting for service to complete a full facility staffing analysis. This auditor advised, for the purposes of this particular standard a staffing analysis is not necessary; however, the auditor supports the decision to have a full facility staffing analysis completed.

The auditor will share examples of staffing plans developed in varies types of facilities to assist DACDC with the implementation of the policy and staffing plan.

CORRECTIVE ACTION STEPS TAKEN: A staffing plan dated August 14, 2019 indicates the agency employs one hundred seventy-eight (178) full time employees. When any post is not filled due to vacancies, the positions are filled by use of overtime. When a post is vacant due to the use of various leave types, the position is left vacant requiring the facility to operate under contingency plans.

A staffing analysis was completed and delivered to the agency in January 2020. The facility houses detainees pending adjudication or serving a sentence, federal detainees pending adjudication; and local state and county jurisdictions. There was an increase in the detainee average daily population later in to 2019, reaching nearly 800. The detainee population consists of males and females. The staff count never goes below a total of 40 staff. Staff coverage will be increased as needed between 55 and 60 staff on the weekends.

CORRECTIVE ACTION: DACDC will need to adopt a procedure to track and document all deviations from the staffing plan in those instances staffing is outside of what is required per their staffing plan.

CORRECTIVE ACTION STEPS TAKEN: The agency updated the standard operating procedure that requires any deviations from the staffing plan to be documented on the post assignments form. The documentation will include documenting circumstances surrounding the deviation and will be reviewed by the Shift Lieutenant and forwarded through the chain of command. There is also a review process that will be conducted by the agency PREA Review Committee, which may result in modifications to the staffing plan.

115.16

Corrective Action: DACDC will need to attempt to contract with a translation and interpretation provider who can provide services for a list of languages. This is especially important since the facility admits detainees solely for civil immigration purposes. Although the detainees are primarily Spanish speakers there are detainees who speak a different dialect as experienced by the auditor during the interviews.

CORRECTIVE ACTION STEPS TAKEN: The agency provided the auditor with a signed and dated contract with the Language Line. The contract agreement ensures translation and interpretation services are available 24 hours a day by telephone or electronically.

115.17

CORRECTIVE ACTION: The facility has not adopted a policy or practice that involves consulting the child abuse registry maintained by the State of New Mexico. The DACDC will be required to communicate with the New Mexico Children, Youth and Families Department to establish a practice that will allow the facility to contact the department to complete a background check that involves running the name of an employee in the child abuse registry to ensure there are no civil or administrative child abuse findings.

Given that all staff are certified to work in the juvenile facility, DACDC will need to determine their procedure for obtaining a child abuse registry background clearance for the staff who are certified to work with the juvenile population but assigned to the adult facility.

CORRECTIVE ACTION STEPS TAKEN: DADC and New Mexico's Children Youth and Families Department agree to a limited inquiry and disclosure process, which will allow DACJDC to submit to CYFD the name and other sufficient personally identifying information of an otherwise qualified applicant for employment with DACJDC. CYFD will either confirm or deny that a DACJDC applicant has been adjudicated to have engaged in or attempted to engage in activity prohibited by the PREA Juvenile Detention Standards.

All current Doña Ana Detention staff have undergone a CYFD child abuse registry check. According to the PREA Coordinator all staff cleared the registry. Going forward all new hires will complete the child abuse registry as part of the background check. The auditor reviewed a sample of the child abuse registry authorization form that granted the agency permission to collect the information. CYFD indicates on the form that the employee or potential employee has a record of no substantiated finding of sexual abuse or a substantiated finding of sexual abuse.

115.22

CORRECTIVE ACTION: The policy language should instruct the staff where they are required to document sexual abuse or sexual harassment allegations or provide the auditor with the appropriate policy that provides guidance to staff on documenting incidents.

CORRECTIVE ACTION: A review of the DACDC website shows the investigation policy is not published on the website.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language that requires the staff to immediately inform their supervisor and document the allegations on a written report that must be submitted to the shift supervisor by the end of the shift in which the allegation was reported.

A review of the agency website also indicates the facility updated the website, which includes a link to the policy.

115.31

CORRECTIVE ACTION: DACDC will need to update the training curriculum to address the unique needs and attributes between male and female detainees.

CORRECTIVE ACTION STEPS TAKEN: Training certificates and training logs were provided to demonstrate staff completed PREA training in September 2019. The training includes the agencies gender-based assignments (female staff only work with female detainees and vice versa for male detainees) and how to work with specific genders.

115.32

According to the PAQ, there are 165 contractors and volunteers, who have contact with detainees, who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The facility should break down the numbers of contractors and volunteers between the juvenile facility and adult jail to ensure the individuals providing services in the juvenile detention facility are appropriately trained.

CORRECTIVE ACTION: To demonstrate compliance the facility will need to provide the auditor with training logs or signed acknowledgement forms from the previous 12 months to present day for contractors and volunteers.

CORRECTIVE ACTION STEPS TAKEN: The facility provided the auditor with 60 training acknowledgment forms from 2019, demonstrating contract and volunteer staff received PREA training. The signed acknowledgement form also indicates the signee understands the training material, were afforded the opportunity to ask questions, and acknowledging they will comply with the applicable laws and the county related policies.

Contract and volunteer staff also completed the National Institute of Corrections (NIC) training, "PREA: Your Role Responding to Sexual Abuse". Training certificates were provided to demonstrate compliance.

115.34

CORRECTIVE ACTION: The policy does not require training that requires sexual abuse evidence collection in confinement settings, or the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Since the facility does conduct administrative investigations, the policy should adopt the appropriate level of training to comply with how to collect evidence required to substantiate a case for administrative action.

PREA Online Training can be accessed on the following website:
https://nic.learn.com/learncenter.asp?id=178416&page=1

CORRECTIVE ACTION STEPS TAKEN: The agency provided the auditor with eleven (11) training certificates from September and October of 2019. The certificates show the agency investigators completed the National Institute of Corrections training, "PREA: Investigating Sexual Abuse in Confinement Setting: Advanced Investigations".

115.35

CORRECTIVE ACTION: The facility did not provide the auditor with medical and mental health care training documentation showing the practitioners have completed the required training. DACDC will need to provide training certificates and/or training logs.

PREA Online Training can be accessed on the following website:
https://nic.learn.com/learncenter.asp?id=178416&page=1

CORRECTIVE ACTION STEPS TAKEN: The facility provided the auditor with training certificates demonstrating the facility medical and mental health staff completed the NIC training, "Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Mental Health Care for Sexual Assault Victims in a Confinement Setting". All training was completed in September and October 2019.

115.41

CORRECTIVE ACTION: DACDC detainees are housed in a temporary multi-person housing cell prior to them being moved to their assigned housing unit. Their placement in the temporary housing cells does not include assessing the detainee's risk of victimization or as a perpetrator. This practice increases the agencies liability should a detainee become a victim in the facility. DACDC will need to establish protocols to ensure victims are not being housed with possible or known violent detainees and sexual abuse perpetrators.

CORRECTIVE ACTION:
Step 1: DACDC will need to update the current risk of victimization and abusiveness tool to ensure every criterion required per the standard is included in the assessment tool. Once updated the facility will need to provide a copy to the auditor for review.

Step 2: DACDC will need to submit an updated and complete risk of victimization and abusiveness for 10 detainees per month during the corrective action period to demonstrate compliance with this provision of the standard.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the risk screening tool and process for ascertaining the information. Detainees will be screened within 24 hours. The initial screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to DCDC.

The facility updated the risk assessment tool, which demonstrated the objective risk screening tool screens for the criterion required per the standard is included. A sample of the assessment tools were provided to demonstrate the detainees are being appropriately screened and assessed.

CORRECTIVE ACTION: The policy requires a 30-day reassessment; however, DACDC did not have a reassessment process in place during the onsite phase of the audit. In order to demonstrate compliance DACDC will have to update their policy to include the reassessment process steps and risk assessment documentation demonstrating the reassessment practices.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the policy that requires within 30 days from the detainee's arrival, the facility shall reassess the detainee's risk of victimization or abusiveness.

115.54

CORRECTIVE ACTION: DACDC will need to update the agency website with PREA information, which explains what PREA is, the agency PREA policy, third-party reporting mechanisms and the roles and responsibilities of the investigative entities.

CORRECTIVE ACTION STEPS TAKEN: The agency created a PREA link on the website. The website includes PREA information, third-party reporting information, PREA policies, and investigation process. The PREA website can be found at: https://www.donaanacounty.org/detention/prea

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115.65

CORRECTIVE ACTION: The facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the agency standard operating procedure (Sexual Assault) to include very specific steps and guidelines for staff at every level to appropriately respond to an imminent risk of and allegations of sexual abuse.

115.67

CORRECTIVE ACTION: The facility has not designated a staff member(s) or department with monitoring for possible retaliation. DACDC will need to formally designate a staff or department with monitoring for possible retaliation to protect detainees and staff who report or cooperate with a sexual abuse and sexual harassment allegation.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) designating the Program Department as the entity responsible for monitoring for possible retaliation. The monitoring would take place for at least 90 days following a report of sexual abuse.

115.68

CORRECTIVE ACTION: The policy language does not state detainees who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other detainees safe, and only until an alternative means of keeping all detainees safe can be arranged.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language providing guidance to staff for post-allegation protective custody. Anytime the facility places a detainee in segregated housing who alleged to have suffered sexual abuse can only be utilized as a last resort when less restrictive measures are inadequate.

115.86

CORRECTIVE ACTION: According to the PAQ DACDC has not implemented or adopted an incident review team or procedures. The policy requires updating to include guidance on convening 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.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language requiring an incident review at the conclusion of every sexual abuse investigation. The facility leadership team has a monthly meeting that includes upper-level management officials, line supervisors, investigators, medical and mental health practitioners. Any sexual abuse allegation will be reviewed during the meeting and all discussions and outcomes will be documented in the meeting minutes.

The incident review team will consider whether the allegation indicates a need to change procedure or practice; whether the incident was motivated by race, ethnicity, gender identity, or gang affiliation. The team will examine the area in the facility where the incident allegedly occurred, staffing levels, monitoring technology and the findings as well as recommendations will be documented.

115.87

CORRECTIVE ACTION: DACDC has data collection language in the policy but has not aggregated the data for 2018 or the previous years. DACDC will need to aggregate the data for 2018 and post the data on the website to achieve compliance with this standard.

CORRECTIVE ACTION STEPS TAKEN: According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed data collected, which includes the data necessary to answer all questions from the Survey of Sexual Violence.

The auditor reviewed published annual reports for 2018 and 2019. The auditor observed the reports include aggregate incident-based sexual abuse data; however, the data report is pie chard and does not explain what the numbers represent. The PREA Coordinator stated the agency will continue to enhance the data report to reflect what the data represents. During the onsite and report writing phase of the audit, the PREA Coordinator stated the 2019 data report will reflect the aggregated data per facility. A review of the 2019 draft report included aggregated data by facility, to include contract facilities.

According to the PAQ and the auditor's observation, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed Critical Incident Reports and observed data collected includes the data necessary to answer all questions from the Survey of Sexual Violence.

The data can be found on the agency website at: https://www.donaanacounty.org/detention/prea/policies

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115.88

CORRECTIVE ACTION: DACDC has data collection language in the policy but has not aggregated the data for 2018 or the previous year. DACDC will need to aggregate the data for 2018 and post the data on the website to achieve compliance with this standard.

CORRECTIVE ACTION STEPS TAKEN: According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed data collected, which includes the data necessary to answer all questions from the Survey of Sexual Violence.

The auditor reviewed published annual reports for 2018 and 2019. The auditor observed the reports include aggregate incident-based sexual abuse data; however, the data report is pie chard and does not explain what the numbers represent. The PREA Coordinator stated the agency will continue to enhance the data report to reflect what the data represents. During the onsite and report writing phase of the audit, the PREA Coordinator stated the 2019 data report will reflect the aggregated data per facility. A review of the 2019 draft report included aggregated data by facility, to include contract facilities.

According to the PAQ and the auditor's observation, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed Critical Incident Reports and observed data collected includes the data necessary to answer all questions from the Survey of Sexual Violence.

The data can be found on the agency website at: https://www.donaanacounty.org/detention/prea/policies

PREVENTION PLANNING

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

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
  ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☒ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Standard Operating Procedures 7D-04 Facility Administration, Facility Organizational Chart
- Updated Standard Operating Procedures 2A-29 Health Services, Sexual Assault; effective January 28, 2020

115.11(a)
DACDC
Standard Operating Procedures
S.O.P. 2A-29
Page 1-4

SOP: The Doña Ana County Detention Center mandates zero tolerance toward all forms of sexual abuse and sexual harassment. Sexual abuse of a detainee and sexual harassment of a detainee are prohibited.

PURPOSE: The Detention Center is committed to zero tolerance of any form of sexual abuse and sexual harassment in facilities it operates directly or with which it holds contracts for the confinement of detainees.

The purpose of this procedure is to describe the Detention Center mandate of zero tolerance towards all forms of sexual abuse and sexual harassment; and to outline The Detention Center approach to preventing, detecting, and responding to sexual abuse and harassment.

DACDC has zero tolerance towards all forms of sexual abuse and sexual harassment. The agency has demonstrated that they have taken appropriate steps to prevent, detect and respond to all forms of sexual abuse and sexual harassment. The efforts to prevent and detect misconduct apply to the department and all facilities under their jurisdiction, and every private facility in which DACDC contracts with for the confinement of county detainees.

CORRECTIVE ACTION: DACDC will need to develop a PREA policy or policies addressing the PREA standards specific to each operated facility (adult and juvenile) since there are specific standards for juvenile facilities that are not applicable to adult facilities.

CORRECTIVE ACTION: 115.11(a)-2 A review of the documentation did not include the definitions of prohibited behaviors regarding sexual abuse and sexual harassment. It appears page 2-3 of SOP 2A-29 was not included.

115.11 (a)-2
DACDC
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S.O.P. 2A-29
Page 2-4

A. “Sexual abuse” includes:

1) Sexual abuse of a detainee by another detainee; and

2) Sexual abuse of a detainee by a staff member, contractor, or volunteer.

B. Sexual abuse of a detainee by another detainee includes any of the following acts, if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse:

1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

2) Contact between the mouth and the penis, vulva, or anus;

3) Penetration of the anal or genial opening of another person, however slight, by a hand, finger, object, or other instrument; and

4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

C. Sexual abuse of a detainee by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the detainee:

D. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

E. Contact between the mouth and the penis, vulva, or anus;

F. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

G. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

H. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

I. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a) through (e) of this section;

J. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a detainee; and

K. Voyeurism by a staff member, contractor, or volunteer. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of a detainee by staff for reasons unrelated to official duties, such as peering at a detainee who is using a toilet in his or her cell to perform bodily functions; requiring a detainee to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a detainee's naked body or of a detainee performing bodily functions.

B. Sexual Harassment

A. “Sexual Harassment” includes:

1) Sexual harassment of a detainee by another detainee; and

2) Sexual harassment of a detainee by a staff member, contractor, or volunteer.

B. Sexual harassment of a detainee by another detainee includes:

1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by a detainee directed toward another.

C. Sexual harassment of a detainee by a staff member, contractor, or volunteer includes:

1) Repeated verbal comments or gestures of a sexual nature to a detainee by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

The policy includes definitions for sexual abuse, sexual harassment and voyeurism, and the possible sanctions for engaging in such misconduct. Policy 2A-29 (Sexual Assaults) has sanctions related to zero-tolerance for sexual misconduct states explicitly the following, “Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.” The same is true for any contractor or volunteer who engages in sexual misconduct. DACDC will prohibit their contractor and volunteer from having contact with the detainees and will make a report to law enforcement, unless the activity was not criminal.

CORRECTIVE ACTION: 115.11(c)-1 Given that the adult and juvenile facilities are separate, per the standards each facility should have a designated PREA Compliance Manager. It is unclear if the adult facility has a designated PREA Compliance Manager. In selecting a PREA Compliance Manager, the individual should have sufficient time and authority to coordinate the facility’s efforts to comply with the PREA Standards. Both the PREA Coordinator and PREA Compliance Manager should have the authority to delegate and require staff to complete tasks and comply with direction.

The organizational structures between the adult facility and the juvenile facility should be separated to demonstrate the hierarchical designations, roles and responsibilities.

CORRECTIVE ACTION STEPS TAKEN: The agency developed separate policies for the facilities under their jurisdiction. There is now a policy specific to the adult facility and one for the juvenile facility. There is also an organizational chart that delineates the persons responsible for overseeing and managing the adult facility versus the juvenile facility.

Interviews:

- Interim Director
- PREA Coordinator
- PREA Compliance Manager

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Interviews:

- DACDC Adult Pre-Audit Questionnaire
- Interim Director
- PREA Coordinator

The DACDC does not contract with other entities for the confinement of detainees. However, DACDC does contract with other agencies (i.e., state, local, federal, etc.) to house their detainees and a review of those contracts DACDC is required to comply with the standards.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of detainees. No corrective action is required.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒

Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Facility PREA Checks
- Staffing Analysis dated August 14, 2019
- Staffing Needs Analysis dated January 27, 2020
- Organizational Chart

Documentation Reviewed During Onsite Phase of Audit

- Unannounced Rounds Documentation

115.13(a)
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CORRECTIVE ACTION: DACDC has included the staffing plan requirements in their policy; however, the facility has not implemented a staffing plan. The standards require the facility 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 detainees against abuse. Each facility operated by DACDC shall have a staffing plan developed for each facility type (adult and juvenile).

The facility leaders are in the process of discussing contracting for service to complete a full facility staffing analysis. This auditor advised, for the purposes of this particular standard a staffing analysis is not necessary; however, the auditor supports the decision to have a full facility staffing analysis completed.

The auditor will share examples of staffing plans developed in varies types of facilities to assist DACDC with the implementation of the policy and staffing plan.

DACDC developed a staffing plan during the corrective action period and ensures the auditor the staffing plan will be reviewed and updated per policy and standard at least once every year. The staffing plan review will be conducted in collaboration with the PREA Coordinator. The Detention Center will conduct an assessment to determine whether adjustments are needed to the staffing plan and the deployment of video monitoring systems and other technologies.

115.13(b)
CORRECTIVE ACTION: DACDC will need to adopt a procedure to track and document all deviations from the staffing plan in those instances staffing is outside of what is required per their staffing plan.

CORRECTIVE ACTION STEPS TAKEN: Any deviations from the staffing plan will be documented on the post assignments including the circumstances surrounding the deviation. Deviations will also be reviewed by the PREA Review Committee and may result in changes to the staffing plan, such changes will be documented to memorialize the agency change.

The PREA Coordinator reports there have been zero (0) deviations from the staffing plan since the implementation of the policy update.

115.13(e)
DACDC
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Page 5-6

B. Unannounced Rounds

1) 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 Detention Center SOP 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.

2) The PREA Coordinator shall determine how and when the unannounced rounds will be conducted and shall review all documentation from the rounds.

3) The Shift Supervisor shall enter each unit for an unannounced round to identify staff sexual abuse and harassment at a minimum of once bi-weekly.

4) Actions by staff to alert colleagues that a supervisor is reroute to conduct unannounced rounds are prohibited.

5) The Shift Supervisor shall document their conducted rounds on (PREA Round Checklist) in the G drive. (This will be reviewed by the PREA Coordinator and/or Compliance Specialist at least once per month and documented in the JMS)

DACDC allowed the auditor to review the facility's documented unannounced rounds. The documentation was memorialized electronically in the facility's database system, which is maintained by the leadership group. All checks appeared to be conducted at variable times on all shifts.

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

Interviews with intermediate and higher-level facility staff confirm the facility has a policy and practice in place requiring unannounced rounds. The rounds are documented and reviewed by the PREA Compliance Manager for completion. All denied being aware of staff alerting others when unannounced rounds are being conducted.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding supervision and monitoring. No corrective action required.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

DACDC does not admit or house youthful detainees; therefore, the facility does not have to provide such detainees with sight, sound, or physical separation from adult detainees. A random review of the agency website where detainees' pictures and birth dates are listed show there were no youthful detainees admitted during the onsite or report writing phase of the audit. Random and specialized staff interviews confirmed the facility does not house youthful detainees.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☒ Yes ☐ No ☐ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Training Attendance Sign-In Sheet
- PREA Training Curriculum

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E. Cross Gender Viewing and Searches/Searches of Transgender Detainees

1) Searches

a. The facility shall not conduct cross-gender strip searches (meaning a search that requires a person to remove or arrange clothing so as to permit a visual inspection of their breasts, buttocks, or genitalia) or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

Note: “Medical practitioner” means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice.

b. Effective August 20, 2015 [or August 20, 2017 for a facility who rated capacity does not exceed 50 detainees] the facility shall not permit cross-gender pat-down searches (a running of the hands over the clothed body of a detainee by an employee to determine whether the individual possesses contraband) of female detainees, absent exigent circumstances. The facility shall not restrict female detainees’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

115.15(b) The policy does not allow cross-gender strip or pat searches, even in exigent circumstances.

During staff and detainee interviews, it was confirmed that cross-gender strip searches are not a practice within the facility. The PAQ show there were zero (0) pat-down searches of male or female detainees conducted by the opposite gender staff. The facility appears to be adequately staffed by male and female staff to meet the needs of the facility and adhere to the search policy. Staffing assignments are gender based, meaning male staff provide supervision and searches of male detainees; and female staff provide supervision and searches of female detainees. There were zero (0) instances in the past 12 months of an exigent circumstance requiring a cross-gender search; therefore, there was no documentation for the auditor to review.

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c. The facility shall document all cross-gender visual searches and body cavity searches of detainees and all cross-gender pat-down searches of female detainees.

In the past 12 months the facility reports on the PAQ that there have been zero (0) cross-gender strip, pat or cross-gender visual body cavity searches of detainees. During staff interviews, the staff stated emphatically the facility does not conduct cross-gender pat or strip searches and such practice is prohibited. Cross-gender visual body cavity searches can only be performed by a medical practitioner. Should the facility conduct a cross-gender search the staff are required to complete documentation per policy and standard.

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2) Viewing

a. The facility shall enable detainees 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.

The auditor observed the shower and restroom area in all of the housing units and determined the facility provides restrooms and shower areas with adequate privacy. The showers are obscured by a wall that provides the detainee some privacy and the supervising staff the ability to monitor for safety. The detainee interviews explained there is a shower time and system that is managed by the detainees; and typically, the detainees shower one at a time.

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d. No staff member shall conduct a search of a transgender or intersex detainee solely for the purpose of determining genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The facility PAQ indicates the facility has not conducted a search of a detainee who identifies as transgender or intersex for the sole purpose of determining the detainee's genital status in the past 12 months. This was confirmed through interviews with random staff and detainees. The policy clearly prohibits the search of transgender or intersex identified detainees for the sole purpose of determining the detainee's genital status. The interviews also indicated no one was aware of a detainee being admitted to the facility in past 12 months who identified as transgender or intersex.

115.15(f) Training records show the facility completed PREA training on March 21, 2019.

Interviews:
- Interim Director
- PREA Coordinator

- Random Staff
- Detainee who identifies as LGBTQI
- Random Detainees

All detainee and staff interviews confirm the facility does not allow cross-gender searches. The detainees report if an opposite-gender staff member was to instruct them participate in a search they would likely allow the search to be conducted and assume the staff member was just doing their job. Additionally, the detainees report they did not believe staff would ever attempt to conduct a cross-gender search because that would be unusual and would present as a red flag. The staff adamantly denied they have ever conducted or witnessed a cross-gender search.

All interviewed staff report receiving search procedure training and expressed feeling adequately trained. Interviews with the detainees indicated they felt the search practice within the facility was sufficient and there were no expressed concerns.

During the onsite phase of the audit, the auditor witnessed the facility's opposite gender announcement practice. The auditor witnessed the staff announce themselves prior to completely entering the unit to ensure the detainees are appropriately dressed; no one is in the shower and no one is in their room using the restroom.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

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

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

115.16 (a)

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Doña Ana County Contractor for Goods and Services; Translation and Interpretation Services
- Doña Ana County *Sexual Abuse Behind Bars* Brochure (English and Spanish)
- Zero Tolerance Poster (English and Spanish)
- Language Line Agreement

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F. Detainees with Disabilities or Who Have Limited English Proficiency

1) Disabled Detainees

   a. The Detention Center shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to benefit from all aspects of the Detention Center efforts to benefit from all aspects of The Detention Center efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include-when necessary to ensure effective communication with detainees who are deaf or hard of hearing-providing access to interpreters who can interpret effectively, accurately, and impartially.

Note: Detainees with disabilities includes detainees who are deaf, hard of hearing, blind or have low vision, and those who have intellectual, psychiatric, or speech disabilities.

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b. In addition, The Detention Center shall ensure that written materials are provided in formats and through methods that ensure effective communication with detainees with disabilities.

2) Detainees Who Have Limited English Proficiency

a) The Doña Ana County Detention Center provides translation services through Language Line. Language Line services are available 24 hours a day by use of telephone or computer.

3) The Detention Center shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment to detainees who have limited English proficiency, including by providing interpreters who can interpret effectively, accurately, and impartially.

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4) Use of Detainee Interpreters

a. The Detention Center shall not rely on detainee interpreters, detainee readers, or other types of detainee assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a detainee's safety, the performance of first-responder duties, or the investigation of a detainee's allegations.

b. The County has a contract with Luna Consulting Agency, LLC to provide interpreter services.

The facility provided the auditor with a contract between DACDC and an agency that provides Interpretation and translation services. The contract was signed and went into effect in January 2020.

The auditor conducted three interviews with detainees identified as limited English speakers. The auditor agreed to have a non-security DACDC employee provide translation during the interview. The employee providing translation was a bilingual speaker, fluent in English and Spanish. Of the three detainees identified as LEP; one spoke Mazateca and the other spoke Portuguese. The translator was unable to assist with translation during the interviews. All other detainee interviews were conducted in English.

Corrective Action: DACDC will need to attempt to contract with a translation and interpretation provider who can provide services for a list of languages. This is especially important since the facility admits detainees solely for civil immigration purposes. Although the detainees are primarily Spanish speakers there are detainees who speak a different dialect as experienced by the auditor during the interviews.

CORRECTIVE ACTION STEPS TAKEN: The agency provided the auditor with a signed and dated contract with the Language Line. The contract agreement ensures translation and interpretation services are available 24 hours a day by telephone or electronically.

Interviews:
- Interim Director
- Random Staff

- Random Detainee

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding detainees with disabilities and detainees who are limited English Proficient. No corrective action is required.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Type text here…
Documentation Reviewed:

- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Online Application
- Confidential Agreement between CYFD and DACDC
- Abuse and Neglect Authorization Form
- Applicant Interview Questions

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B. Hiring and Promotion Practices

1) The Detention Center shall not hire or promote anyone who may have contact with detainees, or retain the services of any contractor who may have contact with detainees, who:

a. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

b. Has been convicted of, or civilly or administratively adjudicated for, engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, or coercion, or if the victim did not consent or was unable to consent.

The facility has one (1) employee responsible for conducting and maintaining all files for the background clearance check process. Once a candidate background check clears, the hiring manager will be notified and is allowed to move forward with making an offer. Most felonies are automatic disqualifiers. The human resource representative reports the agency has disqualified candidates in the past when the individual had too many misdemeanor offenses.

The agency hiring and promotion policy is comprehensive and meets the requirements of this standard. The hiring policy requires the completion of a background check for employees at every level. A review

of background check clearance documents demonstrates the agency is in compliance with the standard.

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2) The Detention Center shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to retain the services of any contractor, who may have contact with detainees.

The agency policy requires the consideration of any incidents of sexual harassment when making hiring and promotion decisions, or to enlist the services of any contractor, who may have contact with detainees. Candidates for employment in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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3) Before hiring new employees, who may have contact with detainees, The Detention Center shall:

a. Perform a criminal background records check; and

b. 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.

According to the facility PAQ, in the past 12 months the number of persons hired who may have contact with detainees who have had criminal background records checks is thirty-two (32). While onsite, the auditor observed and reviewed background clearance checks to verify the staff successfully cleared the background check upon hire. A review of background clearance documents included contract staff, which the PAQ indicates eight (8) contractors covered under a contract who completed a background check who might have contact with detainees. Interviews with the staff responsible for ensuring a background check is completed corroborate the background check process.

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4) The Detention Center shall also perform a criminal background records check before retaining the services of any contractor who may have contact with detainees.

The agency policy requires the completion of a criminal background check as well as the child abuse registry be conducted prior to hiring an employee. Once a candidate has received a conditional offer the background check is initiated. The candidate cannot begin employment within the facility until all portions of the background check is complete. The facility PAQ shows there were eight (8) new contracts for services where criminal background record checks were conducted.

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5) The Detention Center shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with detainees or have in place a system for otherwise capturing such information for current employees.

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6) The Detention Center shall ask all applicants and employees who may have direct contact with detainees about previous misconduct described in this section, in:
    a. Written application and/or interviews for hiring or promotion; and
    b. Interviews or written self-evaluations conducted as part of reviews of current employees.

7) The Detention Center shall impose on its current employees a continuing affirmative duty to disclose any of the misconduct described in this section.

8) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

A list of questions provided to the auditor that is asked of all candidates during the application or interview process indicate the required information is obtained regarding the individuals history or lack thereof for sexual misconduct.

Interviews:
- PREA Coordinator
- Human Resources/Background Clearance Staff
- Random Staff

CORRECTIVE ACTION: The facility has not adopted a policy or practice that involves consulting the child abuse registry maintained by the State of New Mexico. The DACDC will be required to communicate with the New Mexico Children, Youth and Families Department to establish a practice that will allow the facility to contact the department to complete a background check that involves running the name of an employee in the child abuse registry to ensure there are no civil or administrative child abuse findings.

Given that all staff are certified to work in the juvenile facility, DACDC will need to determine their procedure for obtaining a child abuse registry background clearance for the staff who are certified to work with the juvenile population but assigned to the adult facility.

CORRECTIVE ACTION STEPS TAKEN: DADC and New Mexico's Children Youth and Families Department agree to a limited inquiry and disclosure process, which will allow DACJDC to submit to CYFD the name and other sufficient personally identifying information of an otherwise qualified applicant for employment with DACJDC. CYFD will either confirm or deny that a DACJDC applicant has been adjudicated to have engaged in or attempted to engage in activity prohibited by the PREA Juvenile Detention Standards.

All current Doña Ana Detention staff have undergone a CYFD child abuse registry check. According to the PREA Coordinator all staff cleared the registry. Going forward all new hires will complete the child abuse registry as part of the background check. The auditor reviewed a sample of the child abuse registry authorization form that granted the agency permission to collect the information. CYFD indicates on the form that the employee or potential employee has a record of no substantiated finding of sexual abuse or a substantiated finding of sexual abuse.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.18 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Interviews:

- Interim Director

According to the interim director the Doña Ana County Detention Center is approximately 25 years old. The county was recently involved in evaluating the possibility of installing energy conservation to improve the infrastructure of existing structures. The purpose of the project is to enhance energy.

According to the PAQ, the facility has not made any substantial expansion or modifications in the last 12 months. The Interim Director stated that when designing, acquiring, or planning substantial modifications to the facility.

The facility is slated to contract out services for the replacement of locking mechanisms and possibly updating existing cameras. Once the cameras are updated, the DACDC will update the policy to ensure all staff are capable of monitoring the equipment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

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

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- MOU between DACDC and La Piñon Sexual Assault Recovery Services of Southern New Mexico

115.21(a) The DACDC is responsible for conducting administrative sexual abuse investigations. All criminal investigations will be referred to and conducted by the Doña Ana County Sheriff's Office when the act is detainee on detainee. When the allegation involves staff on detainee the allegation will be referred to the New Mexico State Police for an investigation.

The agency/facility PAQ indicates they are responsible for only conducting administrative sexual abuse investigations. Criminal investigations are conducted by the Doña Ana County Sheriff's Office. The sheriff's office follows a uniform evidence protocol consistent with law enforcement agencies sexual abuse crimes unit protocols. The agency follows a uniform evidence protocol for first responders that maximizes the potential for obtaining usable physical evidence for both administrative and criminal

prosecutions. The staff were able to articulate their first responder duties, which demonstrated they understand the need to secure the scene to protect and preserve evidence.

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13) Evidence Protocol and Forensic Medical Exams

b. The Detention Center shall offer all victims of sexual abuse access to forensic medical examinations, without financial cost to the victim, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The Detention Center shall document its efforts to provide SAFEs or SANEs for this purpose.

According to the PAQ and interviews with the PREA Coordinator, Facility Director and medical practitioners they all state the offers who report sexual victimization would be transported to the local hospital to receive medical treatment and a forensic exam would be conducted. The DACDC PAQ shows there were zero forensic medical exams conducted in the past 12 months.

The auditor conducted an interview with a victim advocate associated with La Piñon who stated if a detainee requests a victim advocate, they would provide advocacy services to the detainee. The services would be at no cost to the victim.

115.21(d) The DACDC has entered into a MOU with La Piñon Sexual Assault Recovery Service of Southern New Mexico. The agreement states, SANE exams will be offered as an option for DACDC detainees at no cost; all cost will be incurred by DACDC.

115.21(e) The MOU between DACDC and La Piñon Sexual Assault Recovery Service of Southern New Mexico states La Piñon will dispatch a Victim Advocate on-call to make someone available when a detainee makes a request.

Interviews:

- SANE Staff
- Random Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

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

115.22 (b)

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

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

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Doña Ana County Sheriff's Office website – Criminal Investigations Division

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8) Administrative investigations:

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- Shall be referred for prosecution if there are substantiated allegations of conduct that appear to be criminal.
- The Detention Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

9) Criminal investigations: Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

According to the PAQ and an interview with the PREA Compliance Manager, the facility received seventy-six (76) allegations of sexual abuse and sexual harassment in the past 12 months. Of the 76 allegations, one (1) allegation resulted in an administrative investigation and three (3) resulted in a criminal investigation. All investigations were complete at the time of the onsite phase of the audit. Interviews with the PREA Coordinator, facility director and interim agency director confirm each on would ensure an administrative and criminal investigation would take place for all sexual abuse and sexual harassment allegations that may have violated a law.

CORRECTIVE ACTION: The policy language should instruct the staff where they are required to document sexual abuse or sexual harassment allegations or provide the auditor with the appropriate policy that provides guidance to staff on documenting incidents.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language that requires the staff to immediately inform their supervisor and document the allegations on a written report that must be submitted to the shift supervisor by the end of the shift in which the allegation was reported.

115.22(b)

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F. Investigation of Incidents [§ 115.21(a)(b)(c)(f) and(h), 115.22, 115.71, 115.72, 115.73 and 115.86]

A. Any allegations of sexual abuse or sexual harassment of any form shall be reported immediately to a supervisor and a written report must be submitted to the shift supervisor by the end of the shift in which the allegation was reported. This includes staff, volunteers and contractors.

1) The Detention Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

2) It is The Detention Center SOP 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.

3) When the Detention Center conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

4) Where sexual abuse is alleged, The Detention Center shall use investigators who have received special training in sexual abuse investigations pursuant to Section 6. A. (Employee Training) of this procedure.

5) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

6) When the quality of evidence appears to support criminal prosecution, The Detention Center shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

CORRECTIVE ACTION: A review of the DACDC website shows the investigation policy is not published on the website.

CORRECTIVE ACTION STEPS TAKEN: A review of the agency website also indicates the facility updated the website, which includes a link to the policy.

The agency policy regarding the referral of allegation of sexual abuse or sexual harassment for a criminal investigation is published on the agency website at https://www.donaanacounty.org/detention/prea/policies. The facility provided the auditor with the documented allegations of sexual abuse and sexual harassment that resulted in an administrative and criminal investigation. The documented reports included the names of involved parties, date, time and the details of the allegation.

Interviews:

- Interim Director
- Investigative Staff
- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
  ☒ Yes ☐ No

115.31 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
  ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- PREA Training Curriculum

- Electronic Training Records
- Training Certificates

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12. STAFF TRAINING AND DETAINEE EDUCATION

The Detention Center is committed to communicating to the detainees at its jail, to its employees, and to contractors and volunteers, the following information through the training, education and orientation programs described in this section:

- The Detention Center zero tolerance SOP;
- The Detention Center policies to prevent, detect, and respond to sexual abuse and sexual harassment; and
- Other rights and obligations under this SOP

A. Employee Training (§ 115.31]

1) Detention Center shall train all employees who may have contact with detainees on:

a. Its zero-tolerance SOP for sexual abuse, sexual harassment and retaliation;

b. How to fulfill their responsibilities regarding prevention, detection, reporting, and response to sexual abuse and sexual harassment;

c. Detainees' right to be free from sexual abuse and sexual harassment;

d. The right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

e. The dynamics of sexual abuse and sexual harassment in confinement;

f. The common reactions of sexual abuse and sexual harassment victims;

g. How to detect and respond to signs of threatened and actual sexual abuse;

h. How to avoid inappropriate relationships with detainees;

i. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees;

j. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

115.31(b) **CORRECTIVE ACTION: DACDC will need to update the training curriculum to address the unique need and attributes between male and female detainees.**

CORRECTIVE ACTION STEPS TAKEN: Training certificates and training logs were provided to demonstrate staff completed PREA training in September 2019. The training includes the agencies gender based assignments (female staff only work with female detainees and vice versa for male detainees) and how to work with specific genders.

Prior to the onsite audit, a review of the PAQ indicated the training curriculum was not tailored to the unique needs and attributes and gender of the detainees at the facility. Further review of the curriculum determined the unique needs and attributes and gender was covered in Module 2: Sexual Dynamics of Victimization in Custody Implications for Facility Staff.

The facility has two hundred fifty-nine (259) staff currently employed at the facility who may have contact with detainees who were trained and receive annual refresher training on the PREA requirements. The staff is kept abreast of the PREA requirements through ongoing training, facility debriefs and agency memos. The facility also posts visual aids/posters that is intended to keep the detainees and staff informed.

115.31(c) Staff interviews consistently confirm the employees receive annual PREA training that covers the relevant training topics. The PAQ states the facility maintains documentation confirming that employees who may have contact with detainees receive training and refresher training on the PREA requirements annually.

115.31(d) Electronic training records as well as attendance sign-in sheets were provided for the auditor to review for the 2018 and 2019 training calendar year. The sign-in sheet has a place for the attendee to print and sign their name; however, it is not clear if the attendee signature is to indicate they signed the form acknowledging they received and understand their role and responsibilities.

RECOMMENDATION: Update the training attendance roster or implement a training acknowledgment form with a statement that the signature acknowledges the attendee understands the training received and commits to adhering to the PREA standards and agency policy.

Interviews:

- PREA Coordinator
- Specialized Staff
- Random Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- PREA Training Curriculum
- Training Logs from 2019
- Training Certificates

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Volunteer and Contractor Training [§ 115.32]

1) The Detention Center shall ensure that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under The Detention Center sexual abuse and sexual harassment prevention, detection, and response procedures.

2) The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with detainees, but all volunteers and contractors who have contact with detainees shall be notified of Doña Ana County zero-tolerance SOP regarding sexual abuse and sexual harassment and how to report such incidents.

3) The Detention Center shall maintain documentation confirming that volunteers and contractors understand the training they have received

According to the PAQ, there are 165 contractors and volunteers, who have contact with detainees, who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection and response. The facility should break down the numbers of contractors and volunteers between the juvenile facility and adult jail to ensure the individuals providing services in the juvenile detention facility are appropriately trained.

CORRECTIVE ACTION: To demonstrate compliance the facility will need to provide the auditor with training logs or signed acknowledgement forms from the previous 12 months to present day for contractors and volunteers.

CORRECTIVE ACTION STEPS TAKEN: The facility provided the auditor with 60 training acknowledgment forms from 2019, demonstrating contract and volunteer staff received PREA training. The signed acknowledgement form also indicates the signee understands the training material, were afforded the opportunity to ask questions, and acknowledging they will comply with the applicable laws and the county related policies.

Contract and volunteer staff also completed the National Institute of Corrections (NIC) training, "PREA: Your Role Responding to Sexual Abuse". Training certificates were provided to demonstrate compliance.

Interviews with contract staff indicate they consistently receive the same PREA training as county employees. The training included the zero-tolerance policy, how to make a report, duty as a non-security first responder and appropriate documentation.

The volunteer interview indicates prior to accessing the facility and initiating contact with the detainees they received training and a portion of the training included PREA. The training involved the PREA zero-tolerance policy, reporting responsibilities and maintaining professional boundaries relationships with the detainees.

Interviews:

- Contract Staff (Medical)
- Volunteer (Chaplain Assistant)

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

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

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- DACDC Adult Detainee Handbook (Revised: November 1, 2016)

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Detainee Orientation and Education [§ 115.33]

1) During the intake process, detainees shall receive information explaining The Detention Center zero-tolerance SOP regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility PAQ indicates there were 9,766 detainees admitted to the facility in the past 12 months who received PREA information upon intake. Detainees are introduced to PREA upon intake and have the opportunity to receive additional information through the Telmate tablet. All of the housing units have a Telmate tablet that is shared amongst the detainees. During interviews with the detainees all were aware of have used the Telmate tablet during their stay and had watched the PREA video or knew the video was available for viewing.

115.33(c)

2) Within 30 days of intake, The Detention Center shall provide comprehensive education to detainees either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents.

The PAQ shows there were 2,583 detainees admitted to the facility in the past 12 months who should have received comprehensive education within 30 days of intake. Detainee interviews state they have the ability to view the PREA video on the Telmate Tablet System. Most state they have watched the video or are aware of its existence on the tablet.

115.33(d)

3) The Detention Center shall provide detainee education in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills.

Detainees with a known or obvious disability, which would require support, would be assigned a facility contract case manager who would provide the individual with the necessary support services. The auditor interviewed six (6) detainees who were limited English speakers. The facility provided the auditor with a translator who had the ability to translate for Spanish speaking detainees, but was unable to provide the same level of support for detainees who spoke Spanish with a different dialect. The differences were so significant the auditor was not able to conduct a meaningful investigation.

115.33(f)

4) In addition to providing such education, The Detention Center shall ensure that key information is continuously and readily available or visible to detainees through posters, detainee handbooks, and Telmate Tablet System.

During the facility tour, the auditor observed PREA posters including audit announcement strategically posted throughout the facility. The interviewed detainees report they recall seeing the posters and a few acknowledged they have read the posters.

Detainee interviews indicated the detainees receive PREA information at intake and posters are visible throughout the facility. The detainees state the information they receive informs them about their right to be free from sexual abuse and sexual harassment; how to report, and their right to be free from retaliation when they participate in sexual abuse and sexual harassment allegations.

Interviews:

- Random Staff
- Detainees

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding detainee education. No corrective action is required.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- One (1) Training Certificate

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Specialized Training: Investigators [§ 115.34]

a. In addition to the general training provided to all employees, The Detention Center shall ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

b. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and G*arrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

DACDC provided the auditor a sample of training certificates for investigators. The facility will need to ensure all 10 designated investigators have received the appropriate PREA investigations training.

CORRECTIVE ACTION: The policy does not require training that requires sexual abuse evidence collection in confinement settings, or the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Since the facility does conduct administrative investigations, the policy should adopt the appropriate level of training to comply with how to collect evidence required to substantiate a case for administrative action.

PREA Online Training can be accessed on the following website:
https://nic.learn.com/learncenter.asp?id=178416&page=1

CORRECTIVE ACTION STEPS TAKEN: The agency provided the auditor with eleven (11) training certificates from September and October of 2019. The certificates show the agency investigators completed the National Institute of Corrections training, "PREA: Investigating Sexual Abuse in Confinement Setting: Advanced Investigations".

An interview with an investigator confirms he received investigator training and reported the training was provided by the New Mexico Department of Corrections at an off-site location. Based on the investigators report, the auditor would suggest she participate in the online training as a refresher to ensure she has up-to-date and relevant training information.

Interviews:

- Two Investigators
- PREA Coordinator
- PREA Compliance Manager

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

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

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

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
  ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Standard Operating Procedures 7B-05 Training and Development; Staff Training
- NIC Training Certificates

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5) Specialized Training: Medical and Mental Health Professionals [§ 115.35]

The Detention Center shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facility have been trained in:

a. How to detect and assess signs of sexual abuse and sexual harassment;

b. How to preserve physical evidence of sexual abuse;

c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The agency policy demonstrates the facility will provide medical and mental health practitioners with employee training; including completing the specialized training. The PAQ indicates the facility has 65 medical and mental health care practitioners who work regularly at the facility. The medical and mental health staff participates in annual PREA training as well as the specialized training per 115.35.

115.35(b) According to the PAQ and medical staff interviews the DACDC medical practitioners are not allowed to conduct a forensic examination. Should a detainee require a SANE exam, they would be transported off-site to a SANE clinic.

115.35(c)

6) The Detention Center shall document, through employee signature or electronic verification, that employees have received and understand the training. In the case of investigators who investigate sexual abuse in the facility, it shall maintain documentation they have completed the required specialized training in sexual abuse investigations. In the case of medical and mental health practitioners, it shall maintain documentation that they have received the specialized training described in this section.

CORRECTIVE ACTION: The facility did not provide the auditor with medical and mental health care training documentation showing the practitioners have completed the required training. DACDC will need to provide training certificates and/or training logs.

PREA Online Training can be accessed on the following website:
https://nic.learn.com/learncenter.asp?id=178416&page=1

CORRECTIVE ACTION STEPS TAKEN: The facility provided the auditor with training certificates demonstrating the facility medical and mental health staff completed the NIC training, "Medical Health Care for Sexual Assault Victims in a Confinement Setting" and "Mental Health Care for Sexual Assault Victims in a Confinement Setting". All training was completed in September and October 2019.

Interviews with medical staff confirms forensic exams are not conducted at the facility and any detainee who makes a report of sexual abuse and the report was made in enough time to collect evidence, the detainee will be transported to an outside SANE clinic. It was also confirmed during the interview that the medical staff have received PREA training that is required of all employees as well as the required specialized training.

Interviews:

- Contract Staff (Medical)

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Page 2 of the Risk Screening Tool
- Sample Risk Screening Tool
- Updated Standard Operating Procedures 2A-29 Health Services, Sexual Assault; effective January 28, 2020

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G. Screening of Detainees Risk of Victimization and Abusiveness [§ 115.41]

1. All detainees shall be assessed during an intake screening and upon transfer from another facility for their risk of being sexually abused by other detainees or sexually abusive toward other detainees.

2. Intake screening shall ordinarily take place within 24 hours of arrival at the facility.

3. Such assessments shall be conducted using an objective screening instrument.

4. The intake screening shall consider, at a minimum, the following criteria to assess detainees for risk of sexual victimization:

    a. Whether the detainee has a mental, physical, or developmental disability;
    b. The age of the detainee;
    c. The physical build of the detainee;
    d. Whether the detainee has previously been incarcerated;
    e. Whether detainee's criminal history is exclusively nonviolent;
    f. Whether the detainee has prior convictions for sex offenses against an adult or child;
    g. Whether the detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
    h. Whether the detainee has previously experienced sexual victimization;
    i. The detainee's perception of his or her own vulnerability to sexual abuse or sexual harassment; and
    j. Whether the detainee is detained solely for civil immigration purposes.

The PAQ shows there were 9,132 detainees who entered the facility in the past 12 months. During detainee interviews all reported the facility completed the screening for risk of victimization and abusiveness for all detainees the weekend prior to the onsite audit. The reports seemed to indicate prior to that time the detainees had not been assessed for victimization or abusiveness. The policy requires all relevant criteria are assessed; however, an example of the risk screening tool does not demonstrate all required criteria are actively being assessed on the screening tool.

CORRECTIVE ACTION: DACDC detainees are housed in a temporary multi-person housing cell prior to them being moved to their assigned housing unit. Their placement in the temporary housing cells does not include assessing the detainee's risk of victimization or as a perpetrator. This practice increases the agencies liability should a detainee become a victim in the facility.

DACDC will need to establish protocols to ensure victims are not being housed with possible or known violent detainees and sexual abuse perpetrators.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the risk screening tool and process for ascertaining the information. Detainees will be screened within 24 hours. The initial screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse known to DCDC.

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CORRECTIVE ACTION:
Step 1: DACDC will need to update the current risk of victimization and abusiveness tool to ensure every criterion required per the standard is included in the assessment tool. Once updated the facility will need to provide a copy to the auditor for review.
Step 2: DACDC will need to submit an updated and complete risk of victimization and abusiveness for 10 detainees per month during the corrective action period to demonstrate compliance with this provision of the standard.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the risk assessment tool, which demonstrated the objective risk screening tool screens for the criterion required per the standard is included. A sample of assessment tools were provided to demonstrate the detainees are being appropriate assessed.

115.41(b)

7) A detainee's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

115.41(f) Within 30 days from the detainee's arrival, the facility shall reassess the detainee's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

CORRECTIVE ACTION: The policy requires a 30-day reassessment; however, DACDC did not have a reassessment process in place during the onsite phase of the audit. In order to demonstrate compliance DACDC will have to update their policy to include the reassessment process steps and risk assessment documentation demonstrating the reassessment practices.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the policy that requires within 30 days from the detainee's arrival, the facility shall reassess the detainee's risk of victimization or abusiveness.

Interviews with the intake staff indicate the risk victimization and abusiveness tool are conducted within 24 hours of detainee's admission to the facility. The assessment tool is utilized to assist with the housing assignment for the detainees on their assigned unit. The assessment tool is completed for all new intakes regardless if they are entering the facility from the community or being transferred from another facility.

Interviews:

- Intake Staff
- Random Detainees

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's

health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Standard Operating Procedures 2A-30 Classification (Screening & Housing)
- Classification Interview Form

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H. Use of Information Obtained from Screening [§ 115.42]

1) The Detention Center shall use information from the risk screening to inform housing, bed, work, education, and program 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.

The facility PAQ indicates there were zero (0) detainees at risk of sexual victimization who were placed in isolation in the past 12 months. This was confirmed through interviews with the PREA Coordinator, Investigators, Facility Director and random staff and offender interviews. During the facility tour the auditor was escorted to the administrative segregation housing unit, which housed two (detainees). It was reported both detainees were placed in isolation for aggressive and disruptive behavior that threatened the safety to the facility. The auditor had the ability to communicate with both detainees, one of which explained why he was being housed in isolation. The detainee did not report being housed in isolation to protect them from sexual victimization.

Interviews with intake staff responsible for completing the risk screening tool confirm the facility uses the information from the risk screen during intake to make housing decisions intended to keep detainees safe and free from sexual abuse and sexual harassment.

115.42(b)

2) The Detention Center shall make individualized determinations about how to ensure the safety of each detainee.

The PAQ shows there were zero detainees at risk of sexual victimization who were placed in isolation in the past 12 months. Staff interviews confirm there were no recent cases of a detainee being programmed or housed in isolation to protect the detainee from sexual abuse or sexual harassment.

115.42(c)

7) The Detention Center shall no place lesbian, gay, bisexual, transgender, or intersex detainees in dedicated facilities, units, or wings solely on the basis of such identification or status unless pursuant to a legal settlement or judgement.

RECOMMENDATION: The facility risk screening or classification tool does not ascertain the detainee's sexual orientation. Since this particular population is at greater risk of being sexually abused and sexually harassed, the facility should gather the information to ensure the detainees safety. The facility should add questions to the risk screening or classification tool to understand a detainee's sexual orientation prior to making a housing or room assignment decision to ensure the detainees safety.

During the facility tour, the auditor did not see special housing that might have been designated for detainees who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI); the auditor does not believe she interviewed any detainees who she believed identified as LGBTI.

115.42(d)

4) Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee.

5) A transgender or intersex detainee's own view with respect to his or her own safety shall be given serious consideration.

6) Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees.

Interviews:

- Intake Staff
- Random Staff
- Random Detainee

According to the PAQ, if a detainee at risk of sexual victimization is held in isolation, the facility affords the detainee a review every 30 days to determine whether there is a continuing need for separation from the general population. There were zero detainees at risk of sexual victimization held in isolation in the past 12 months prior to the onsite phase of the audit.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding use of screening information. No corrective action is required.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

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

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

3) Protective Custody [§ 115.43]

a. Detainees at high risk for sexual victimization shall not be placed in involuntary segregated housing unless The Detention Center has assessed all available alternatives and has determined that there is no available alternative means of separation from likely abusers.

b. If the facility cannot conduct such an assessment immediately, the facility may hold the detainee in involuntary segregated housing for less than 24 hours while completing the assessment. Detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the fullest extent possible.

c. If the facility restricts access to programs, privileges, education, or work opportunities, it shall document:

i. The opportunities that have been limited;

ii. The duration of the limitation; and

iii. The reasons for such limitations.

d. The facility shall assign such detainees to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days.

e. If an involuntary segregated housing assignment is made pursuant to this section, the facility shall clearly document:

i. The basis for the facility's concern for the detainee's safety; and

ii. The reason why no alternative means of separation can be arranged.

f. Every 30 days, the facility shall afford each such detainee a review to determine whether there is a continuing need for separation from the general population.

The facility PAQ shows there were zero detainees at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours. During an interview with a detainee who reported sexual abuse and the PREA Coordinator both confirm a detainee would not be held in involuntary segregated housing to protect the detainee. The PREA Coordinator explains given the facility's housing options, a detainee could be moved to a different housing unit to separate the possible victim from the perpetrator.

Conclusion

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the use of protective custody for a detainee at high risk of victimization. No corrective action is required.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☒ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- DACDC Adult Handbook (Revised: November 1, 2016)

- Understanding the Prison Rape Elimination Act for Dona Ana County Detention Brochure (English and Spanish)
- MOU between DACDC and La Piñon Sexual Assault Recovery Services of Southern New Mexico

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Procedures for Reporting Sexual Abuse and Sexual Harassment

A. Detainee Reporting

1) Ways for Detainees to Report Incidents [§ 115.51 (a), (b), and (c)]:

a. The Detention Center shall provide multiple internal ways for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents. Detainees may report concerns by:

i. File notification through the Telmate Tablet System

ii. Report to a staff member

iii. Third Party reporting to an outside entity not affiliated with the detention facility by calling the sane unit at (575) 526-3437 or 888-595-7273.

115.51(b) DACDC has established a MOU with La Piñon Sexual Assault Recovery Services of Southern New Mexico, which allows the detainees to report abuse or harassment. A review of the MOU does not show La Piñon accepts reports of sexual abuse, sexual harassment or retaliation for reporting sexual abuse or sexual harassment.

DACDC also established an intergovernmental agreement with the New Mexico Corrections Department (NMCD). The purpose of the agreement is to establish the process and protocols whereby a resident under the jurisdiction of DACDC may contact NMCD to report sexual abuse or sexual harassment, which report NMCD will forward to DACDC as soon as is reasonably possible.

115351(c)

b. Staff shall accept reports made verbally, in writing, and anonymously from third parties and shall promptly document any verbal reports.

All interviewed staff confirmed they would accept a report of sexual abuse and sexual harassment that is made verbally, in writing and any report where the detainee or third-party reporter would like to remain anonymous. The staff state the report would be documented immediately when possible and prior to the end of the employees shift.

Interviewed detainees as well as staff can privately report sexual abuse and sexual harassment to facility staff and to the PREA Hotline at 1-800-586-9431.

115.51(d) DACDC detainees have access to writing utensils as well as the Telmate Tablet System. The detainees can file a grievance and make a report of sexual abuse or sexual harassment utilizing the Telmate Tablet System. There is no cost associated with the Telmate Tablet System to the detainee and their access to the tablet is mostly unrestricted.

115.51(e)

2) Staff Reporting Rules [§ 115.51(d) and § 115.61]

    a. Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against detainees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, in the manner specified by The Detention Center SOP.

    b. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone except as specified by The Detention Center SOP.

Note: Medical and mental health practitioners shall report knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation, or staff neglect pursuant to this section. This information shall be provided to detainees, in writing, at the initiation of services.

    a. The Detention Center shall provide a method for staff to privately report sexual abuse and sexual harassment of detainees [S 115.51 (d)]

2) Rules for Third Parties to Report Abuse and to Assist Detainees with Notifications [§ 115.51(c), § 115.52 (e), and § 115.54]

The PAQ indicates the facility staff has the ability to privately report sexual abuse and sexual harassment of detainees by contacting the Ethics Hotline. During random staff interviews no one mentioned the Ethics Hotline as a reporting mechanism. All mentioned they felt comfortable reporting directly to their supervisor or higher up the chain of command if the allegation involves their supervisor.

RECOMMENDATION: The auditor recommends sending a memorandum to DACDC staff to educate them about the Ethics Hotline as a reporting mechanism.

Interviews:

- Random Staff
- Random Detainees

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding detainee reporting. Detainees are provided with numerous ways to report both internally and externally. No corrective action is required.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

115.52 (d)

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

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).
  ☒ Yes ☐ No ☐ NA

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

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- PREA Case Log
- Memo dated August 6, 2019

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e. The Detention Center shall ensure that:

i. A detainee who alleges sexual abuse may submit a notification without submitting it to a staff member who is the subject of the complaint, and

ii. Such notification is not referred to a staff member who is the subject of the complaint.

115.52(b)

c. The Detention Center shall not impose a time limit on when a detainee may submit a notification regarding an allegation of sexual abuse.

115.52(c)

d. The Detention Center shall not require a detainee to use any informal notification process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

115.52(d)

f. The Detention Center shall issue a final decision on the merits of any portion of a notification alleging sexual abuse within 90 days of the initial filing of the notification. Computation of the 90-day time period shall not include time consumed by detainees in preparing any administrative appeal.

The DACDC policy allows detainees to submit a grievance alleging an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Also, detainees are not required to try to resolve a sexual abuse grievance with the staff member named in the grievance or with any other staff member. The PAQ shows there were 40 grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached a final decision within five days. None of the allegations were substantiated after an administrative investigation.

115.52(g)

i. The Detention Center may discipline a detainee for filing a notification related to alleged sexual abuse only where the agency demonstrates that the detainee filed the notification in bad faith.

The PAQ shows the facility received forty-six (46) grievances in the past 12 months and a final decision was reached within 90 days after the grievance was filed. The PAQ also shows there were zero grievances filed by a detainee that the facility determined was filed in bad faith in the past 12 months.

Interviews:

- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA

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

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- DACDC Adult Detainee Handbook (Revised
- Zero Tolerance Poster (English and Spanish)

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E. Support Services for Victims of Sexual Abuse

1) Victim Advocate [§ 115.21(d)(e) and (h)]

a. The Detention Center shall attempt to make available to the victim an advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocacy services, The Detention Center shall make available a qualified staff member from a community-based organization, or a qualified agency staff member to provide these services.

Note: A “qualified agency staff member" or a "qualified community-based staff member" means an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

b. When requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany the victim throughout the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

2) Emotional Support Services [S 115.53]

a. The facility shall provide detainees with access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible.

115.53(b)

b. The facility shall inform detainees, prior to giving them access to outside advocates, of the extent to which such communications shall be monitored and the extent to which reports of abuse shall be forwarded to authorities in accordance with mandatory reporting laws.

DACDC detainees would be made aware of their rights and ability to have access to outside victim advocates for emotional support services related to sexual abuse when they are being provided crisis intervention services within the facility. At the time the resident would be presented with all options to support their needs.

115.53(c) The facility has established a MOU and maintains a signed copy of the MOU with La Piñon Sexual Assault Recovery Service of Southern New Mexico. The facility MOU will allow detainees to request the services of an advocate or contact the agency directly. The detainee does not have direct access to a telephone and would have to make arrangements with staff to complete the phone call. Interviews with random staff and detainees show the detainee would be able to make the phone call with limited confidentiality.

113.353(d) A review of the detainee handbook shows that phone calls except for legal, Legal Disability of New Mexico, and with the Officer of the Inspector General are subject to being recorded and monitored. This practice will ensure legal conversations are private and confidential.

Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Random Detainees

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding detainee access to outside confidential support services and legal representation. No corrective action is required.

Standard 115.54: Third-party reporting

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

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Interviews:

- PREA Coordinator

DACDC has an agency website; however, the website does not provide visitors to the website with PREA information or any information about how to make a third-party report.

CORRECTIVE ACTION: DACDC will need to update the agency website with PREA information, which explains what PREA is, the agency PREA policy, third-party reporting mechanisms and the roles and responsibilities of the investigative entities.

CORRECTIVE ACTION STEPS TAKEN: The agency created a PREA link on the website. The website includes PREA information, third-party reporting information, PREA policies, and investigation process. The PREA website can be found at: https://www.donaanacounty.org/detention/prea

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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2) Staff Reporting Rules [8 115.51(d) and § 115.61]

a. Any staff member who has knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against detainees or staff who reported such an incident; and any staff neglect that may have contributed to such incident or retaliation, shall immediately report such incident or retaliation, in the manner specified by The Detention Center SOP.

During staff interviews the staff confirmed they are required to report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to the PAQ, and interviews with staff, the evidence shows the facility follows this provision of the standard.

115.61(b) All staff interviews report they would report all knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment.

115.61(c)

b. Apart from reporting to designated supervisors or officials, stall shall not reveal any information related to a sexual abuse report to anyone except as specified by The Detention Center SOP.

Interviews:

- Interim Director
- Medical & Mental Health Staff
- Random Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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6. Protection of Detainees Facing Substantial Risk

1) Upon Learning of Substantial Risk [§ 115.62] When the 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.

The PREA Coordinator confirmed immediate action would be taken to protect a detainee who is subject to a substantial risk of imminent sexual abuse. The facility has the ability to put protective measures in place, which would include separating the potential victim from the potential aggressor. The facility would respond immediately of learning of the threat. According to the PAQ, there were zero (0) incidents of the facility determining that a detainee was subject to substantial risk of imminent sexual abuse in the 12 months preceding the audit.

Interviews:

- Interim Director
- PREA Coordinator
- PREA Compliance Manager
- Random Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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I. Notifying Other Confinement Agencies (§ 115.63]

1) Upon the Detention Center receiving an allegation that a detainee was sexually abused while confined at another facility, the head of The Detention Center shall notify the head of the facility or agency where the alleged abuse occurred.

In the past 12 months, the facility received zero (0) allegations that a detainee was abused while confined at another facility. This was confirmed during interviews with the Interim Director, PREA Coordinator and the intake staff members.

115.63(b)

1) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

115.63(c)

2) The Detention Center shall document that it has provided such notification.

The facility received zero allegations from other facilities of sexual abuse in the past 12 months.

Interviews:

- Interim Director

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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C. Immediate Steps After Receiving Report of Incident [§ 115.64 and § 115.82 (b)]

1) When a security staff first-responder learns that a detainee has been sexually abused, they shall take immediate action to protect the detainee. This includes:

   a. Separate the detainee from the alleged perpetrator;

   b. Preserve and protect any crime scene until appropriate steps can be taken to collect evidence; and

   c. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim-and ensure that the alleged abuser-not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

   d. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall immediately notify the appropriate medical and mental health practitioners. [115.82 (b)]

According to the PAQ, there were seventy-six (76) allegations of sexual abuse. All 76 allegations involved a security staff member responding to the report by separating the alleged victim and abuser.

The staff adequately communicated to the auditor, the steps they would take to respond to an allegation of sexual abuse. In the past 12 months, there were zero (0) allegations where staff were notified within a time period that physical evidence could be collected or required collection.

115.64(b)

3) When the first staff responder is not a security staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Zero allegations were made in the past 12 months that a non-security staff member was the first responder. The information documented on the PAQ was confirmed during the interview with the PREA Coordinator.

Interviews:

- Staff First Responders
- Random Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

CORRECTIVE ACTION: The facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CORRECTIVE ACTION STEPS TAKEN: The facility updated the agency standard operating procedure (Sexual Assault) to include very specific steps and guidelines for staff at every level to appropriately respond to an imminent risk of and allegations of sexual abuse.

The auditor reviewed the facility's coordinated response plan, which provides step-by-step guidance that should be followed by the: security staff first responder, facility supervisor or PREA Coordinator, medical/mental health staff, shift supervisor, transport officer and the resident programs department. The coordinated plan instructs the supervisor to consult with a Sexual Assault Nurse Examiner, law enforcement investigator, and the facility medical staff when the need for a forensic exam is not immediately apparent to determine if a forensic exam is necessary. At every level the staff are instructed to, "Share information related to the incident with only those people who need to know in order to ensure the victim's safety, conduct the investigation, or provide treatment to the victim or alleged perpetrator. The first responder is responsible for immediately reporting to the supervisor and documenting the allegations in a report.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Collective Bargaining Agreement between Doña Ana County and American Federation of State, County and Municipal Employees, Council 18, Local 1529

DACDC has a collective bargaining agreement with the American Federation of State, County, and Municipal Employees, Council 18, Local 1529. The collective bargaining agreement was amended in January 2018. The amendment addressed shift bidding for detention officers and sergeants.

An interview with the Interim Director states the detention center administrators have the ability to terminate an employee who was found to have violated the agency PREA policy without the need to negotiate an agreement with a union representative.

Interviews:

- Interim Director

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect detainees from contact with abusers. No corrective action is required.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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G. Protection from Retaliation [§ 115.67]

Note: For rules regarding reporting by detainees and staff of retaliation after it has occurred, see Section 7. A. (Procedures for Reporting Sexual Abuse/Sexual Harassment) above.

1) The Detention Center SOP is to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff.

CORRECTIVE ACTION: The facility has not designated a staff member(s) or department with monitoring for possible retaliation. DACDC will need to formally designate a staff or department with monitoring for possible retaliation to protect detainees and staff who report or cooperate with a sexual abuse and sexual harassment allegation.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) designating the Program Department as the entity responsible for monitoring for possible retaliation. The monitoring would take place for at least 90 days following a report of sexual abuse.

DACDC has designated the Inmate Programs Department as the entity responsible for monitoring possible retaliation. When there is a determination that a resident or staff member is a victim of

retaliation when reporting or cooperating in an investigation of sexual abuse or sexual harassment a report should immediately be reported to the Caption of Operations.

115.67(c)

2) The Detention Center shall employ multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

3) For at least 90 days following a report of sexual abuse, The Detention Center shall monitor the conduct and treatment of detainees or staff who reported sexual abuse, and of detainees who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by detainees or staff, and shall act promptly to remedy any such retaliation.

The Detention Center shall continue such monitoring beyond 90 days if the initial monitoring indicates an ongoing need. Monitoring shall include:

a. Periodic in-person conversations with detainees and/or staff;

b. Review of disciplinary incidents involving detainees;

c. Review of housing or program changes; and

d. Review of negative performance reviews or reassignments of staff.

The Program Department has been designated as the entity responsible for monitoring for possible retaliation. According to the policy, the Program Department will monitor the conduct and/or treatment of the detainee or staff member who reported sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The monitoring will be conducted for 90 days and could be extended beyond the 90 days if necessary. The facility PAQ indicates there were zero (0) incidents of retaliation in the past 12 months.

Interviews:

- Interim Director
- PREA Coordinator
- Random Staff Interviews
- Random Detainee Interviews

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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DACDC
Standard Operating Procedures
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4) Any use of segregated housing to protect a detainee who is alleged to have suffered sexual abuse shall be subject to the same requirements that are discussed above in Section 4.G(3) (Protective Custody).

The PAQ indicates there were zero detainees who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months. The PREA Coordinator confirmed this information and reports the detention center would not use isolation as a protective measure to keep an alleged sexual abuse or sexual harassment victim safe.

CORRECTIVE ACTION: The policy language does not state detainees who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other detainees safe, and only until an alternative means of keeping all detainees safe can be arranged.

CORRECTIVE ACTION STEPS TAKEN: CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language providing guidance to staff for post-allegation protective custody. Anytime the facility places a detainee in segregated housing who alleged to have suffered sexual abuse can only be utilized as a last resort when less restrictive measures are inadequate.

Interviews:

- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

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

115.71 (e)

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

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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F. Investigation of Incidents [S$ 115.21(a)(b)(c)(f) and(h), 115.22, 115.71, 115.72, 115.73 and 115.86]

1) The Detention Center shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
2) It is The Detention Center SOP 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.

3) When the Detention Center conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

DACDC conducts administrative investigations and the local law enforcement agencies conduct the criminal investigations. Whenever an employee, contractor, volunteer, or intern is alleged to have committed or reports witnessing sexual abuse or sexual harassment, a trained investigator will conduct the administrative investigation. The PAQ indicates there were zero substantiated allegations of conduct that appeared to be criminal and resulted in criminal prosecution in the past 12 months.

115.71(j)

8) Administrative investigations:

   a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

   b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

   c. Shall be referred for prosecution if there are substantiated allegations of conduct that appear to be criminal.

   d. The Detention Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

9) Criminal investigations: Shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible; and

Interviews:

- PREA Coordinator
- Investigative Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

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8) Administrative investigations:

   a. Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

   b. Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

   c. Shall be referred for prosecution if there are substantiated allegations of conduct that appear to be criminal.

   d. The Detention Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

According to the PAQ, DACDC imposes a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. DACDC did not have any substantiated findings for sexual abuse or sexual harassment allegations.

Interviews:

- Investigative Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Completed Investigative Finding Sheet

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16) Following a detainee's allegation that a staff member committed sexual abuse against him or her, The Detention Center shall subsequently inform the detainee whenever:

a. The staff member is no longer posted within the detainee's unit;

b. The staff member is no longer employed at the facility;

c. The Detention Center learns that the staff member has been charged with or indicted on a charge related to sexual abuse within the facility; or

d. The Detention Center learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

17) Following a detainee's allegation that he or she has been sexually abused by another detainee, The Detention Center shall subsequently inform the alleged victim whenever:

a. The Detention Center learns that the alleged abuser has been charged with or indicted on a charge related to sexual abuse within the facility; or

b. The Detention Center learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility conducted seventy-six (76) administrative investigations of alleged detainee sexual abuse that was reported in the past 12 months. According to the PAQ, of the investigations completed sixty-five (65) resulted in a notification of the results of the investigation to the detainee. DACDC provided the auditor with a sample of documented notifications.

DACDC referred three (3) allegations of sexual abuse or sexual harassment Doña Ana County Sheriff's Office for an investigation in the past 12 months.

Interviews:

- Investigative Staff
- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to detainees. No corrective action is required.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:
- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Staff resignation letter
- Investigation Report

115.76(a)
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H. Sanctions for Individuals Found to have Participated in Sexual Abuse or Harassment

1) Disciplinary Sanctions for Staff [§ 115.76]

   a. Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

c. Disciplinary sanctions for violations of The Detention Center policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

d. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity *w*as clearly not criminal, and to any relevant licensing bodies.

115.76(b) According to the PAQ, staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

115.76(c) According to the PAQA, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

There have been zero (0) staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76(d) According to the PAQ, all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for the resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

There have been zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The PREA Coordinator and the interviewed investigators confirmed all sexual abuse allegations will be investigated, even if the suspected perpetrator resigns or otherwise leaves employment.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. No corrective action is required.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

115.77(a)
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2) Corrective Action for Contractors and Volunteers [§ 115.77]

a. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

b. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees, in the case of any other violation of The Detention Center sexual abuse or sexual harassment policies by a contractor or volunteer.

According to the PAQ, the DACDC policy requires that any contractor or volunteer who engages in sexual abuse will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with detainees, and the facility takes appropriate remedial measures and considers whether to prohibit further contact with detainees in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. There were no contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of detainees in the 12 months preceding the audit.

The interviews indicate the facility would take action in the case of any violation of sexual abuse or sexual harassment policies by a contractor or volunteer. The facility would prevent any contractor or volunteer from having contact with the detainees pending the conclusion of an investigation.

Interviews:

- Interim Director
- PREA Coordinator

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

115.78(a)
DACDC
Standard Operating Procedures
S.O.P. 2A-29
Page 32

3) Disciplinary Sanctions for Detainees [§ 115.78]

a. Detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the detainee engaged in detainee-on-detainee sexual abuse or following a criminal finding of guilt for detainee-on-detainee sexual abuse.

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

According to the PAQ, there have been zero administrative or criminal findings of detainee-on-detainee sexual abuse allegations that have occurred at the facility in the past 12 months. Of the detainees interviewed none reported receiving any sanctions as a result of a sexual abuse allegation.

The detainee handbook states, "Any detainee who commits an act that is a violation of any local, state or federal law may be held administratively accountable through detention sanctions as well as criminal prosecution for that act.'

115.78(e)

e. The Detention Center may discipline a detainee for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.78(f)

f. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g)

According to the PAQ, the agency prohibits all sexual activity between detainees and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. During interviews with detainees, this policy was confirmed and understood by the detainees.

Interviews:

- PREA Coordinator
- Medical & Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for detainees. No corrective action is required.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Limits of Confidentiality and Group Form

115.81(a)(b)
DACDC
Standard Operating Procedures
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I. Medical and Mental Health Screenings [§ 115.81]

1) If the screening required in Section 4. F(1) above indicates that a detainee has experienced prior sexual victimization, whether in an institutional setting or in the community, staff shall ensure that the detainee is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

According to the PAQ, all detainees at the facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. Of the detainees interviewed one (1) disclosed prior victimization during risk screening interview. The youth reports they were seen by both the facility medical and mental health practitioners prior to the onsite audit. The meetings were offered and completed within the required time frame.

115.81(c)

2) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.

According to the PAQ and interviews with medical and mental health practitioners the information shared with security staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education and program assignments.

115.81(d)

3) Medical and mental health practitioners shall obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18.

According to the PAQ, medical and mental health practitioners obtain informed consent from detainees before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the detainee is under the age of 18. Interview with medical staff state the detainees are informed prior to any interviews or conversations that the medical staff are mandatory reporters and have a duty to report abuse.

Interviews:

- Medical & Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Limits of Confidentiality and Group Confidentiality

115.82(a)(b)(c)
DACDC
Standard Operating Procedures
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Page 13

2) Ongoing Medical and Mental Health Care [§ 115.83]

   a. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.

   b. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

   c. The facility shall provide such victims with medical and mental health services consistent with the community level of care.

   d. Detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

   e. If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services, such as prenatal care and access to pregnancy termination services, where available.

   f. Detainee victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

g. Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor contacted La Piñon and confirmed a SANE would be made available to all DACDC residents of sexual victimization. The medical practitioners confirmed residents who report they were victims of sexual abuse while in the facility would receive timely and unimpeded access to emergency medical treatment and crisis intervention services.

La Piñon is equipped to provide a physical examination to assess general health and to treat any physical injuries. The medical practitioners at the facility are trained to provide information and treatment for Sexually Transmitted Infections (STI) and possible pregnancy. Interviews with the medical staff confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.

The PAQ corroborates the standards and facility protocol. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.82(d)

c. Treatment services shall be provided to the victim — without financial cost to the victim — and regardless of whether the victim names the abuser or cooperates with any investigation.

Interviews:

- Medical & Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

115.83(a)
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3) Ongoing Medical and Mental Health Care [§ 115.83]

   a. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.

   b. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

   c. The facility shall provide such victims with medical and mental health services consistent with the community level of care.

   d. Detainee victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.

   e. If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services, such as prenatal care and access to pregnancy termination services, where available.

   f. Detainee victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

   g. Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

According to the PAQ, the facility offers medical and mental health evaluations and, as appropriate, treatment to all residents who have victimized by sexual abuse in any prison, jail, or lockup. The auditor observed the facility's medical unit/clinic during the facility tour and the interview with the medical practitioner reported behavioral health care would be offered at the facility through the facility clinicians.

The facility medical practitioners confirmed evaluation and treatment for residents who have been victimized would include follow-up medical and mental health services and referrals when needed. It was confirmed victims would be given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while detained, and also stated confidently that the services provided are consistent with the community level of care.

Interviews:

- Medical & Mental Health Staff

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documents reviewed:

- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Meeting Minutes from 2020

CORRECTIVE ACTION: According to the PAQ DACDC has not implemented or adopted an incident review team or procedures. The policy requires updating to include guidance on convening 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.

115.86 (a)-1

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18) Sexual abuse incident reviews [§ 115.386]
a The Detention Center shall 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.
b The review shall ordinarily occur within 30 days of the conclusion of the investigation.
c The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

CORRECTIVE ACTION STEPS TAKEN: The agency updated standard operating procedure 2A-29 (Sexual Assaults) to include language requiring an incident review at the conclusion of every sexual abuse investigation. The facility leadership team has a monthly meeting that includes upper-level management officials, line supervisors, investigators, medical and mental health practitioners. Any sexual abuse allegation will be reviewed during the meeting and all discussions and outcomes will be documented in the meeting minutes.

The incident review team will consider whether the allegation indicates a need to change procedure or practice; whether the incident was motivated by race, ethnicity, gender identity, or gang affiliation. The team will examine the area in the facility where the incident allegedly occurred, staffing levels, monitoring technology and the findings as well as recommendations will be documented.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Agency data for 2018 and 2019

115.87(a)
DACDC
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13 DATA COLLECTION AND REVIEW [28 C.F.R. § 115.87–89]

A. Data Collection [§ 115.87]

1) The Detention Center shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

2) The Detention Center shall aggregate the incident-based sexual abuse data at least annually.

CORRECTIVE ACTION: DACDC has data collection language in the policy but has not aggregated the data for 2018 or the previous years. DACDC will need to aggregate the data for 2018 and post the data on the website to achieve compliance with this standard.

CORRECTIVE ACTION STEPS TAKEN: According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed data collected, which includes the data necessary to answer all questions from the Survey of Sexual Violence.

The auditor reviewed published annual reports for 2018 and 2019. The auditor observed the reports include aggregate incident-based sexual abuse data; however, the data report is pie chard and does not explain what the numbers represent. The PREA Coordinator stated the agency will continue to enhance the data report to reflect what the data represents. During the onsite and report writing phase of the audit, the PREA Coordinator stated the 2019 data report will reflect the aggregated data per facility. A review of the 2019 draft report included aggregated data by facility, to include contract facilities.

According to the PAQ and the auditor's observation, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed Critical Incident Reports and observed data collected includes the data necessary to answer all questions from the Survey of Sexual Violence.

The data can be found on the agency website at:
https://www.donaanacounty.org/detention/prea/policies

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
  ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault
- Agency data from 2018 and 2019

CORRECTIVE ACTION: DACDC has data collection language in the policy but has not aggregated the data for 2018 or the previous year. DACDC will need to aggregate the data for 2018 and post the data on the website to achieve compliance with this standard.

CORRECTIVE ACTION STEPS TAKEN: According to the PAQ, the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The auditor reviewed data collected, which includes the data necessary to answer all questions from the Survey of Sexual Violence.

The auditor reviewed published annual reports for 2018 and 2019. The auditor observed the reports include aggregate incident-based sexual abuse data; however, the data report is pie chard and does not explain what the numbers represent. The PREA Coordinator stated the agency will continue to enhance the data report to reflect what the data represents. During the onsite and report writing phase of the audit, the PREA Coordinator stated the 2019 data report will reflect the aggregated data per facility. A review of the 2019 draft report included aggregated data by facility, to include contract facilities.

According to the PAQ and the auditor's observation, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed Critical Incident Reports and observed data collected includes the data necessary to answer all questions from the Survey of Sexual Violence.

The data can be found on the agency website at: https://www.donaanacounty.org/detention/prea/policies

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Documentation Reviewed:

- DACDC Adult Pre-Audit Questionnaire
- Standard Operating Procedures 2A-29 Health Services, Sexual Assault

115.89(a)
DACDC
Standard Operating Procedures
S.O.P. 2A-29
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B. Data Storage, Publication, and Destruction [§ 115.89]

1) The Detention Center shall ensure that data collected pursuant to Section 7. A. are securely retained.

2) Before making aggregated sexual abuse data publicly available, the Detention Center shall remove all personal identifiers.

3) The Detention Center shall maintain sexual abuse data collected pursuant to Section 7. A. for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is not compliant with this standard regarding data storage, publication, and destruction. Corrective action is required.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

DACDC operates two facilities; one adult and one juvenile detention center. DACDC is participating in a PREA audits for the first time, as a result there are no previous audit reports to review. The DACDC has not been required by the Department of Justice (DOJ) to complete an expedited audit. During this audit, the auditor used the Auditor Compliance Tool for guidance on the conduct and contents of the audit. DACDC has demonstrated their efforts to comply with the standards and will take corrective action steps to become fully compliant. The audit process involved reviewing all relevant policies, reports and conducted interviews. A review of documents and records involving information for 12 months prior to the onsite audit.

The auditor was allowed access to and observed all areas of the facility. During and after the onsite audit, the auditor requested additional documentation to support the auditors audit findings. All audit material relied upon has been retained by the auditor and will be provided to the DOJ upon request.

DACDC detainees were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive correspondence.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of the DACDC adult facility.

This is the first audit for the DACDC adult facility.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

3-9-2020

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

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