
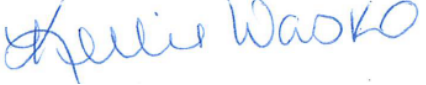


SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.5.B.02	PAGE NUMBER 1 OF 4
		DISTRIBUTION: Public	
		SUBJECT: Offender Interstate Compact - Institutions	
RELATED STANDARDS:	None	EFFECTIVE DATE:	January 01, 2024
		SUPERSESION:	01/17/2020
DESCRIPTION: Institutional Services – Classification	REVIEW MONTH: December	 <b>KELLIE WASKO</b> <b>SECRETARY OF CORRECTIONS</b>	

## I. POLICY

The South Dakota Department of Corrections (DOC) will participate in the Interstate Compact for Adult Offender Supervision program. The program establishes a means to allow offenders to transfer to and from other correctional systems. The associate director of offender services is the Interstate Compact administrator for the adult system.

## II. PURPOSE

The purpose of this policy is to provide guidelines and procedures for transferring offenders under the supervision of the Department of Corrections to the jurisdiction of a compact state.

## III. DEFINITIONS

### Interstate Compact for Adult Offender Supervision:

A formal agreement between member states that seeks to promote public safety by systematically controlling the interstate movements of certain adult offenders.

### Receiving State:

A state to which an offender requests transfer or is transferred.

### Sending State:

A state requesting the transfer of an offender, or which transfers an offender.

## IV. PROCEDURES

### 1. Overview:

- A. No offender has any implied right or expectation to be housed in any particular facility, to participate in any specific program, or receive any specific service. Offenders are subject to transfer from a facility, program, or service at the discretion of the secretary of corrections (SOC) or designee. Nothing in this policy nor its application may be the basis for establishing a constitutionally protected liberty, property, or due process interest in any offender.

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- B. The DOC may transfer any offender from any institution under its control to another state or federal government for like institutional care and custody even if the transfer was not requested by the offender.
  - 1. To be eligible to receive a South Dakota offender, the receiving institution shall be compliant (or working towards compliance) with the Prison Rape Elimination Act (PREA) and established standards, as the standards apply to housing offenders in custody.
- C. This policy does not apply to interstate compact transfers of parolees. Parole is included as a unit affected by this policy to address the conduct of parole hearings for South Dakota offenders housed in other jurisdictions through an offender interstate compact transfer.

## 2. Offender Requests to Transfer:

- A. Offenders requesting transfer to another correctional system must submit an *Interstate Compact Request* form (see attachment #1) to their unit staff.
  - 1. Unit staff will review the request and gather information pertinent to the request. The information and request will be forwarded to offender services.
- B. Upon receipt of the request, the associate director of offender services or designee will enter a disposition.
  - 1. Possible dispositions are “denied,” “filed,” or “continued for approval.”
  - 2. The following factors may be considered:
    - a. The circumstances of the offender’s confinement, including the term of the offender’s sentence remaining.
    - b. Protection issues, including monitoring, separation requirements, or protective custody.
    - c. Specific needs of the offender.
    - d. The offender’s prior state of residence (if not South Dakota).
    - e. The availability of transportation options.
    - f. Fiscal impact.
    - g. Trade balance with other states.
    - h. Legitimate penological interests of the SD DOC.
  - 3. The disposition will be documented on the *Interstate Compact Transfer Request Response* form (see attachment #2). The disposition will be returned to the offender’s unit staff. Unit staff will notify the offender of the decision. If the disposition is “continued for approval”, unit staff will proceed with the steps in this policy.
- C. The director of Prisons or designee will brief the SOC whenever there is a decision to pursue an involuntary interstate compact transfer for a South Dakota offender.

## 3. Denied or Open/Active Requests:

- A. If the request for transfer to the receiving state is denied, the offender may reapply for a transfer to that state, or another state, one (1) year from the date the request was denied.
- B. If the request is filed, staff will maintain the request on active/open status for future reference, should the circumstances change contributing to the decision; e.g., a change in trade balance with other states.
- C. Offenders with an active/open request to transfer to a specific receiving state may not reapply for transfer to that same state while the request is active/open. The offender must notify the associate director of offender services in writing if they wish to terminate the request.
- D. Duplicate requests submitted by an offender will be disposed of without a response.

## 4. Process for Approved Applications:

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- A. Unit staff will have the offender sign an *Application for Transfer Pursuant to the Interstate Corrections Compact* form (see attachment #3).
- B. The associate director of offender services or designee will initiate the *Transfer Behavioral Health Care Summary* and *Interstate Compact Transfer Clinical Care Summary* (see attachments #4 & #5), which clinical services staff will complete and return to the associate director of offender services or designee.
- C. Upon acceptance by the receiving state, the associate director of offender services, or designee, will make the necessary arrangements to transfer the offender. If the offender requested the transfer, he/she may be responsible for all or part of the transportation expenses.
- D. The associate director of offender services or designee will send copies of the following information to the compact administrator for the prospective receiving system/state:
  1. Judgment and sentence papers.
  2. Pre-sentence Investigation (PSI).
  3. Current NCIC III.
  4. Fingerprint card.
  5. Current offender photo.
  6. Most recent classification review.
  7. Transfer screen.
  8. Assignment screen.
  9. Sentence information.
  10. Disciplinary record.
  11. Visit list.
  12. Copy of completed Attachments #2, #3, & #4.
  13. Health evaluation.
  14. Case summary.
  15. Related assessments (SOMP, High Risk, IPD).

## 5. Requests to Transfer to the South Dakota DOC:

- A. All requests to transfer to the South Dakota DOC received from an offender housed in another state DOC, must be reviewed and approved by the director of Prisons. If approved by the director, the request will be forwarded to the respective warden for consideration.
  1. Requests from male offenders must be approved by the respective warden of the receiving male facility. Requests from female offenders must be approved by the warden of the South Dakota Women’s Prison.
  2. The review and the final disposition will be documented on the *Interstate Compact Transfer Review* (see attachment #6).
- B. If the application is approved, the associate director of offender services or designee will contact the sending state and coordinate the transfer.
- C. If the application is denied, the associate director of offender services or designee will notify the sending state.
- D. The associate director of offender services or designee will be responsible for maintaining an accurate record of the trade balance with all contracted states.
- E. The associate director of offender services or designee will notify the director of Prisons, SOC and the applicable warden of all finalized transfers to or from another correctional system on a monthly basis.

## 6. Parole Hearings for South Dakota Offenders:

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A. Parole hearings for SD offenders transferred to another state will be conducted telephonically or electronically.

## **V. RESPONSIBILITY**

The director Prisons is responsible for the annual review and revision of this policy.

## **VI. AUTHORITY**

SDCL §§ 1-15-10.1, 1-15-10.3, 24-2-27, and 24-15-8

## **VII. HISTORY**

January 2024  
January 2020  
October 2018  
October 2017  
October 2016  
October 2015  
Octo 2014  
October 2013  
November 2012

## **ATTACHMENTS** *(\*Indicates the document opens externally)*

1. Interstate Compact Request\*
2. Interstate Compact Transfer Request Response\*
3. Application for Transfer Pursuant to the Interstate Corrections Compact\*
4. Interstate Compact Transfer Behavioral Health Care Summary\*
5. Interstate Compact Transfer Clinical Care Summary\*
6. Interstate Compact Transfer Review\*
7. DOC Policy Implementation / Adjustments

**Interstate Compact Request**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_ Custody: \_\_\_\_\_

Housing Location: \_\_\_\_\_

Crimes: \_\_\_\_\_

INPD: \_\_\_\_\_ SSRD: \_\_\_\_\_ TED: \_\_\_\_\_

*Note – offender will not be sent if parole date or release date is within the next year.*

Number of Minors: \_\_\_\_\_ Number of Majors: \_\_\_\_\_

Dates in Restrictive Housing: \_\_\_\_\_

**STG/Gang Affiliation/Roles or Information:**

\_\_\_\_\_

**Protection Needed/Non-Associations:**

\_\_\_\_\_

**Any Holds/Warrants/Pending Charges/Investigations?** \_\_\_\_\_

*If yes – offender is automatically **ineligible** for interstate compact.*

**Medical Issues:** \_\_\_\_\_

**Disabilities/Special Equipment:** \_\_\_\_\_

**Case Manager Input:**

\_\_\_\_\_

\_\_\_\_\_

**Case Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This page is to be filled out by the offender and submitted with first form.*

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Housing Location: \_\_\_\_\_

State Requested: \_\_\_\_\_

Reason: Click or tap here to enter text.

Family Contacts in Requested State:

Name	Relation	Phone	Address

*Offenders may only request one state and must have a valid reason for requesting that state. Requests from offenders in restrictive housing will not be considered until the offender is in GP.*

*Offenders with holds/wants/warrants are automatically ineligible to apply and must wait until the hold is cleared. Your application will either be immediately denied or approved for consideration, and you will receive notification from Offender Services.*

*Considered cases are prioritized based on request dates and bed availability at requested agency.*

*Response and processing time from requested state is indeterminate.*

## INTERSTATE COMPACT TRANSFER REQUEST RESPONSE

Offender Name \_\_\_\_\_ ID Number: \_\_\_\_\_

Current facility placement: \_\_\_\_\_

Correctional system and state where placement is requested: \_\_\_\_\_

Classification and Transfer Manager's decision:

Denied

Filed

Continued for Approval

Additional notes:

\_\_\_\_\_  
Associate Director of Offender  
Services Signature

\_\_\_\_\_  
Date:

## APPLICATION FOR TRANSFER PURSUANT TO THE INTERSTATE CORRECTIONS COMPACT

I, \_\_\_\_\_, # \_\_\_\_\_ hereby apply for confinement as an offender pursuant to the Interstate Corrections Compact Act for transfer of offenders. I urge the authorities for whom this application is made, and all other judicial and administrative authorities, to recognize that confinement in another state, if granted as requested in this application, will be a benefit to me and will improve my opportunities for rehabilitation.

It is understood by me that I will be under the authority of the State of South Dakota and the provisions under which I serve my sentence, am paroled or discharged from my sentence will be determined by the South Dakota Code. At all times I will remain under the jurisdiction of the State of South Dakota.

I understand that the very fact my confinement will be in another state makes it likely there will be certain differences between the confinement I would receive in this state and the confinement which I will receive in any state to which I am requesting to go. Particularly, I understand the state I transfer to may have different disciplinary policies and procedures than the South Dakota Department of Corrections. I agree to abide by those policies and procedures and waive my right to the disciplinary policies and procedures of the South Dakota Department of Corrections while incarcerated in another state. In order to derive the advantages of supervision under the Interstate Corrections Compact for transfer of offenders, I do hereby accept such differences in course and character of confinement as may be provided, and I do state that I consider the benefits of confinement under the compact to be worth any adjustments in my situation which may be required.

I also agree that this request is deemed as my waiver of extradition with respect to any charge or proceeding contemplated hereby or included herein, and a waiver of extradition to another state to serve any sentence there imposed upon me, after completion of my term of imprisonment in this state.

I also agree that this request constitutes a consent by me to the production of my body in any court where my presence may be required in order to effectuate the purpose of the Interstate Corrections Compact Act and I further consent voluntarily to be returned to the institution in which I now am confined.

In view of the above, I do hereby apply for permission to be confined in the State of\_\_  
for the following reasons:

I \_\_\_\_\_ have read the above or \_\_\_\_\_ have had the above read and explained to me,  
and understand its meaning and agree thereto.

\_\_\_\_\_  
Offender Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness:

\_\_\_\_\_  
Date:



## INTERSTATE COMPACT TRANSFER BEHAVIORAL HEALTH CARE SUMMARY

Name:		ID Number:	
Birth Date:	Supervised Release Date:	Expiration Date:	Case Manager:

**Current Mental Health Problem/Diagnosis:** \_\_\_\_\_

### **Behavioral Health Background Information**

**History of Suicide Attempt(s):** \_\_\_\_\_

**Psychotropic Medications:** \_\_\_\_\_

**Follow-up Appointments Needed:** \_\_\_\_\_

Name and Title (Clinical Health Services Designee)	Date:
_____	_____

## INTERSTATE COMPACT TRANSFER CLINICAL CARE SUMMARY

Name:			ID Number:		
Birth Date:	Supervised Release Date:	Expiration Date:	Case Manager:		
Mantoux Date:	Results:	Chest X-ray:	Results:		
If Mantoux was positive, was INH administered?	Date INH completed:		If no INH administered/completed, was offender treated with any other medication?		

**Current Dental Problem/Diagnosis:** \_\_\_\_\_

**Follow-up Appointments:** \_\_\_\_\_

**Current Medical Problem/Diagnosis \*:** \_\_\_\_\_

**HIV Status:** \_\_\_\_\_

### Physical Health Background Information

**Medications (Medication Administration Record Attached):** \_\_\_\_\_

**Adaptive Devices:** \_\_\_\_\_

**Special Needs/Impairments:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Restrictions/Limitations:** \_\_\_\_\_

**Follow-up Appointments:** \_\_\_\_\_

**\*If Hepatitis C positive, please provide liver function test results and biopsy results if available.**

Name and Title (Clinical Services Designee) \_\_\_\_\_ Date: \_\_\_\_\_

## INTERSTATE COMPACT TRANSFER REVIEW

Date:

Offender:

Offender's Gender:

Male

Female

Transfer From  
(State & Facility):

Transfer To: South Dakota, Facility:

Current Man-day  
Balance:

Additional Transfer Information:

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Warden:

Recommend Approval

Recommend Denial

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Associate Director of Offender Services:

Recommend Approval

Recommend Denial